



ABOVE • Can you recognize campus details? Test yourself and win a prize, page 12.

# nih record

*New Strategic Prospectus Planned*

## NIH Celebrates First 10 Years of OBSSR

In a celebration of its research, action and partnerships, the Office of Behavioral and Social Sciences Research on June 21-22 marked its first 10 years with a call for a new perspective on science.

Every health innovation that improves societal health and well-being ultimately requires some form of behavior change, “a daunting challenge and a great responsibility,” said OBSSR director Dr. David Abrams. The behavioral and social sciences face “the grandest challenge of them all—understanding human behavior in all its complexity”—from genes, neuroscience, motivation, cognition and emotion to individual lifestyles to the collective “behavior” of families, communities, providers and health care delivery systems to global economics and policy.



OBSSR's Dr. David Abrams

SEE OBSSR, PAGE 6

## Move It or Fuse It Ergonomics Lectures Can Help NIH'ers

By Belle Waring

Consider the spine: it bears our weight, keeps us stable and lets us move in myriad ways. Thanks to this column of soft tissue and bone, we can walk, lift a child, somersault and sit.

And boy, do we sit. Many of us work at a desk or bench, where our backs hardly move—unless slumping counts—while we make countless peripheral motions like pipetting, typing and using a mouse. Job-associated travel also requires sitting, often in cramped quarters.

Then—a twinge. Our wrists ache; our elbows burn; our backs go from feeling pokey to downright sore.

Enter ergonomics, the discipline of adjusting the environment to fit the human in it.

“You don't have to work in pain,” says Nerhosshia Davis-Smith, ergonomics program manager with the Division of Occupational Health and Safety (DOHS), Office of Research Services. “We want people to know we are here.”

Sixty-four percent of recorded injuries/illness-

SEE ERGONOMICS, PAGE 4



Lee Moultrie II (r), a community outreach coordinator with the University of South Carolina Community Network, addresses the summit.

## Cancer Disparities Summit Draws Researchers

By Francis X. Mahaney, Jr.

The National Cancer Institute and the National Center on Minority Health and Health Disparities partnered to hold a first-of-its-kind “Cancer Health Disparities Summit 2006” to engage broader participation within extramurally funded cancer health disparity researchers.

The July 17-19 meeting included 700 cancer researchers, health professionals and community health educators involved nationwide in disparities research, training, education and

SEE DISPARITIES PAGE 8

## features

	1
<b>OBSSR Anniversary Draws Zerhouni, Former Directors</b>	
	3
<b>Children Offered ‘Adventure in Science’</b>	
	5
<b>Yang Explores Making of Skeletons</b>	
	12
<b>How's Your Eye for Detail?</b>	

## departments

Briefs	2
Training	10
Volunteers	11



The NIH Record is published biweekly at Bethesda, MD by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available upon request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 2006.

**NIH Record Office**  
Bldg. 31, Rm. 5B41  
Phone (301) 496-2125  
Fax (301) 402-1485

**Web address**  
<http://www.nih.gov/nihrecord/>

**Editor**  
Richard McManus  
[rm26q@nih.gov](mailto:rm26q@nih.gov)

**Assistant Editor**  
Carla Garnett  
[cg9s@nih.gov](mailto:cg9s@nih.gov)

**Staff Writer**  
Belle Waring  
[bw174w@nih.gov](mailto:bw174w@nih.gov)

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

♻️ The NIH Record is recyclable as office white paper.

## briefs

### Frontiers of Immunology Explored

The Center for Cancer Research, NCI, will hold a national symposium titled, "Frontiers in Basic Immunology," on Sept. 28-29 in Masur Auditorium, Bldg. 10. The meeting will host leaders in the field of immunology and include discussion and debate on current understanding of basic immunological mechanisms. Sessions will include "Signaling and Effector Cell Function," "Lymphoid Development and Differentiation" and "Cellular and Innate Immunity." Speakers include Drs. Harinder Singh (U Chicago/Howard Hughes Inst.), Juan Zuniga-Pflucker (U Toronto), Laurie Glimcher (Harvard), Al Singer (NCI), Remy Bosselut (NCI), Andre Nussenzweig (NCI), Craig Thompson (Penn), Shankar Ghosh (Yale), Jon Ashwell (NCI), Larry Samelson (NCI), Scott Durum (NCI), Tom Waldmann (NCI), Jeff Bluestone (UCSF), Alberto Mantovani (U of Milan), Chris Biron (Brown), Joost Oppenheim (NCI), Giorgio Trinchieri (NIAID) and Mary Carrington (SAIC-Frederick, NCI). There is no fee and registration can be done online at <http://web.ncifcrf.gov/events/basicimmunology/default.asp>. For more information, contact Karen Kochersberger at [kkochersberger@ncifcrf.gov](mailto:kkochersberger@ncifcrf.gov) or (301) 228-4027.

### Principles of Clinical Research Class

Registration for the 2006-2007 "Introduction to the Principles and Practice of Clinical Research," began on Aug. 1. The course will run from Oct. 16 through Feb. 20, 2007. The deadline for registering is Oct. 6. Classes will be held on campus on Monday and Tuesday evenings from 5 to 6:30. There is no charge for the course but purchase of a textbook is suggested. A certificate will be awarded upon successful completion of the course, including a final exam. For more information or to register, visit <http://www.cc.nih.gov/researchers/training/ipocr.shtml> or call (301) 496-9425.

