

nih record



ABOVE • Paddlers salute each other at the end of a competition. See story below.

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War Protests Remembered 36 Years Later

NIH-NIMH Vietnam Moratorium Committee Reunites for Posterity

By Carla Garnett

The U.S. is at war in a small nation thousands of miles away. Not everyone agrees we need to be in the fight. Protests have been launched. In other news, a new chief justice of the U.S. was sworn in and a major hurricane devastated the Gulf Coast region.

No, this is not a rehash of last year's headlines. In this story, Warren Burger heads the U.S. Supreme Court. Hurricane Camille—a category 5 storm—hit Mississippi in late August. Gasoline costs about 32 cents a gallon. And the disputed war is in southeast Asia. The year is 1969. That fall, a small group of NIH and NIMH (the agencies were separate then) employees organized to protest U.S. involvement in the Vietnam War. They were researchers, physicians, administrators and support staff. They were vested

SEE ANTIWAR PROTESTERS, PAGE 8



Dr. Mark Levinthal recalls activist days at NIH with several members of a Vietnam moratorium committee formed here more than 30 years ago. The group reunited last month in Bldg. 31 to record their memories for the Office of NIH History.



Parents and kids enjoy a "Family Learn to Paddle Day" on the Anacostia River.

Breast Cancer Survivors Take Control in Dragon Boats

By Claudia Wair

Imagine a warm day on the banks of the Anacostia River. Several brightly colored boats race past, each 20-woman crew dipping the oars in perfect synchronization. It may not be until after the race, when these women laugh and shout and congratulate each other, that you notice the many pink ribbons decorating team shirts and some of the boats.

SEE CANCER SURVIVORS, PAGE 4

Next Generation of Native American Medical Researchers Goes to Harvard

By Jennifer K. Loukissas

A partnership between veteran researchers and professors at Harvard Medical School and four Native American communities across the country has strengthened science and biomedical education in high schools attended by Native American students and is encouraging Native high school students to pursue undergraduate training in these fields at 4-year colleges. The program is funded by NIH.

The Native American High School Summer Program at Harvard: Opening the Biomedical Pipeline for Native Communities arose from a suggestion by Wallace Youvella, vice chair of the Hopi, Arizona, school board, during a visit to Hopi Junior and Senior High School by a Harvard team in 2001. The long-term goal of the program is to increase the number of Native Americans entering medicine and biomedical research. The program exposes students to, and demystifies, the college environment. During the past five summers, teams

SEE NATIVE AMERICANS, PAGE 6



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briefs

Knowledge Management Symposium, Feb. 6

The Office of Extramural Research will sponsor a forum on knowledge management titled “Knowledge in Service to Health: Leveraging Knowledge for Modern Science Management” on Monday, Feb. 6. A session, open to all, lasts from 8:30 a.m. to noon in the Natcher main auditorium. Later in the day, from 1 to 3 p.m., there will be demonstrations of KM tools in use and in development at NIH. This session is for employees with ID only and will be held in Natcher conference rooms E1 and E2.

The morning speakers are experts from academia, industry and other biomedical research funding agencies. Topics will include the state of the art in the discovery and management of diverse knowledge, the use of text mining to advance the progress of science, the development of performance measures to analyze the impact of biomedical research funding, implementation of KM techniques to understand the culture and practices of large organizations and visualization and communication techniques that can help convey complex ideas to stakeholders.

Get Things Done More Easily

The Work and Family Life Center will hold a seminar titled “Let Go! You Don’t Have To Do It All,” on Wednesday, Feb. 8 from noon to 2 p.m. in Bldg. 50, Rm. 1227/1233. Do you sometimes feel like you have too much on your plate? Is your “to-do” list more than one page? You likely balance multiple roles and priorities at the same time, and as much as you want to do it all, successfully, you don’t have to. You can enlist support. Attend this seminar to become more aware of your own feelings that influence task management and delegation. Learn how to remove roadblocks to delegating tasks at work and home. Get strategies for motivating others to make decisions. Learn how to cope with the unanticipated (e.g., ad hoc meetings, phone calls).

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Michael G. Rossmann on Feb. 1, speaking on “The Structure and Function of Flaviviruses.” He is Hanley professor of biological sciences, department of biological sciences, Purdue University.

On Feb. 8, Dr. Michael P. Stryker will discuss “Making Maps in the Brain.” He is chair, department of physiology and Ganong professor of physiology, University of California, San Francisco.

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

Women’s Baseball Team Needs Players, Coach

A women’s baseball team consisting primarily of players from NIH is looking for new players 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.

WHSIG Seminar Set, Feb. 24

The women’s health special interest group of the Office of Research on Women’s Health will host a lecture, “Disparity in X-chromosome Gene Dosage and the Risk for Coronary Disease,” by Dr. Carolyn A. Bondy, chief of the section on women’s health research and chief of the Developmental Endocrinology Branch, NICHD. The seminar will be held on Friday, Feb. 24 from 11:30 a.m. to 12:30 p.m. in Wilson Hall, Bldg. 1. A discussion follows the lecture. Join in a scientific exchange on issues related to the biology and pathology of sex and gender differences and effects on women’s health. For sign language interpretation, contact Vicki Malick, malickv@od.nih.gov.

Get Ready for ‘Wear Red Day’

Friday, Feb. 3 is National Wear Red Day, a key activity of NHLBI’s Heart Truth campaign. Join Americans nationwide in wearing red to show support for women’s heart disease awareness. For more information about the campaign, National Wear Red Day and the Red Dress pin—the national symbol for women and heart awareness—visit www.hearttruth.gov.

Yoga Meditation Held Monthly

Sahaja yoga meditation class is held every Thursday at 7 p.m. on the third floor of the CRC, Rm. 3-1608. Sahaja yoga seeks to awaken inner energy called kundalini, and is offered for free and without obligation. The class is sponsored by the recreation therapy section of the rehabilitation medicine department. For more information contact Jasmin Salloum, (301) 402-5630.

nih record

CSR Plans Speedier Review of NIH Research Proposals

With an ultimate goal of cutting its grant application reviews by half, the Center for Scientific Review will begin a pilot program for new researchers in February. It is aimed at carving a month and a half from the 6-month process.

CSR will conduct the pilot in 40 of its study sections, offering a shortened review process to new investigators applying for their first major NIH grant, an R01.

If all goes as planned, the shortened process will enable some new investigators with applications needing work to revise their applications and get back into a new review cycle more promptly, ultimately saving them 3 to 4 months.

“We welcome this effort,” said NIH director Dr. Elias Zerhouni. He cited benefits for both researchers and scientific institutions nationwide, as well as “the public awaiting medical advances.”

The pilot was proposed by a special trans-NIH committee chaired by Eileen Bradley, chief of CSR’s surgical sciences in the biomedical imaging and bioengineering integrated review group. It was approved by NIH’s extramural activities working group, which represents all the institutes and centers. It was also reviewed and approved by a joint meeting of the NIH review policy committee and the extramural program management committee.