### Principles of Clinical Pharmacology Course

The Principles of Clinical Pharmacology course, sponsored by the Clinical Center, will begin in Lipsett Amphitheater, Bldg. 10 on Sept. 7. The course will be held Thursday evenings from 6:30 to approximately 7:45 and will run through Apr. 26, 2007.

The course covers topics such as pharmacokinetics, drug metabolism and transport, assessment of drug effects, drug therapy in special populations and drug discovery and development. An outstanding faculty has been

assembled to present the lectures. The faculty has also prepared a textbook, *Principles of Clinical Pharmacology, Second Edition*, which will be available in the Foundation for Advanced Education in the Sciences, Inc. bookstore located in Bldg. 10. The textbook is also available from Amazon.com.

This is the ninth year that the course is being offered. Registration is open to all interested persons free of charge. Certificates will be awarded at the end of the course to students who attend at least 75 percent of the lectures. More information about the course, including online registration, is available at <http://www.cc.nih.gov/researchers/training/principles.shtml> or by calling (301) 435-6618.

### Shubert Is New Fitness Center Director



*Laura Shubert is the new director of the NIH Fitness Centers, both in Bldg. 31 and in the Rockledge facility. A native of Vermont, she recently earned a degree in kinesiology from the University of Maryland. Shubert hopes to use her knowledge and enthusiasm to elicit a sense of overall good health and wellness among the NIH community.*

### Take a Guided Tour of the Bartók String Quartets

Music lovers can take a guided tour of the Bela Bartók string quartets with Dr. Joel Berman and members of the Beethoven/Bartók Cycle Quartet, well-known for similar performance-lectures featuring Beethoven string quartets. The series is being offered by the FAES Graduate School (course #GENL 158) on Mondays, beginning Sept. 11 from 7 to 9 p.m. For more information call Berman at (301) 946-2311 or email [BBCQuartet@aol.com](mailto:BBCQuartet@aol.com). For registration information, call (301) 496-7976 or visit [www.faes.org](http://www.faes.org). Register by mail through Aug. 18, or in person Aug. 30-Sept. 1.

## Michelson Named NHLBI Associate Director for Basic Research

Dr. Alan M. Michelson has been named associate director for basic research at the National Heart, Lung, and Blood Institute. He will be responsible for basic science policies, the development and integration of basic science initiatives and coordination of these policies and programs with other NIH institutes and federal agencies.

NHLBI director Dr. Elizabeth Nabel described Michelson as a recognized national leader and expert in genetics, systems biology, developmental biology and signaling pathways.

According to her, his skills will be invaluable in the new position as it will require broad integrative scientific and policy knowledge encompassing NHLBI's goals in heart, lung, blood and sleep research.



Michelson's research focuses on characterization of transcriptional networks involved in heart and muscle development in *Drosophila*. The prospect of further developing his research program was a major attraction of the job, said Michelson, but the deciding factor was the opportunity to join Nabel's staff. "It's the chance to combine the conduct of my own laboratory research with the ability to help shape science policy."

According to Michelson, his broad mandate will be to identify critical areas of contemporary research in the basic sciences and to implement innovative programs that will help the institute fulfill its mission in these areas.

"I am especially committed to the support of new initiatives that promote interdisciplinary research, with a focus on a systems biology approach to biomedical problems," he said. "The institute is in an ideal position to encourage and 'jump-start' such interactions among individuals with diverse expertise.

"My role will be to catalyze new initiatives by identifying key scientific problems, and then to focus, promote and shape discussion and collaboration among the relevant participants. I hope to facilitate the forging of novel and effective connections among different disciplines, with the ultimate goal of promoting the kinds of science that will have the greatest impact on the mission of the NHLBI."

Prior to joining NHLBI, Michelson was at the Howard Hughes Medical Institute and the division of genetics in the department of medicine of Brigham and Women's Hospital, Harvard Medical School. A member of the American Society for Clinical Investigation, he also provided faculty leadership to the M.D./Ph.D. training program at Harvard Medical School. 

## Program Offers Science Adventure for Children

Adventure in Science, a nonprofit science education program for children, is planning its 14th year at NIH. The program, which meets on Saturday mornings October through March in Bldg. 10, is designed to show 8-11 year-olds the fun of science using hands-on activities, from building (and launching) model rockets to dissecting frogs. The teachers are mostly volunteers from NIH, from post-doc to institute director. If you are interested in volunteering to teach, contact Peter Kellman, (301) 496-2513 ([peter.kellman@nih.hhs.gov](mailto:peter.kellman@nih.hhs.gov)) or Ed Max, (301) 827-1806 ([edward.max@fda.hhs.gov](mailto:edward.max@fda.hhs.gov)). To enroll a child, request forms from the 4H office at Montgomery County Cooperative Extension, (301) 590-9638.



*At left, Peter Kellman of NHLBI demonstrates a magnetic field using an array of compasses. Below, Christine Yao performs an experiment in a class on chemical structure.*



## ERGONOMICS

CONTINUED FROM PAGE 1



*Dr. Mark A. Vettrai shows his own cervical X-rays during a class on ergonomics, the discipline of adjusting the environment to fit the human in it.*

es at NIH's Occupational Medical Service (OMS) in 2005 involved some form of repetitive stress injury (RSI). Caused by incorrect posture and/or uninterrupted repeated motions, RSIs are musculoskeletal disorders that include carpal tunnel syndrome, "tennis elbow" and "trigger finger" in which soft tissues—such as muscles, nerves, tendons and ligaments—are injured.

The physical stress in factory settings may be obvious; it's not as obvious in the lab and office, so education is crucial. Also known as repetitive motion disorder and cumulative trauma disorder, RSIs are preventable and treatable.

DOHS conducts at least 40 ergonomic evaluations each month at NIH, Davis-Smith reports. In 2001, according to the Bureau of Labor Statistics, non-fatal occupational injuries across the U.S. topped 1.5 million; over one-third were musculoskeletal disorders (i.e., RSI). The costs are enormous.

In response, DOHS is offering its Ergonomic Lecture Series, which kicked off June 7 with "The Body vs. the Office," by Dr. Mark A. Vettrai.

Vettrai, a specialist in ergonomics and human factor design, covered basic principles of anatomy and physiology "to show," he said, "how the body wears out, and why, so you can assess your own workstation."

He focused on the spine, pointing to 60-degree arcs in each of its normal curves (neck, mid-back and low-back). "So it's physically impossible to sit at 90 degrees," he explained, "although you're told to. Then you get sore between the shoulder blades from the weight of supporting that 12-pound bowling ball"—also known as your head. Better to lean back slightly, he suggested, from 91 to 112 degrees.

In a brief case history, he showed X-ray slides of a cervical (neck) spine with osteoarthritic changes. The cause? Neither the patient's diet nor his job had changed. But his computers had—from a desktop to a laptop. Sitting long and leaning forward had put too much force on the neck; repeated stress caused not only soft tissue inflammation, but also changes to the bones. Solution: To better align head, neck and computer, prop the laptop on a 3-ring binder. You can reverse such joint disease, Vettrai said, as long as the degenerative changes are structural, not physiological.

"At age 10," he explained, "you begin to lose direct blood supply to the discs [the pulpy cushions between spinal vertebrae]. The only way the disc absorbs nutrition is through motion, when it uses osmosis. Sitting causes changes in the disc matrix, which settles from a semi-liquid jelly to a semi-solid clay." The body transmits that wear and tear on the soft tissue to the bone.

"If it doesn't move, it fuses," he stressed.

The patient outcome? "This is an X-ray of my own neck," he said, "and now I have to practice what I preach."

Other tips:

- DO yoga—probably the best exercise for the spine.
- DO stretch every 30 to 45 minutes.
- DO keep keyboard and mouse in your "primary" zone, within elbow's reach, no further away than the knees, with mouse on the same platform as keyboard.
- DO seek your own comfort level when adjusting the monitor. The eyes have a natural sweep of 30 degrees, so the rule of thumb is to keep the roof of the mouth parallel to the ground.
- DO keep wrist and forearm straight, in neutral position.

And DO keep knees at an angle, from 0 to 30 degrees, either above or below hip joint. Why the range? Because one out of five folks has some abnormality in his or her lower back, he explained. "We're not all textbook-normal. This depends on the individual. So we give them that range because unless we do an exam, we can't identify who they are. That's why I say take these as guidelines and seek your own comfort level."

The medical profession needs to get more involved with ergonomics, he noted, and ergonomics needs to catch up to the medical field. His lecture was an inspiring point where the two could meet.

For a schedule of remaining talks, visit [http://dohs.ors.od.nih.gov/ergo\\_speaker.htm](http://dohs.ors.od.nih.gov/ergo_speaker.htm). To learn more about the Ergonomics Program at NIH, visit [http://dohs.ors.od.nih.gov/ergonomics\\_home.htm](http://dohs.ors.od.nih.gov/ergonomics_home.htm). 📍

Where the Wnt Goes

## NHGRI's Yang Explores The Making Of Skeletons

By Belle Waring



Dr. Yingzi Yang

They are hugely important little dudes, those genes called Wnts. An amalgam of “wingless” and “int,” the term Wnt derives from the first two members of the gene family to be discovered: wingless (*Drosophila*, or fruit fly) and int-1 (mouse). Wnts are signaling proteins that control many cell processes in a variety of different organisms, including mammals. They play crucial roles in early development, regulating cell proliferation, polarity, differentiation, migration and fate.

They are also implicated in disease. The most famous example is breast cancer, when Wnt genes, normally silent, are activated by a retrovirus.

Summer students participating in the 2006 Summer Residency Program got a full-court introduction to Wnts in Dr. Yingzi Yang's recent lecture, “The Making of Skeletons.”

Yang studies cell-to-cell signaling in vertebrate limb development and skeletal morphogenesis. A fundamental aspect of developmental biology, morphogenesis concerns how the body's structures are generated, positioned, shaped and specialized.

As NHGRI's section head of developmental genetics, Yang concentrates on the Wnt and Hedgehog groups of signaling molecules. Her goal is to understand precisely how these signaling pathways act and interact with each other and with other signaling molecules in regulating vertebrate embryonic development. She spoke to her audience in Lipsett Amphitheater, where she offered a comprehensive overview of her work.

To understand pathological mechanisms, she told them, we must first understand normal biological processes. “However,” she observed, “we cannot do experiments on human beings, so to gain insight into molecular pathways that govern embryological development we can study other vertebrate species and see results applied directly.”