Acknowledging the interest of outside scientists in obtaining speedier reviews, CSR director Dr. Toni Scarpa said, “Especially in the area of biomedical research, the scientific world moves fast, and we must keep up with it. We plan to use new electronic and management tools while preserving the rigor and fairness of NIH peer review, so we can identify the most promising medical research more rapidly. Our goal is to reduce the grant review process by half.”

Total R01 grants are about \$10 billion. They support many of the best biomedical researchers at universities and medical centers across the country—scientists who, over the years, have been awarded more than 100 Nobel prizes.

CSR recruits 15,000 outside scientists for the peer review for scientific merit of three-quarters of the nearly 80,000 applications NIH receives in a year. IC advisory councils then review the summaries CSR provides to determine which of the applications best fit their aims and public health needs. The IC directors make their final funding decisions based on the assessments and recommendations that



The Center for Scientific Review will begin a pilot program for new researchers in February aimed at carving a month and a half from the 6-month process.

come out of the two-tiered review process. CSR and IC processes together take about 9 months.

This pilot incorporates a number of features, including a shortened time for reviewers to consider applications, earlier study section meetings, accelerated production of summary statements and a delayed submission date for these amended applications. CSR will assess the views of the applicants in the pilot to see if they felt they benefited from the shortened review cycle. CSR will also get the opinions of reviewers.

New electronic and management methods and new electronic research applications may enable CSR to use shortened cycles in reviewing all R01 applications and other applications as well.

For more information on the pilot, visit <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-013.html>.



CANCER SURVIVORS

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Top left:

Dragon boats at the Anacostia Community Boathouse are used for races, practices, team-building workshops as well as community “Learn to Paddle Days.”

Top right:

At the end of a race, competing breast cancer survivor dragon boat teams salute each other.

PHOTOS: DAVID WINTER

This is the annual Washington, D.C., Breast Cancer Survivors Dragon Boat Festival, and it hasn’t actually happened yet. But if NIH employees Dr. David Winter and Jane Daye have their way, it will.

Daye is a senior policy analyst and special assistant to the director at the NCI Center to Reduce Cancer Health Disparities. Winter is a program officer in NIAID’s Division of Allergy, Immunology and Transplantation. Both are members of the National Capital Area Women’s Paddling Association (NCAWPA), a coed paddling organization that hopes to establish a breast cancer survivor (BCS) dragon boat team and, eventually, bring a BCS Dragon Boat Festival to the D.C. area.

NCAWPA’s boathouse is in Anacostia, “right in the community we want most to reach,” says Winter. “The boathouse is completely volunteer-run; there are no salaries for any of the coaches or steering staff. We are supported physically by the Anacostia Community Boathouse Association [CFC #7003, www.anacostiaboathouse.org]. On the CFC entry for the Anacostia Boathouse, you’ll see that there’s no overhead cost.” NCAWPA also is part of the Anacostia Watershed Society [CFC #8029, www.anacostiaws.org]. “You can see their great work in the reclamation projects and plantings along the river, where you can see ospreys, bald eagles,” among other wildlife, he adds.

How It Started

The first Breast Cancer Survivors Dragon Boat team started in February 1996 in British Columbia. Dr. Donald McKenzie, a sports medicine physician and exercise physiologist, was dissatisfied with the common belief that women who had undergone breast cancer treatments shouldn’t do upper body exercise because it would cause lymphedema and tissue damage. He felt this was counterintuitive, and through the Public Health Agency of Canada—the Canadian equivalent of NIH—he got a grant to

conduct a study.

McKenzie wanted to explore repetitive motion exercises, and felt that dragon-boating would work well because a team consists of 20 women, doing exactly the same stroke exactly the same number of times. Within a short time he was able to demonstrate that not only did this form of exercise not cause lymphedema in BCSs, but it could actually decrease the amount of lymphedema or even prevent it, reduce scarring and rebuild muscle mass. Overall, he found that it produced a physically measurable positive effect.

A less easily measured but significant effect he noticed was the impact that dragon-boating had on the women, their families and communities, says Winter. Paddling proved not only very healthy for the women physically, but also it provided a profoundly positive mental and emotional shift in their outlook. “During most breast cancer treatment, you are passive,” he notes. “The most active you are is swallowing a pill. You’re not doing anything and you’re not in control. Here was something you can do that would improve your health, and you are in control. It makes such a difference when you’re able to say, ‘Here’s something I can control.’”

Daye adds, “The thing I notice about paddling is the concentration, the focus on movement and the water, takes you out of the moment of being sick. In this moment, you are an athlete.”

Physical Benefits

Of course dragon-boating isn’t just for breast cancer survivors. The health benefits are many: it involves no impact; uses core muscles; builds strong back muscles and strengthens obliques, abdominals and lats.

Adds Winter, “It’s a bit like Tai Chi, massaging your internal organs, increasing circulation and



The face of victory: A breast cancer survivor completes a championship race.

cleansing the tissues much faster.”

The future

The formation of the BCS team will be done in conjunction with the NIH Paddling Club through the R&W and NCAWPA, both nonprofits. The BCS team will, in the initial stages at least, come under the auspices of NCAWPA. “We want to establish this club and do the groundwork for the team. But, as a part of the empowerment of the women, it should become its own self-sufficient organization,” Winter says.

Winter is head racing coach, and says that as of next spring the organization will have a staff of professionally trained coaches and a personal fitness trainer who will develop off-water and preseason workout plans for team members.

Daye works on outreach and organizes the paddling workshops for BCSs. The most recent such event was held last September. “About half of the participants who try paddling come out a second time and get very excited by it,” says Winter.

The long-term goals include involving NIH staff, particularly therapists who can help develop a fitness program for the BCS team; and increasing outreach to black and Hispanic women, two of the most underserved populations. “The beauty of this program is that it really can reach out and touch people, even outside the 20 in the boat,” says Winter. Daye added, “This program offers all of us the opportunity to do something together. To be, in a sense, in the same boat.”

For details about dragon-boating, the BCS team, NCAWPA or the NIH Paddlers, contact Daye (dayej@od.nci.nih.gov) or Winter (dwinter@niaid.nih.gov). The CFC ends on Jan. 31. ●

NIA Scientists Honored for Stent Development

Cardiologists may be able to improve outcomes in heart patients with a drug-coated stent based on an invention by National Institute on Aging senior investigator Dr. Steven J. Sollott and former NIA senior investigator Dr. James Kinsella. Sollott and Kinsella recently were recognized for their innovation in this area with two awards.

The Intellectual Property Owners Association named the duo as one of the top five contenders for its Inventor of the Year award last June. The top-five citation is the first for an NIH nominee. Last September, the Federal Laboratories Consortium bestowed its regional award on Sollott and Kinsella for inventing a new way to use a cancer drug that was incorporated into a drug-coated stent. The award recognizes laboratory employees who have accomplished outstanding work in the process of transferring a technology developed by a federal laboratory to the commercial marketplace.