The mouse, Yang explained, is the only available mammalian model in which to do sophisticated genetic manipulation. She explained reverse genetics, covering the creation of knock-out, knock-in and transgenic mice; and forward genetics, covering mutagenized mice treated with chemicals or DNA insertions.

She then laid out results of several experiments that showed how key aspects of skeletal development are controlled by Wnt signaling. She focused on Wnt action upon chondrocytes—cells that are cartilage-forming—and osteoblasts, the bone-forming cells. Both are manipulated by blocking or enhancing Wnt signaling.

Yang showed how, in skeletal morphogenesis, Wnt signaling is critical for later development. Receptors that are too active or inactive affect bone density. Too much can lead to osteoarthritis; too little, to osteoporosis.

In conclusion, she showed how Wnt signaling helps us understand the formation of healthy bone, cartilage and joint, with important implications for treatment. 🗨️

## National Biosafety and Biocontainment Training Program

In 2003, to improve the nation's infectious disease research infrastructure, NIAID began funding the construction of dedicated biosafety laboratories, both at NIH and at academic institutions.

To support the safe operation and research within the new labs, NIAID partnered with the Division of Occupational Health and Safety (DOHS) at NIH to develop the National Biosafety and Biocontainment Training Program (NBBTP). The program is designed to prepare a cadre of highly trained biosafety and biocontainment professionals, under the tutelage of Dr. Deborah Wilson, director of DOHS, with the skills to provide guidance to research investigators on the use of safe practices in their studies of infectious agents requiring high or maximum biosafety level containment.

“Biosafety is a preventive discipline,” says Wilson. “The greatest benefit the program brings to the public is it prevents accidents, injuries and illness through risk assessment and appropriate program development and implementation. The public must have confidence that biomedical research with infectious agents is conducted in a safe and responsible manner.”

The 2-year post-baccalaureate and postdoctoral NBBTP fellowships integrate traditional elements of academic learning with training at NIH and other research facilities. The program will provide hands-on experience in biosafety level 3 and 4 facilities and prepare trainees to meet the needs of the biodefense and emerging diseases research fields in the 21st century.

Current fellow Hector Valtierra was drawn to the program with hope of enhancing his knowledge of microbes and issues involved in the biocontainment of pathogens. “Since the program is training us fellows to manage high-containment laboratories, getting the opportunity to work in a ‘blue’ suit impressed upon me some of the challenges that researchers face when working in a positive-pressure suit.” He adds that the program also has introduced the principles of engineering and laboratory design for biocontainment and biosecurity of pathogens. “This combined academic and hands-on experience has provided a great way to learn the key issues and protocols involved with managing laboratories that are conducive to both research and biosafety.”

Eligible fellows must meet all requirements of federal regulations necessary for working with Select Agents and should have academic backgrounds in microbiology, public health or other related sciences such as industrial hygiene or engineering. There are currently five fellows in the program.

Wilson hopes that in addition to the technical knowledge fellows will gain from the program, “they will leave with a sense of accomplishment, pride in their professional competence and personal self-confidence. The NBBTP fellows will be future leaders in the biosafety profession.”

For more information on the program, visit <http://www.nbbtp.org/>. 🗨️

“There is a need for the field to change the way we envision the future,” said NIH director Dr. Elias Zerhouni in opening remarks. “Science must reduce problems to their constituent elements and use valid measures, but this is not always possible. We do not know how all systems work. Yet a systems approach on what will make change is the core challenge of this office.

Behavior is an emerging property from subsystems of which we do not have a deep understanding.”

As part of the Office of the Director, OBSSR is charged with increasing the scope of and support for behavioral and social sciences research across all of NIH. Officially opened on July 1, 1995, it was established by Congress in recognition of the key role that behavioral and social factors often play in illness and health.

“Health care has to change,” Zerhouni stressed. “Health care is not sustainable. No single discipline has the answers. We need to change our philosophical and conceptual model of what health care is. The 5,000-year-old relationship between patient and doctor is changing before our eyes.”

New solutions are needed, he declared. “When you look at the next 25 years and you look at every prediction, clearly we are on a path to a collision. Health care as we know it is not sustainable.”

A systems approach is required. The key, Zerhouni said, “is we need a new vision of how medicine and health will evolve—predictive, personalized, pre-emptive and participatory medicine.” He added, “It’s hard to see how the NIH will succeed without participation from patients, their communities, their political environment, their behavioral change factors and their social environment. If we do not understand that [medicine] needs a comprehensive, interdisciplinary solution, we will fail.”

When we study the roots of disease and disability, Zerhouni observed, we often find them in personal behavior or socioeconomic and human-created environmental influences. Both domains are addressed by behavioral and social sciences research, which he lauded for its clear impact on public health. He offered two examples: the recent drop in cancer rates,

largely due to decreased tobacco use in males, and the benefits of diet and exercise—more effective than drug therapy—in preventing the onset of type 2 diabetes. Ten percent of the NIH budget is invested in social and behavioral science, he noted.

Dr. Norman Anderson, founding OBSSR director, and Dr. Raynard Kington, NIH deputy director and former OBSSR director, offered background history and beginnings of the office and outlined its role at NIH.

Kington pointed out one challenge related to the rigor of measurement of behavioral and social causal factors and outcomes. He said there is “even bias in the language of how these challenges are described by those outside of the fields.” The same types of problems in measurement in the biomedical sciences are referred to “as challenging and complex” but when they occur in the behavioral and social sciences, they are often referred to as “fuzzy and poorly defined.”

In spite of his criticism of both the biomedical community and its continued pockets of resistance to acceptance of behavioral and social sciences as essential to the NIH mission, and the social and behavioral sciences for their pockets of resistance to self-criticism and self-correction, Kington sees great opportunities for OBSSR in helping NIH achieve the four Ps described by Zerhouni.

Kington also sees the need for more scientists adequately cross-trained to bridge the behavioral, social and biomedical sciences. “There is no area with greater need than the area of gene-environment interaction where there are enormous possibilities for new areas of research,” he said.

Anderson recalled that he was often asked “why is such an office (OBSSR) here?” He reminded listeners that, when he headed the office, he was fond of paraphrasing the late President John F. Kennedy: Ask not what NIH can do for behavioral and social sciences research; ask what social and behavioral sciences research can do for NIH.

“Scientific advances could be accelerated by greater attention to behavioral and social sciences factors and their interactions with biomedical variables—many of the same things Dr. Zerhouni spoke about,” Anderson explained. He offered three justifications for increased attention: behavioral and social factors are major contributors to health and illness; behavioral and social factors represent important avenues for diagnosis, treatment and prevention; and by focusing more on behavioral and social factors, NIH would be more effective in fulfilling its mission.

Abrams proposed a new conceptual synthe-



*As special assistant to the OBSSR director, Dr. Ronald Abeles fosters behavioral and social research across NIH.*

PHOTOS: BELLE WARING

sis for understanding patterns of population health and disease, a model that is “interactive and dynamic. The key conceptual integration for the future of our science,” he suggested, is that “the dominant and successful biomedical models on the one hand and the strong socio-ecological models of public health on the other hand are really two sides of the same coin.” A full conceptual integration of these two powerful 20th century paradigms is now emerging, he said. “This represents an extraordinary opportunity...Behavior is the bridge between biology and society. You have to see behavior as a bridge. You can’t get under it or around it. You have to cross it.”

Abrams noted that research has saved millions of lives and billions of dollars through preventing, reducing or treating tobacco use behavior, HIV/AIDS, cardiovascular disease, cancers, addictions and mental illness, and giving us the tools to tackle the rising epidemic of obesity and diabetes. “NIH used prevention and reduction of risky behavior to improve the nation’s health and well-being. But there is still much work to be done.”

Over the anniversary’s 2 days in Bldg. 45, there were nearly 500 attendees, including 30 speakers, one of whom was 2002 Nobel laureate Dr. Daniel Kahneman. He said NIH “is primarily a bench science institution. How can we change the institutes and centers and the study sections? How can we influence the agency? Our job is not done until solutions are disseminated and health improves.”

“This is a conference that is bringing in seminal work from researchers in diverse groups,” said NCI’s Audie Atienza, “and promoting partnerships among them.”

The focus of the final plenary session was a town-hall style meeting on OBSSR’s strategic prospectus to guide future priorities for research funding. The moderator, Dr. Allan Best, called for and received dozens of suggestions from the audience, from the creation of a primary health care prevention system, to a call for strong basic science, to more partnerships with business, the community and the public.

Abrams concluded by saying the vision of OBSSR is to mobilize the biomedical, behavioral, social science and population science research communities as partners to solve the most pressing health challenges faced by our society. 🗨️



*NINR director Dr. Patricia Grady (l) and CC nursing chief Clare Hastings*

## Conference Showcases Research-Practice Links in Nursing Science

The National Institute of Nursing Research and the Clinical Center nursing and patient care services department hosted a day-long conference, “Celebrating Nursing Science, The Research-Practice Link,” on June 16 in Masur Auditorium. The event showcased achievements in clinical nursing research and their application to practice.

NINR director Dr. Patricia Grady challenged attendees “to be stimulated by the day’s presentations...to take the next step, whether it be to communicate what you hear, implement the ideas put forth by this group of distinguished researchers or add to the base of knowledge” by participating in research.

She noted that the partnership between NINR and the CC, as well as the many partnerships forged between clinical centers, researchers and nurses throughout the nation, are the birthplace of fertile dialogues that are important in advancing nursing research and improving care for patients.

Also present to welcome attendees was Dr. Clare Hastings, chief of nursing at the CC. In addition to overseeing patient care services, she directs the nursing research program. She recalled the years that gave birth to what was first the National Center for Nursing Research and is now “a 20-year-old institute with a track record of supporting science that is...changing how we do nursing care in the clinical area.”

The conference addressed three areas of research—HIV risk reduction; post-transplant care and quality of life; and wound care—that illustrate advances that have come about thanks to partnerships between researchers and clinical practitioners.

The conference was one of several scientific forums sponsored by NINR over the past year to commemorate the institute’s 20th anniversary. The conference can be viewed in the archives at <http://videocast.nih.gov/>. 🗨️

## DISPARITIES

CONTINUED FROM PAGE 1

### Right:

*Dr. Sanya Springfield, acting director of the NCI Center to Reduce Cancer Health Disparities, speaks at the summit.*

PHOTOS: BILL BRANSON

outreach programs; they addressed the burden of cancer in underserved populations and communities. The programs under discussion represented some of the most effective and promising ones, including the Community Networks Program, the Patient Navigation Research Program, Centers for Population Health and Health Disparities, among others.