The medical device, Taxus Express2, approved in 2004 by the Food and Drug Administration, consists of a stent coated with paclitaxel, the chemotherapy drug also known as taxol. After angioplasty, a tiny mesh-like device called a stent is inserted into the artery to keep it propped open. The drug paclitaxel is enclosed in a timed-release polymer so that it is dispersed into the tissue slowly to prevent restenosis, the re-blocking of the artery. In several studies, researchers have found that the drug-device combination reduced restenosis rates to as low as 3 to 6 percent, compared to rates in patients with bare-stent angioplasty of 25 to 30 percent. This reduction has resulted in far fewer return visits to the catheterization lab or operating room for cardiac patients, the researchers note. The long road to discovery began in 1993, when Sollott and Kinsella reasoned that since changes that occur in blood vessel cells after angioplasty mimic the changes seen in cancer cells (abnormal growth, movement, etc.), a diluted form of paclitaxel might be used to inhibit restenosis.

The device is one of a new generation of coated stents. In 2003, Cordis Corp., a Johnson & Johnson company, received approval from the FDA for its stent coated with sirolimus, a drug usually used to prevent rejection in organ transplants. Drug-coated stents, which are currently estimated to be used in more than 500,000 cases in the U.S. annually, are expected to substantially reduce the number of open-heart bypass surgeries.



Top right: Native American/Hawaiian students and their teachers attend a lecture by Prof. Edwin Furshpan at Harvard Medical School's Medical Education Center as part of the Native American High School Summer Program.

Top left: Hopi High School and Native Hawaiian students participating in the program collaborate to solve a medical case in a tutorial facilitated by Prof. David Potter.

NATIVE AMERICANS

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of 10 high school students and two teachers came from four communities to Harvard to participate in 3-week long programs designed to improve students' learning and analytical skills, increase their science knowledge base and refine their written and oral presentation skills.

Dr. Ernest J. Marquez, associate director for special populations and director of the NIMH Office for Special Populations, arranged funding through an NIH coalition. Marquez invited NIDA and NINDS to join NIMH in support of the program in summer 2004. During site visits to Harvard, Marquez remarked on the exceptionally high quality of research experiences offered to the students and to the mentoring and learning environment provided.

Neurobiology research professors Drs. Edwin Furshpan and David Potter cohost the program at Harvard. From the beginning, the content and format of the program and the choice of students and teachers have been controlled by the participating Native communities. Their core goal has been to increase the number of students from their communities who go on to complete undergraduate and graduate studies at leading institutions. The academic program resembles an informal freshman seminar, following a case-based format, with daily lectures and tutorials.

The initial success of the program with a Hopi team in the summer of 2001 led to requests to participate from the Fort Peck Assiniboine/Sioux Tribe in Montana, starting in summer 2002, and from a Native Hawaiian group and the Wampanoag Tribe (Aquinnah and Mash-



pee) on Cape Cod in 2003 and 2004. In 2005, 38 students and 8 teachers from the four communities took part. Vicky Takamini, the principal organizer in Hawaii, introduced an intensive pre-program week in Hawaii focused on Native Hawaiian history and culture, to bond the team of students who had been drawn from public and private high schools on four islands.

At the request of the Native communities, during the summers of 2004 and 2005, the academic subject was substance abuse, with emphasis on alcohol and methamphetamine. In summer 2005, psychosocial aspects of substance abuse were added to the basic science of the brain and the actions of abused substances via the brain's "reward system."

The Native communities have generally chosen new students each year. A student from Fort Peck, who attended the program for three summers after her freshman year in high school, is now a freshman at Stanford. A second student from Fort Peck has begun her sophomore year at Harvard. Program participants who have graduated from Hopi Jr./Sr. High School currently attend the University of Arizona (9), Arizona State (4), Northern Arizona University (5), Central Arizona College (2), Fort Lewis College (2) and Dartmouth (1). Among these Hopi students who have already declared a professional interest are: pre-meds (6), nursing students (5) and engineering students (2).

As a major part of the close-out activities, the students wrote and produced plays about the impact of substance abuse on their home communities, for presentation at home. At the students' insistence, staff and teachers were excluded from the writing and production of the plays, so that the performances represented the students' unedited voices. After the play, each group led a discussion of the performance. The plays and discussions proved to be strikingly sharp and moving.

"Education is at its best when people are directly involved and active in their learning," said Furshpan. "By undertaking this

whole enterprise entirely by themselves, the kids internalized the lessons and were able to give them back. They talked about the effect of alcoholism and substance abuse in their communities and demonstrated a very secure understanding of the consequences of alcohol and substance abuse.”

The Harvard and Native participants are now discussing extension of the programs into the academic year through broadband technology. The Indian Health Service has offered to provide broadband links that can support two-way videoconferencing between two of the reservations (Hopi and Fort Peck) and Harvard, over existing lines via the IHS clinics. “These links can extend the scope of the summer programs to include year-round activities and create an on-going virtual community,” said Furshpan.

In summer 2005, the program was supported by a Science Education Partnership Award from the National Center for Research Resources and contributions from the original three NIH institutes as well as NIGMS and NIAAA.

The program expands expectations and opportunities of talented Native American students. Already, the program has demonstrated results. College acceptance rates from the first two sessions are promising and many of the students participated in Harvard summer school as well. One girl from Fort Peck was accepted for undergraduate studies at Harvard and last fall began her sophomore year. Furshpan said: “She’s thriving!”

Portier Named NIEHS Associate Director

Dr. Christopher Portier, who served as associate director of the HHS National Toxicology Program, will assume new duties as associate director for risk assessment at NIEHS.

NIEHS director Dr. David Schwartz initiated the change, saying it is in keeping with the institute’s renewed interest in using environmental health sciences to understand human disease and improve human health.

In his new position, Portier will oversee and coordinate risk assessment activities within NIEHS, working to ensure the availability of toxicological study results for use in national and international efforts to assess human health risks of chemicals, drugs and physical agents.

“We are very excited that Dr. Portier will lead this important effort,” said Schwartz. “Dr. Portier has done an extraordinary job in overseeing the activities of the National Toxicology Program, and has developed strong relationships with scientists all over the world. This new NIEHS leadership role will allow him an opportunity to merge the fields of toxicology and environmental health sciences and prepare the world for tomorrow’s health challenges.”

Portier served in many prominent positions within NIEHS since his arrival as a postdoctoral student in 1981. He led the environmental systems biology group in the Laboratory of Molecular Toxicology at NIEHS. At NTP he had an important role in developing the document *A National Toxicology Program for the 21st Century: A Roadmap for the Future*, released in 2005 as part of the NTP 25th anniversary celebration in Washington, D.C.

Portier has written more than 150 peer-reviewed publications; 50 book chapters, reports and agency publications in statistics, risk assessment and cancer research.

“Closely linking risk assessment processes to NIEHS research will improve the nation’s ability to make informed public health decisions,” Portier said. “We will be better poised to answer the basic questions inherent to risk assessment, including: Is it possible that this substance poses a hazard to humans? If yes, how much is dangerous? Are humans exposed to this substance and in what ways? Given human exposures and knowing how much is dangerous, what levels would be safe? These are exciting times in health research and being able to focus on bringing cutting edge research into the risk assessment arena will be a challenging new role for me at NIEHS.”