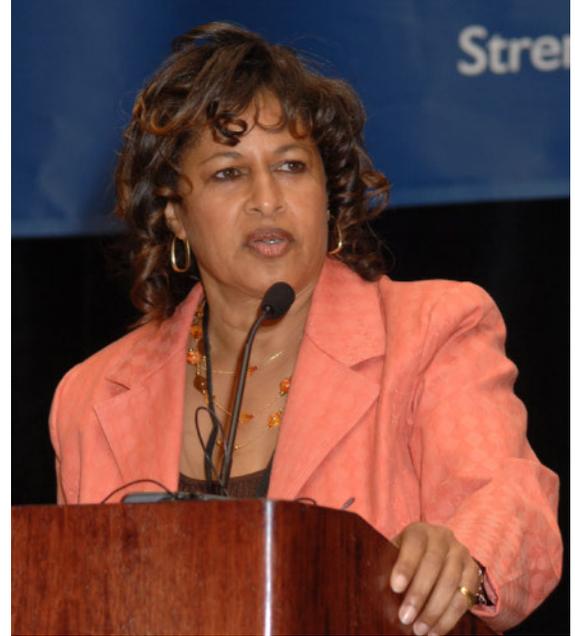
The goal was to facilitate networking, disseminate knowledge about the variety of programs currently under way, strengthen collaborations and forge new relationships, enable participants to share strategies and provide solutions. NCI leadership met with attendees to address concerns over what impact recent budget cuts and reallocations may have on achieving goals during periods of fiscal constraint.

There were more than 40 speakers on the program, including former HHS secretary Dr. Louis W. Sullivan, now of Morehouse School of Medicine; Dr. John Niederhuber, acting NCI director; Dr. Mark Clanton, NCI deputy director; Dr. John Ruffin, NCMHD director; and Dr. Sanya Springfield, acting director of NCI's Center to Reduce Cancer Health Disparities.

"We are rapidly transitioning into a new era of highly personalized medicine in which our future success in eliminating the burden of cancer will depend significantly upon our ability to rapidly and seamlessly bring the best of our scientific discovery to patients in the communities where they live," said Niederhuber. "Disparities are not just about socio-economics or education. Age, given our rapidly aging population, constitutes, in my mind, a huge disparities issue."

Ruffin told attendees: "The partnership (between NCI and NCMHD) represented a true spirit of collaboration among NIH institutes and centers and among their grantees. The summit set the foundation for similar forums that will be emerging across the NIH in the coming months, such as the first in a series of three trans-NIH health disparities research forums being coordinated by the NCMHD."

He added, "The NIH is doing some impressive work in health disparities research at the academic and community levels and it's time that we start showcasing the progress we are making. We also have to continue working together to strengthen our partnership base and leverage our resources to sustain the good models that exist."



NCI's Center to Reduce Cancer Health Disparities, headed by Springfield, "continues to be a bright beacon of hope for underserved populations who carry a heavy cancer burden," Clanton said.

"Addressing cancer disparities is woven tightly into the fabric of our agenda here at NCI," he continued. "Three years ago, NCI renewed its commitment to fighting cancer disparities when we set out on an ambitious course to eliminate suffering and death due to cancer. The course we charted was based on a handful of key strategic priorities that guide us—from finding ways to better harness advanced technologies for the purpose of fighting cancer to improving our clinical trials system. Reducing cancer disparities is one of our core priorities," he added.

Summit participants included Asian Americans, Hispanic Americans, Native Americans, African Americans, Alaska Natives and Pacific Islanders and the rural poor.

Kenton J. Laffoon, Sr., of the Mohave tribe from the Colorado River Indian Reservation, representing the Inter Tribal Council of Arizona, Inc., said there are many issues still affecting the American Indian. "American Indians are being lost in the system as our research projects are being underfunded," he charged. "Transportation to major medical centers is a key problem that remains to be solved as well as cancer treatment follow-up once a Native American patient is diagnosed.

"Without a patient navigator research program to guide Native Americans through the myriad tests and treatments, these patients are all too inclined to discontinue treatment when the cancer is still treatable." Cancer is the second leading cause of death in the Native American population.

"I believe this summit will be a historic one as we look back on the strides we have made in cancer disparities. It is also a time to look ahead to the promise of progress to come with our continued collaborations," concluded Clanton. 🗨️

### CIT's VideoCast Archive Reaches 3,000

What do Lance Armstrong, Dolly the Sheep and NASA astronauts have in common? They have all appeared on NIH VideoCast.

Since its inception almost 10 years ago with the first video streaming of a mitochondrial interest group meeting, the Center for Information Technology's VideoCast service has reached a milestone and now has more than 3,000 events available in its archive. The largest single event was the 2005 Presidential address on pandemic flu with 7,000 simultaneous VideoCast viewers.

VideoCasting provides viewers with access to world-renowned scientists, informational sessions on new discoveries and administrative best practices right from their desktop computer, MP3 or video player.

VideoCast is accessible to a wide audience both internal and external to NIH. Thirty-one percent of the viewership is international, ranging from Sri Lanka to Brazil. The service provides captioning for Section 508 compliance.