Dr. Allen Dearry, who most recently served as director of the NIEHS Division of Research, Coordination, Planning and Translation, will act as interim associate director of the NTP. A national search for a permanent NTP associate director will begin in the next 3 to 6 months.—Robin Mackar and Colleen Chandler





ANTIWAR PROTESTERS

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Top left:

VNMC members who reunited to document their efforts for NIH history include (seated from l) Irene Elkin, David Reiss, Stephanie Weldon and Bob Martin; (second row) ACLU attorney Zona Hostetler, Carl Leventhal, Rose Mage, Marianne Ross and Madeleine Golde; and (back row) Mike Mage, Natasha Reatig, Martin Blumsack, John Zinner, Philip Ross and Mark Levinthal.

Top right:

Fellow peace advocates Elkin and Reatig embrace with fond memories.

CURRENT PHOTOS: BILL BRANSON

HISTORICAL PHOTOS FROM THE COLLECTION OF DAVID REISS

government workers as well as new interns and freshmen feds. Some spouses later joined. They held their first formal meeting on Sept. 23 in Bldg. 2, then a lab facility for National Institute of Arthritis and Metabolic Diseases staff. The fledgling antiwar organization, one of several founded at federal agencies, was named the “Viet Nam moratorium committee at NIH-NIMH,” the VNMC.

On a snowy day last December, nearly two dozen VNMC pioneers reunited to recall their time together and to describe events in a permanent audiovisual record for the Office of NIH History. Although 36 years had passed and most had not seen each other in more than 20 years, the group’s fervor—like the times—hadn’t changed at all.

Back in the Day

It all began with a VNMC request to use the Clinical Center auditorium for a speech by famous pediatrician (and prominent Vietnam War critic) Benjamin Spock. A national moratorium had been planned for Oct. 15, 1969. People opposing the war were called to demonstrate their disapproval by stopping their normal work.

“When you fight a federal government as pow-

erful and as replete with devices to suppress dissent [as ours],” said VNMC founding member David Reiss, “I don’t think that it’s fair to underestimate how frightening and how daunting and maybe just how discouraging it is to mount such an effort and how crucial it is to have an organizing concept with which you can make contact with people who have similar feelings.” A former NIMH clinical associate, Reiss came to NIH in 1966 to serve his military commitment as a commissioned officer in the Public Health Service.

“The moratorium concept was very novel,” he explained. “For those of us who had been struggling against this war for years, it was a simple idea. And that was what I think made everybody around this table say, ‘Hey, we work for the federal government whose policies we can’t stand. We’re going to stop working. We’re going to do something different.’”

The committee crafted a policy statement for the Oct. 15 event that said, in part, “To bring this bloodbath to a halt, we call for an immediate end to American participation in the war. We call for reordering of national priorities to provide adequate food, housing and health for all Americans.” They invited Spock to address the VNMC and whoever else wanted to attend.

“In our view Dr. Spock is unique among all the country’s physicians and health scientists,” said the group in early documents. “More than any other, he has been able to transform his physician’s compassion for human suffering into meaningful and effective protest against the war. We believe that by joining us on Oct. 15,



Other early committee participants on hand for the reunion videotape project were (from l) Bob Ryder, Audrey Stone, former CC Chaplain Bob White and Elliott Schiffman.



Dr. Spock will stimulate many of his colleagues in the health field to become meaningfully involved in this protest.”

The Interassembly Council of Scientists of the NIH endorsed the plan on Sept. 25. Spock accepted the invitation to speak on Sept. 26. All that was needed then was a large enough NIH venue. VNMC asked to use the CC auditorium. Then-NIH director Dr. Robert Marston, after apparent consultation with his supervisors at the Department of Health, Education and Welfare, denied the request on Sept. 29. Enter local attorney Zona Hostetler of the American Civil Liberties Union, who was recruited to represent the VNMC in a legal appeal to the department.

“One of the really interesting things is that if they had simply said yes, chances were this incredible group would never have done all the things we did,” pointed out committee member Irene Elkin, a psychotherapy researcher who had come to NIMH’s Laboratory of Psychology as a postdoc in 1959.

Hostetler argued the case before Judge John Sirica, later of Watergate fame, who on Oct. 10 ruled against the VNMC. On Oct. 14, the day before the scheduled speech, however, a 3-judge panel overruled that decision, clearing the way for the Spock talk.

The Roots of Activism

Serving as moderator for the discussion this past December, NIH historian Dr. Victoria Harden deftly guided VNMC members through not only the early structure of the group, but also their own personal roots of activism. When prompted to recall what moved them to risk their careers to participate, almost all spoke of family legacies handed down from generation to generation.

“I’m enormously impressed at how everybody remembers the influence of their grandparents and I hope we can do the same thing for our grandchildren,” said Carl Leventhal, who was assistant to the director of laboratories and clinics in the Office of the Director and became the NIH administration’s liaison to the VNMC.

There were significant risks associated with being part of the committee. The U.S. government under new President Richard Nixon frequently assigned the FBI to investigate—formally and secretly—those involved in organizing war protests. VNMC structured its leadership so that a different person was in charge every month, “a reflection not of fear of investigation,” Reiss noted, “but an effort to make leadership as broad as possible.”

“What we did is we welcomed and we brought along people who had never been active before,” recalled Martin Blumsack. “One of the outstanding things about our committee was the way we treated everyone with respect...I think we were an amazing group for that purpose, as diverse as we were.” Blumsack had arrived at NIH in 1968 as a management intern in an administrative research program. He had joined the U.S. Army and served several years before organizing the first anti-war protest held on a military base, a “Vets for Peace” demonstration.

“We were such an incredibly non-sexist and non-hierarchical group,” agreed Elkin, who remembered the FBI questioning her current and former supervisors during the month she served as VNMC co-coordinator. “You didn’t know if somebody was a lab chief or a secretary. It was one of the really beautiful things about this group that it had that quality. Everybody was in it together.”

That also meant that everybody in the VNMC was potentially subject to government efforts to suppress criticism of federal decision-making. Some such attempts came from bosses, colleagues and fellow NIH’ers. Several VNMC members recalled small acts of vandalism—marking up protest flyers or tearing down posters—by workers here who disagreed with the committee and other war critics. Mark Levinthal, who came to NIH as an NIAMD postdoc, was already involved in civil rights activi-



Top left: Pediatrician Benjamin Spock, a prominent anti-Vietnam War spokesman of the era, speaks to a crowd from the steps of Bldg. 1 on Oct. 15, 1969—National Moratorium Day.

Middle: Martin, Levinthal and Zinner recall the early days of the VNMC.

Above: Committee members display the now-worn and faded “Federal Employees for Peace” banner from the era.

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Top: Marianne and Philip Ross (c) greet former colleague and longtime friend David Reiss. Many VNMC members had not seen each other since the group disbanded in the mid-1970s.

Above: Dr. Benjamin Spock's 1969 visit to NIH served as the galvanizing event for the agency's Vietnam moratorium committee.

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ties with the Congress of Racial Equality when he joined the VNMC. He left NIH in 1972, but related that he was constantly dogged by federal investigations during the era that eventually led to him being denied a job at Ohio State University. He retired from Purdue University at the end of 2005.

"There was continuing intimidation of employees," noted ACLU attorney Hostetler. "There were stories of employees actually being demoted because of their antiwar activities...Even in authorized meetings of government employees on their lunch hour, security people would come in and take pictures of the people who were attending and ask for membership lists of the organization."