In partnership with the National Library of Medicine, CIT is adding improved cataloging and information about its events, as well as encoding events in high quality MPEG2 (video) format. With the use of new search/voice recognition technology, researchers will soon be able to scan the video archives for the occurrence of scientific terms and locate those within specific segments of the archive.

For more information, and to view the archives, visit <http://videocast.nih.gov>.

### CSR's Khan Receives IHS Honor

*Dr. Mushtaq A. Khan, chief of the digestive and respiratory sciences integrated review group at the Center for Scientific Review, received the Indian Health Service Director's Award for managing the review of Native American Research Centers for Health applications over the last few years. These centers are supported through an IHS/NIH trans-agency initiative. IHS director Dr. Charles W. Grim presented the award at a recent ceremony.*



### Three at CSR Share Explorer Award

*The annual Center for Scientific Review Picnic included kudos for three attendees who shared the new \$10,000 Explorer Award for innovations that help to streamline peer review of NIH grant applications. The winners, announced by CSR director Dr. Toni Scarpa (second from l) are (from l): Dr. Weijia Ni, for his development of Review Management, a database program that helps manage the review of grant applications—from their receipt and assignment to the production of summary statements; Dr. Robert Elliott, for seeing how NIH program staff can quickly be kept informed of changes in the schedules of review meetings and thus be able to call in at the right time to hear discussions; and Dr. Xiang-Ning Li, for developing grant application reviews conducted by webcam. By not requiring travel, these reviews permit NIH to enlist the best reviewers, wherever they are.*

### PHS Honors NIH Nurse Scientists

*NIH nurse researcher Dr. Susan Marden (r) and colleagues April E. Powers, Rose McConnell and Colleen Campbell were honored recently with the RADM Faye G. Abdellah Publication Award for Nursing Research 2006. This Public Health Service award recognizes publications that stimulate the development of nursing knowledge and practice through scientific investigation and research. Marden, a clinical nurse scientist at NINR, along with Powers from NIAID and McConnell from the Clinical Center Nursing and Patient Care Services, were cited, along with five other authors, for their article, "Effect of Long-Cycle Structured Intermittent Versus Continuous HAART on Quality of Life in Patients with Chronic HIV Infection," published in the journal AIDS, 2006 20: 837-845. Marden was also among the recipients of the RADM O. Marie Henry Publication Award for Clinical Nursing Practice 2006, along with Claiborne Miller-Davis, a nurse researcher in the CC nursing department. This award recognizes publications that describe clinical nursing practice. The authors were honored for their paper, "The New York Heart Association Classes and Functional Status: What Are We Really Measuring?" (July/August, 2006), Heart & Lung, The Journal of Acute and Critical Care.*



### 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>.

Introduction to Labmatrix	8/15
iLife for Scientific Collaboration	8/16
Advanced XML	8/16
Introduction to mAdb	8/16
Entourage 2004 - Email, Calendar, Contacts and More	8/17
Working from Home - Understand the Technologies	8/17
PathwayExpert	8/18
Partek: Visual and Statistical Analysis with Partek Genomics Suite	8/21-22
NCBI's Microbial Genomes Quick Start	8/23
NIH Data Warehouse End-of-Year Processing	8/23
Dreamweaver 8 Introduction	8/24
Image Pro Plus/3D Constructor	8/24
Home Networking Fundamentals	8/28
Seeking Information on the Web	8/30
Library Skills: Using Online Resources to Your Advantage	8/31
Scopus	8/31
EndNote (PC) Basics	8/31
Podcasting at NIH	8/31

### 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>.

Travel for Admin. Officers/Approving Officials	9/5
Travel for NIH Travelers	9/6
Review, Update on EEO Policies	9/11
Writing Statements of Work	9/12-14
Basic Time and Attendance Using ITAS	9/12-13
Writing & Managing Executive Correspondence	9/20-21
NIH Foreign Travel (NBS) Travel System	9/25-26

### NIA, Colleagues Mourn Smullen

Russ Smullen, Jr., deputy director of the information systems section (ISS) at the National Institute on Aging, died suddenly in his Silver Spring home on May 17. He was 49.

To his coworkers, Smullen was a data master who thoroughly understood the NIH grants process, knew how to program computers and understood how to work with data so they were useable. In his role as ISS team leader, he acted as a human firewall and was always on the front lines solving problems at work. In his 17 years at NIA, he embodied the philosophy of not sweating the small stuff.

Smullen worked hard and enjoyed life in and out of the office. "He was a happy person whose happiness was contagious," said Lee Bacon, a long-time friend who worked for Smullen in the ISS. "At work, Russ would often walk down the hall whistling or singing, 'I'm a happy boy. I'm a happy boy.' He was more of a mentor than a boss."

Smullen always had time for his employees, who were often also his friends, added Bridgette Hodge, an ISS colleague who met Smullen in 1989. "If you told him about an interest you had, he would find articles and books to give you," she said. "He knew I had an interest in the piano, and he gave me a keyboard he had sitting in his attic. Every year, Russ bought \$60 of Girl Scout cookies for his staff, even though he was a diabetic and couldn't eat them. He said, 'It's only money.'"

To the wider NIA family, Smullen was known as the Grand Master Elf who ran the institute's holiday party. Since 1997, he developed sumptuous menus, selected party games and concocted exotic blender drinks. He loved throwing parties and always encouraged people to bring their friends to his annual barbeque.