'Yesterday Once More'

Besides the galvanizing event—the Spock speech that ended up being held on the front lawn of Bldg. 1 before a few thousand attendees—moratorium committee members supported the path to peace in numerous other ways before, during and after their 1969-1974 VNMC run: They regularly hosted talks at NIH by other antiwar speakers. In keeping with their NIH-NIMH origins, they coined the slogan, "War is Unhealthy and Insane," recalled Natasha Reatig, who arrived at NIMH in 1965 as a social science analyst/research assistant. "A bunch of us first provided medical and psychiatric services for Resurrection City [a protest camp temporarily erected on the Mall downtown]," remembered John Zinner, a psychiatrist who like Reiss came to NIH as a commissioned officer in the Clinical Associates Program. "That was really quite exciting and difficult work. A number of us provided services to those who had been swept off the street and arrested during the riots that followed the assassination of Martin Luther King."

Harden said it's important to note that VNMC members did all of these activities on their own time, without using government resources or buildings (which is why Spock spoke outside).

They took annual leave for the moratorium events, or went on their lunch break.

The committee also published an intermittent newsletter, *The Rainbow Sign*, "to educate the populace at NIH," according to Elliot Schiffman, now an NCI scientist emeritus who joined NIH as a National Heart Institute scientist and later became a researcher in the National Institute of Dental Research's Laboratory of Biochemistry. Some VNMC members helped found Federal Employees for Peace and the medical committee for human rights as well as other groups that were addressing a broad range of domestic concerns. But the group's biggest legacy may be that it paved the way: VNMC was probably the first organization at NIH that led to political activism.

"I think the immediate effect was to build awareness of social consciousness on all kinds of issues," concluded Bob Martin, an original VNMC member who in 1969 worked as a section chief in NIAMD's Laboratory of Molecular Biology. He continues to conduct research as a senior scientist in NIDDK's LMB.

The group's social conscience continues undiminished too, with several committee members noting parallels between today and yesterday.

"Some of my colleagues and I are very much concerned with the present administration and its adventures in a certain part of the world and I certainly have the same feelings about what's going on as I had during the Vietnam War," Schiffman observed.

Bob White, a World War II veteran who served as a chaplain at the CC in 1969, agreed, pointing out that he regularly watches the *News Hour with Jim Lehrer* as the names of those who have died in the war in Iraq are read "and I feel just like I did when I was in this group."

Concluded Audrey Stone, who had come to NIH in 1959 and by 1969 was a researcher in NIMH's Laboratory of Neurochemistry, "I was really not very highly active in the formation [of the VNMC] but I was really part of it by heart and action...I have always been grateful to [those who created the committee] for having given us the opportunity here to uphold the dignity of our country in times when it was pretty ugly. It had an effect on our families, too, because a number of us had young children, and this gave them the opportunity to see democracy really working, freedom of speech and the necessity to keep active in activities that maintained the ideals of this country." ●



milestones

NIGMS's Cassatt Hits the Trails After 27 Years

By Emily Carlson

For the last 27 years, Dr. Jim Cassatt commuted from Falls Church to NIH—sometimes traveling the roundtrip of 38 miles on his bike. On Jan. 4, he took out the map to see where else he'd like to go. The day before, Cassatt retired from NIGMS as director of the Division of Cell Biology and Biophysics (CBB).

"Now I'll have time to really travel," he joked, adding that he plans to pack up his bike and hit the trails here and abroad. But that's only after he finishes reading the book, *How To Enjoy Not Working*.

Cassatt, 62, spent most of his career at NIH. After conducting research on the hemoglobin protein and winning awards for his teaching at Georgetown University School of Medicine, he switched gears. He joined what is now the Center for Scientific Review in 1978 as scientific review administrator of the molecular and cellular biophysics study section.

Four years later, Cassatt moved to NIGMS to administer grants related to genetics and then to molecular structure and biophysics. He directed CBB, as well as the program that preceded it, since 1988. The division currently has a budget of \$646 million and supports more than 1,700 research and training grants.

Many of Cassatt's colleagues see him as a trendsetter—and rightfully so. Aside from sporting all the coolest cycling gear, he started many programs that the institute now considers part of its legacy. He played an important role in creating both the \$600 million, 10-year Protein Structure Initiative and the NIGMS Center for Bioinformatics and Computational Biology, serving as the center's initial (acting) director for 2 years.

As project officer for the NIH-sponsored DNA sequence database GenBank for 7 years beginning in 1985, he oversaw its development into a

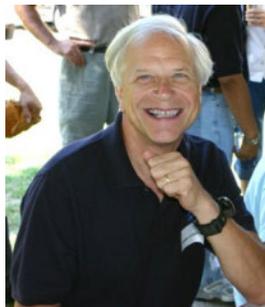


PHOTO: JERRY LI, NIGMS

model database used by scientists worldwide. In 1992, he engineered its transfer to NCBI, where the database now resides.

Recognizing the need for scientists trained in areas of both biology and the physical sciences, Cassatt developed a program with the National Science Foundation to encourage the application of mathematical tools and approaches to the study of biology.

But Cassatt's accomplishments at NIH reach beyond the purely programmatic. Many colleagues recognized him for his people skills, namely offering advice and solving problems.

"My interactions with Jim predate my coming here," said Dr. Jeremy Berg, who was an NIGMS grantee before he became the institute's director. "My research team had a grant in CBB, and we met with Jim for guidance. He came across as very fair-minded, clear and judicious. My first reactions were right."



Jim Cassatt in 2004 at the finish line of an 8-day, 400-mile bike ride across New York.

Dr. Catherine Lewis, chief of the biophysics branch in CBB, said, "You may have thought there was no solution, but Jim always had a clever way that was reasonable and would work."

Cassatt's talent at solving problems stemmed partly from his long history at NIH and an extensive knowledge of the policies and culture of the organization. But it also stemmed from his personality. "Jim has a gift of taking the tension out of a situation," added Dr. Michael Rogers, director of the NIGMS Division of Pharmacology, Physiology, and Biological Chemistry and a colleague of Cassatt's for nearly two decades. "And when he finishes, he'll ask you about your weekend."

He might also extend an offer to join him on a bike ride—a favorite activity that Cassatt actually picked up from another NIGMS colleague. He and some of his coworkers met for casual rides along the 45-mile Washington and Old Dominion Trail in Virginia, which ultimately turned into training routes for 100-mile tours. Cassatt usually brought along Twinkies and Coca-Cola, energizing treats he craved during long rides.

When Cassatt wasn't pedaling, he might have been snapping pictures, another hobby shared by many of his NIGMS colleagues. "In our spare time, we talked a lot about photography," said Dr. John Norvell, director of the PSI and one of Cassatt's longtime friends. "We compared notes on camera equipment, and Jim always sent around messages on the newest lenses or printers." Cassatt also shared the final products, often taping his favorite family or vacation photos outside his office door.

As Cassatt started to think about his future beyond NIGMS, he said, "There are a lot of things I'll miss—helping people solve their problems, friendly chats in the hall, the satisfaction I felt when training fellows got their first faculty jobs and then their first grants."

While Cassatt doubted he'd leave any lasting impression on NIGMS, Berg differed: "With his leadership, creativity and passion, Jim has influenced both the direction and spirit of this institute. To his credit, CBB is in great shape as it moves forward." 🚲

NICHD Budget Officer Fried Dies After Long Battle with Cancer

By Rich McManus

Art Fried, the longtime budget officer for the National Institute of Child Health and Human Development, died at home on Dec. 27 after a long battle with leukemia. An outgoing, affable man who had friends across the campus, he was as much NIH model citizen as budget official. Best known for many years as the cheerful force behind Combined Federal Campaign kickoffs, Health's Angels running events and blood donation campaigns, Fried said his "good guy" role arose spontaneously: "I just couldn't say no to anyone," he chuckled during an interview shortly before his death.

A native of the Bronx who lived "close enough to Yankee Stadium that we could walk there on [baseball season] opening day," Fried attended public high school in New Rochelle and graduated from the University of Rochester with a degree in accounting. For the rest of his life, a Bronx heritage or affiliation with the U of R made anyone an instant friend.

Fried caught on with a Big 8 accounting firm right out of college—Arthur Young (later Ernst & Young). Feeling eminently draftable for service in Vietnam in the mid-1960's, he enlisted in the Coast Guard, with whom he made a long career as a reservist, rising to the rank of commander. During his 4-year stint on active duty in Miami, Fried earned an M.B.A. from the University of Miami. "I did a lot of work with reservists who had careers in the federal government," he recalled. "They got me involved in the Management Intern Program at NIH."

Fried arrived on campus in 1970 for a year as an MI, rotating through four 3-month assignments that acquainted him with a then-small NIH. "The MI program got you around NIH pretty well in those days," he recalled. "It was a good start to an NIH career." Following the internship, he worked briefly as a budget analyst at what was then the National Heart Institute, and later worked for the now-defunct Bureau of Health Manpower Education, which was a part of NIH. "Then a good opportunity arose at Child Health," he remembered. "The people there were just terrific, the work itself was great. Normally, most people wouldn't stay in a job that long. But I did it." Fried became NICHD budget officer early in 1977, which was the position from which he would have retired on Jan. 2, ending a federal career of some 40 years.

"Art Fried was thoroughly committed to the NIH,

and to everything it represents," said NICHD director Dr. Duane Alexander. "He was always jovial and positive and found creative solutions to difficult and demanding problems. He was more than willing to work the difficult and irregular schedule required of budget officers, doing whatever needed to be done, without a complaint."

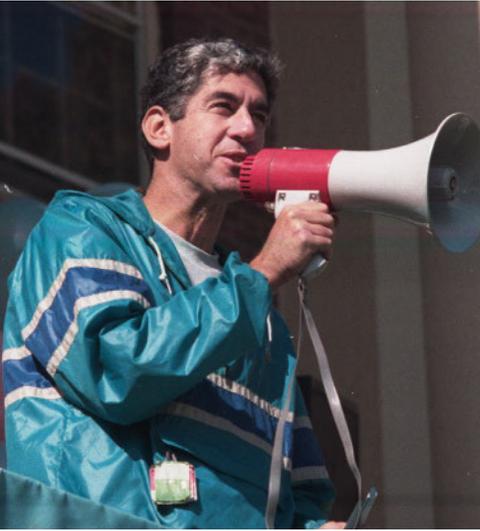
Even though his many extracurricular activities on campus, especially his ubiquity as a noon-hour runner in the greater NIH neighborhood, earned him a wide acquaintance, Fried got to know this agency at a deeper level than most when he was diagnosed with chronic lymphocytic leukemia in 1994. Ironically, it was his regular blood donation at the NIH Blood Bank that tipped him off to his illness. He kept the diagnosis private for years, but in 1997 spoke publicly about it in the *NIH Record*, crediting NIH doctors with saving his life via cutting-edge chemotherapy.

For the past 8 years, Fried struggled with good days and bad as the cancer alternately went into remission then recurred. "I've been on a very gradual downward slope for a pretty long time," he said. Reminded that he was often the first guy out of the Bldg. 31 locker room to go jogging on a 95-degree day, sometimes only weeks after being discharged from the Clinical Center, Fried said, "I just wanted to be an inspiration to all of you."

Since he began receiving hospice care in late November, Fried received wave after wave of friendly visitors and callers with his signature dry wit and positive attitude. Commenting on the frequent visits from colleagues on the second floor of Bldg. 31's A wing, he noted, "People have been un-be-lievable. The amount of assistance we've had, the friendship and support, would take a NASA-size measurement to figure out how many, many things have been bestowed on me the last couple months. I can't begin to express the number of people who have shown support—it's been a love-fest, and I'm really grateful for the outpouring."

In addition to his paid and unpaid NIH work, Fried volunteered for more than 20 years as a financial consultant to Threshold Services, an organization involved in housing and day programs for chronically mentally ill adults in Montgomery County. "I managed to make it to the last board meeting," he said, noting that he was the longest-serving volunteer for the organization.

Fried said his proudest professional accomplishment at NIH was the people he trained. "They include two people who have become budget officers themselves—Robyn Strachan at NIAMS and Donna Casady, who worked for 14 years for me and is now at NIA."



Art Fried offers directions to runners from the steps of Bldg. 1 at the footrace that kicked off the 1988 Combined Federal Campaign. This was but one of his many volunteer roles as campus citizen.

He used to boast that he hadn't spent an hour of annual leave within 200 miles of NIH in years; a family retreat at Old Saybrook, Conn., was a favorite destination, as were the many world-wide ski trips he enjoyed with the NIH Ski Club. A trip to Boston last fall for his son Matt's wedding was his most recent excursion.

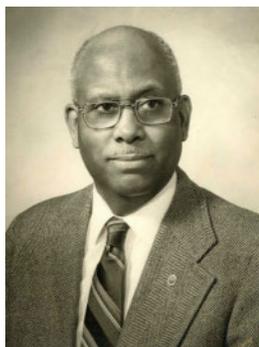
Pausing to reflect on life, he said, "I got to see and experience a lot. I survived long enough to see both of my kids get married and to get to know two grandchildren. I know there is much more that I won't get to see, but I've been very lucky."

Fried was buried on Jan. 3 at Arlington National Cemetery. He is survived by his wife Judy, his daughter, Carrie Mumford, and a son, Matt Fried, and by two grandchildren. 🕯

Colleagues Mourn SIDS Research Pioneer Hunter

By Robert Bock

Jehu Callis Hunter, an NIH scientist and administrator who studied tumor biology and helped establish NICHD programs in maternal and child health, died Dec. 7 at age 83.



"Jehu Hunter was an exceptional scientist who was instrumental in establishing many of the NICHD's research programs," said institute director Dr. Duane Alexander. "He was revered by his colleagues, for whom he always had time, no matter how busy he was."

Before retiring from NICHD in 1979, Hunter served as assistant director of program development in the institute's Center for Research for Mothers and Children. In that capacity he had primary responsibility for developing a national network of centers to research diseases and disorders of pregnancy, infancy and childhood. Working with then-NICHD colleague Dr. Eileen Hasselmeyer, Hunter also helped develop a research network to investigate the causes of sudden infant death syndrome.

Born in Washington, D.C., in 1922, Hunter graduated from the ROTC program at Howard University in 1943. He obtained a B.S. in zoology, graduating *cum laude*. During World War II, he served as a communications officer in the famed all African-American unit, the 92nd Infantry Division of the 5th Army—also known as the Buffalo Soldiers. Having been deactivated after the First World War, the 92nd was subsequently

reactivated after pressure from the African-American press, a few members of Congress and the NAACP. Like many others in the 92nd, Hunter welcomed the opportunity to serve his country.

"It was an ego thing," Hunter told *Ebony* magazine in 1995. "We wanted to prove our mettle."

In 1985, Hunter and Lt. Col. Major Clark cowrote a history of the 92nd, *The Buffalo Division in World War II*.

Hasselmeyer recalls that, after the war, Hunter sought employment with the Pentagon. He couldn't find a position in his field, and instead worked as a guard. When Hasselmeyer remarked that it must have been difficult to take a position that made no use of his scientific training, Hunter replied, "I just decided I would be the best guard I could be."

Hunter began his NIH career in 1949, as a medical biology technician in NCI's Laboratory of Biochemistry, where he eventually was promoted to research biologist. While at NCI, he presented numerous scientific papers at research meetings, and in 1962 participated in the 8th International Conference for Cancer Control in what was then the Soviet Union.

Hunter joined NICHD in 1965 as a scientist administrator in the Reproduction and Population Research Branch. In 1969, he was appointed assistant director of planning, and by 1975 was named chief of the Office of Program Analysis. In 1976, he became assistant director for program development for NICHD's Center for Research for Mothers and Children.

One coworker, Dr. Charlotte Catz, former head of NICHD's Pregnancy and Perinatology Branch, remembers Hunter as "a very kind and helpful person. I never saw him angry, and I never knew him to put anyone off. He was one of those colleagues you truly appreciate."

Howard Hoffman, director of the NIDCD Epidemiology and Biostatistics Program, said Hunter excelled at completing the numerous administrative details needed for establishing the institute's research program in SIDS. He also worked tirelessly to plan scientific workshops, draft the necessary RFPs and ensure that researchers had the materials they needed.

"He was a diplomat extraordinaire," Hoffman said, adding that Hunter could mediate between diverse groups and arrive at a solution everyone could agree on.

Hunter retired from NIH in 1978, but continued to volunteer at NICHD. He also donated time outside NIH. Hasselmeyer recalls that he volunteered to teach his grandson Tyrone's math class. Once, she said, Hunter came in to the office "all dressed up." When Hasselmeyer asked why, he responded that he had just come from teaching, and that it was extremely important that he present himself as a good role model for the young men in his class.

Hunter is survived by his wife, Edith Francis Hunter of Chapel Oaks, Md., two daughters, a son, two stepsons and 11 grandchildren. 🕯

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>.

Time and Attendance for Supervisors Using ITAS	1/30
Travel Refresher Course	1/30
Professional Service Orders	1/31
Review, Update on EEO Policies and Processing Laws	1/31
Travel for Admin. Officers/Approving Officials	2/1
Consolidated Purchasing through Contracts	2/6
Federal Supply Schedules	2/6
Basic Skills for Ethics Staff	2/6
Buying from Business on the Open Market	2/7
NBS Travel System for Organizational Administrators	2/7-8
Cultural Competence in Health Care	2/10
Purchase Card Training	2/13
Simplified Acquisitions Refresher	2/14
NIH Foreign Travel	2/16
Teams (Mod 3)	2/22
Managing Up (Mod 4)	2/22

NIDDK's Seeff Receives Award for Liver Research

Dr. Leonard B. Seeff, special expert and advisor in liver disease at NIDDK, received the 2005 Distinguished Service Award from the American Association for the Study of Liver Disease (AASLD) for his longstanding contributions to liver disease research and his service to AASLD. Since joining NIDDK in 1998, Seeff has helped to coordinate and supervise multicenter clinical studies on hepatitis C, nonalcoholic hepatitis and liver transplantation. He facilitated the development of the first trans-NIH action plan for liver disease research in 2004 and has been a leader for trans-NIH initiatives on hepatocellular carcinoma and drug-induced liver disease. Prior to joining NIDDK, Seeff worked in the Veterans Administration Medical System for 30 years. While at VA, Seeff worked with his mentor, Dr. Hyman J. Zimmerman, on issues of hepatotoxicity and the use of serum enzymes; newly described virological markers such as the Australia antigen; and serological markers for hepatitis B, C and D. Seeff also served as principal investigator for a series of groundbreaking studies on viral hepatitis, which defined the incidence of viral hepatitis linked to transfused blood. His research also revealed that most of the cases of post-transfusion hepatitis identified in the cohort were neither hepatitis A nor hepatitis B, but were instead a third form of viral hepatitis later named hepatitis C. Seeff received his medical training at the University of the Witwatersrand in Johannesburg, South Africa, and conducted his postdoctoral training at Mount Sinai Hospital in Chicago and the VA Medical Center in Washington, D.C.





Have Enlarged Gums?

Do you have enlarged gums and are you taking dilantin, cyclosporine or calcium channel-blockers? If so, take part in an NIH study. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-D-0103.

HIV-Positive Volunteers

HIV-positive volunteers who are off anti-HIV medications, CD4+ 350 or greater, without hepatitis B or C, are needed for a research study. Financial compensation is provided. Call 1-866-444-2214 or TTY 1-866-411-1010. Refer to study 05-I-0065.

Research Malaria Vaccine Study

Doctors at NIH are conducting a study to test the safety of a research malaria vaccine and its ability to generate immunity. Males or non-pregnant females, healthy, between the ages of 18 and 50, and who have never been exposed to malaria may consider participating. All study-related tests and medicines are provided at no cost, and you are compensated. The research vaccine will not infect you with malaria. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-I-0133.

Healthy African Americans, Africans

Healthy African Americans and Africans are needed for a blood count study. You can help researchers at NIH understand why individuals have different white blood cell counts. Call 1-866-444-2214 (TTY 1-866-411-1010) and refer to study 03-DK-0168. Compensation is available.

Do You Have PMS?

We need women with premenstrual syndrome to participate in research studies. To participate, you should be: experiencing mood changes related to your menstrual cycle; 18-45 years old with regular menstrual cycles; medication free, including oral contraception. Thorough diagnostic evaluation is provided. Evening clinic hours are available. Compensation offered for participation. For information call Linda Simpson-St. Clair of NIMH at (301) 496-9576 (TTY 1-866-411-1010).

Volunteers Needed for Army Research Studies

Walter Reed Army Institute of Research is seeking dependable, healthy adults 18-45 years of age available to participate in an entire study. Volunteers will receive a free medical evaluation. Financial compensation provided. Call toll free 1-866-856-3259 or visit online www.ARMYSite.com.

Can Chocolate Help Your Health?

The National Center for Complementary and Alternative Medicine seeks volunteers to participate in a 6-week study evaluating the effect of dark chocolate on blood pressure and the blood's glucose and insulin levels. Participants will help researchers learn more about chocolate's impact on hypertension and diabetes. Participants will be asked to take dark chocolate and a placebo (inactive treatment). To participate, you must be: persons with hypertension (high blood pressure) who can be safely taken off anti-hypertensive medications; age 21 to 60; not taking other medications or nutritional supplements for any illnesses besides hypertension. Compensation and dark chocolate will be provided. For more information, call (301) 496-3244.



Former Division Director Hansen Dies

Chris A. Hansen, 90, former director of the Division of Research Services at NIH, died Jan. 8 in Westport, Mass., of prostate cancer.

A Public Health Service officer, Hansen was the first director of DRS (now the Office of Research Services) and served in that post from 1956 until 1968, receiving a Meritorious Service Medal in 1964. After leaving NIH, he served 2 years as commissioner of the Environmental Control Administration. From 1970 until 1973, he was vice-president for planning and physical plant at Georgetown University.

Born in Guelph, North Dakota, in 1915, he attended the State Normal and Industrial College in Ellendale, N.D., and North Dakota State University, receiving a degree in civil engineering in 1937. He then served in various positions as an engineer for the Georgia state department of public health. In 1942, he received a master's degree in sanitary engineering from the University of North Carolina and accepted a commission in the Public Health Service, serving as district engineer for malarial control in war areas in Atlanta, Ga., which later became the Communicable Disease Center. He became assistant chief of CDC in 1952.

After retirement, Hansen was an engineering consultant in Maryland before moving to Arizona. He was active in many environmental and community organizations there, assisting with projects for the Nature Conservancy and Habitat for Humanity.

Survivors include two daughters, Elizabeth Kugler of Westport, and Kristie Hansen of Chevy Chase; a sister, Frances Casanova of Rochester, Minn., and five grandchildren. Hansen's wife Jean died on Jan. 5 in Waukesha, Wisc.; his first wife, Mary, died in 1992.

NIH 2005 Research in Review

NIH produces such a great number of research results each year that it's tough to assemble a brief list of the year's highlights. NIH has nearly 6,000 scientists in its laboratories and distributes almost 50,000 competitive grants to more than 212,000 researchers at over 2,800 universities, medical schools and other research institutions in every state and around the world. Given the difficulty of predicting which accomplishments among such a massive body of work might prove to be most significant in the years to come, the following is a sample of those recognized by the institute and center press offices as being of particular interest in 2005:

- An international team supported by NHGRI published the genome sequence of the dog. Because of selective breeding over the past few centuries, modern dog breeds are a model of genetic diversity, from 6-pound Chihuahuas to 120-pound Great Danes, from high-energy Jack Russell Terriers to mild-mannered basset hounds, and from the herding instincts of Shetland sheepdogs to pointers pointing. However, selective breeding has also caused many dog breeds to be predisposed to genetic disorders including heart disease, cancer and blindness. In combination with the human genome, the dog genome sequence will help researchers identify genetic contributors to several diseases.
- The Chimpanzee Sequencing and Analysis Consortium, which is supported in part by NHGRI, described its landmark analysis comparing the genome of the chimp (*Pan troglodytes*) with that of humans (*Homo sapiens*). The chimp sequence draft represents the first non-human primate genome. Our closest living relatives share 96 percent of our DNA sequence.
- Researchers supported by NIDCD successfully used gene therapy to grow new hair cells and restore some hearing in deaf guinea pigs. The scientists used a harmless virus to insert a gene called *Atoh1*, a key regulator of hair cell development, into cells in the inner ears of deaf adult guinea pigs. Eight weeks after treatment, new hair cells had grown in the ears treated with *Atoh1*, and their hearing had improved. This is the first time that researchers have restored auditory hair cells in live adult mammals.
- The International HapMap Consortium, a public-private effort to chart patterns of genetic variation in the world's population, published the human haplotype map, or HapMap. With more than 1 million markers of genetic variation, the HapMap is a comprehensive catalog of human genetic variation showing "neighborhoods" of correlated genetic variation, or haplotypes, across the entire human genome. Researchers will be able to identify genetic contributions to common diseases far more efficiently using HapMap data than with traditional approaches.
- The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), a long-term, multi-center trial of antihypertensive therapies funded by NHLBI, found that diuretics work better than newer therapies in treating high blood pressure and reducing the risk of heart disease in both black and non-black patients. The large study, with 33,357 participants, concluded that diuretics should be the first therapy for most patients with high blood pressure.
- Two studies provided a detailed analysis of the X chromosome's DNA sequence and a survey of its gene activity. This first comprehensive analysis of the sequence of the human X chromosome, supported by NHGRI and NIGMS as well as by the Department of Energy, provides new insights into the evolution of sex chromosomes and the biological differences between males and females. Even though it contains only 4 percent of all human genes, the X chromosome accounts for almost 10 percent of inherited diseases caused by a single gene, including red-green color blindness, hemophilia, some forms of mental retardation and Duchenne muscular dystrophy. More than 300 diseases have already been linked to it.
- People with type 1 diabetes can lower their risk of heart disease and stroke by about 50 percent by tightly controlling their blood glucose levels, according to a study supported by NIDDK and NCRR. The findings were based on a follow-up study of patients who took part more than a decade ago in the Diabetes Control and Complications Trial, a major clinical study funded by NIDDK and other NIH components along with Genentech, Inc. Continuing studies will reveal whether the same applies to those with type 2 diabetes, the more prevalent form of the disease.
- A new method using both stem cells and gene therapy promoted the growth of myelin, the "insulation" around nerve fibers, in the damaged spinal cords of rats. It improved the animals' motor function and electrical conduction from the brain to the leg muscles. The finding, funded in part by NINDS and NCRR, may lead to new ways of treating spinal cord injury in humans.
- Three independent research teams supported by NEI found a gene, called complement factor H (CFH), that affects a person's risk of developing age-related macular degeneration, the leading cause of blindness in people over age 60. One team, which included NIH researchers, found that people with this variant of the CFH gene are more than 7 times more likely to develop the disease.
- People with more copies of a gene that helps to fight HIV are less likely to become infected with the virus or to develop AIDS than those who have fewer copies, according to a study funded by NIAID. The gene encodes for CCL3L1, a potent HIV-blocking protein that interacts with CCR5—a major receptor protein that HIV uses as a doorway to enter and infect cells. The finding helps explain why some people are more prone to HIV/AIDS than others.
- Experiments in female monkeys showed for the first time that vaginal gels known as microbicides can protect against an HIV-like virus. The research, funded largely by NIAID, suggests that microbicides could potentially provide a safe, effective and practical way to prevent HIV transmission to women.
- Two new studies strongly suggest that a mutation in a recently discovered gene is the most common genetic cause of Parkinson's disease identified to date. The finding could lead to the development of a genetic test to detect the mutation in individuals at risk. Scientists have long suspected that genetics play a role in the onset of the disease. The investigators, which included researchers at NIA and scientists supported by NINDS, found that a mutation in the gene *LRRK2* appears to occur in at least one of every 60 people who have the disease.—Harrison Wein