In addition to parties, Smullen loved adventure gaming, personal computing, music, film and his Jack Russell terriers, Peanut and Popcorn. He also enjoyed science fiction by Isaac Asimov and Harry Turtledove, among others, and regularly attended science fiction conventions around the world.

Smullen was born in Washington, D.C., the middle son of Bernice Peek Townsend and the late Russell Edwin Smullen, Sr., and a stepson to Larry Thomas Townsend. He is also survived by two brothers, David Smullen of Westover, Md., and George Smullen of Deerfield Beach, Fla., and two nephews.



### Healthy Children Needed

Healthy child volunteers (ages 8-12) are needed for a brain-imaging study of attention. This study consists of two visits. All procedures are non-invasive; no blood draws will be performed. Compensation is provided for each visit. For more information call Meryl Wagman at (301) 402-3893.

### Don't Sleep Enough?

We are in need of men and women ages 22-50 with a body mass index (BMI) of 30-50 who sleep 6 hours or less on average to participate in a new research study at the National Institute of Diabetes and Digestive and Kidney Diseases (refer to study 06-DK-0036). You will receive free medical and sleep evaluations and compensation will be provided. If you want to contribute to the understanding of the relationship between sleep and body weight and have the time to participate in approximately 7 short visits within 1 year, call 1-800-411-1222 or visit [clinicaltrials.gov](http://clinicaltrials.gov) for more information.

### Healthy Adults Sought

Healthy adults 18-65 years old are needed to participate in the study of an investigational West Nile virus vaccine. Volunteers will have medical examinations and blood tests to see if they are eligible for the studies. Financial compensation is provided. The study is being conducted by the Vaccine Research Center. To volunteer, or for more information, call 1-866-833-LIFE (toll-free) or TTY 1-866-411-1010.

### Study of Ankylosing Spondylitis

Doctors at NIH invite you to participate in a study that seeks to identify the genes that may affect the severity of ankylosing spondylitis (AS). Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

### Men and Women Needed

Men and women ages 55-65 are needed to participate in a study of alcohol metabolism and responses. Study participation includes one 3-hour screening visit and two 8-hour study visits. Participants must be social drinkers in good health. Compensation will be provided for time and participation. If interested contact Shilpa at (301) 451-0308 or email [ETOHSTUDY-L@mail.nih.gov](mailto:ETOHSTUDY-L@mail.nih.gov).

### Sickle Cell Study

Are you 18 years or older and do you have sickle cell? Participate in an NIH study. Doctors will examine blood for factors that may cause or prevent diseases involving red blood cells. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

### Men With Osteoarthritis Sought

A study of osteoarthritis is recruiting men ages 30-65. They can take part in NIH study 04-AT-0239 evaluating hormones in men with osteoarthritis pain. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).



*NIAMS director Dr. Stephen Katz (front, c) and deputy director Dr. Steven Hausman (back, second from l) welcome new members to the institute's council. Shown are (from l) Dr. Kevin Campbell, Patricia McCabe, Dr. Joshua Jacobs, Carmen Cheveres de Mummey and Dr. B. Lee Green.*

### Five Appointed to NIAMS Council

Five new members were recently named to the National Arthritis and Musculoskeletal and Skin Diseases Advisory Council:

Dr. Kevin P. Campbell is an investigator of the Howard Hughes Medical Institute and chair of the department of physiology and biophysics at the University of Iowa. He is also a professor of neurology and internal medicine at the University of Iowa Roy J. and Lucille A. Carver College of Medicine.

Carmen Cheveres de Mummey is an interior or landscape specialist at Canfield Persons in Westlake Village, Calif. She previously served on the board of trustees of the National Psoriasis Foundation, led a psoriasis support group for 3 years and participated as a patient advocate for the National Health Council's Skin Disease Coalition.

Dr. B. Lee Green is an associate professor with the division of health education, College of Education and Human Development at Texas A&M University. He is also director of the Center for the Study of Health Disparities at Texas A&M.

Dr. Joshua J. Jacobs is associate dean for research development and associate chairman for academic programs at the department of orthopaedic surgery at Rush Medical College, Chicago. His primary research focus is total joint replacement.

Patricia A. McCabe is the public information specialist with the Supreme Court of the United States, Washington, D.C. She has chaired the research committee while on the National Marfan Foundation board of directors since 1997, and has been a member of an institutional review board for the National Human Genome Research Institute.



Name That Spot!

### Architectural Details and Natural Nooks

Webster's dictionary cites architecture as the art and science of designing and erecting buildings; a broader definition includes the contouring and adornment of grounds, signage, fencing and lighting. NIH has a wealth of architectural detail and landscaping refinement—and ecological non-refinement, like the forest preservation plot between the Children's Inn and the new fire station. Certain elements make for a pleasing environment, some are purely functional, while others have historical import. As you walk out into the summer sunlight—or rush from bench to bedside—how many of these can you identify?

Enter our two-part contest (in this issue and the next). Tell us where these icons are on campus. Email your answers for both parts of the contest to [waringb@od.nih.gov](mailto:waringb@od.nih.gov) by Sept. 1. The entrant with the most correct answers wins an *NIH Record* T-shirt (in the event of a tie, the first correct entry wins). The winner will be announced in the Sept. 22 issue. Good luck!

PHOTOS: BELLE WARING

