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The Second Best Thing About Payday

nih record

ABOVE • *NIH weightlifters set records at AAU meet. See story on p. 10.*

features

departments

Are You Ready?

Emergency Preparedness Plans for NIH Workers Take Shape

By Belle Waring

Crazy things happen—fire, flood, anthrax—therefore we plan. Preparedness is part of the NIH mission; it is also a mindset to which everyone contributes.

Mike Spillane, director of the Division of Emergency Preparedness and Coordination (DEPC), describes being prepared as "not specifically about terrorism—it's about things we know will happen. If we prepare for them, then we can cover the unknown." DEPC crafts emergency plans for all NIH facilities, both on and off campus; maintains shelter-in-place/evacuation plans; and develops responses, alerts, notification procedures and drills. The division also manages the NIH Continuity of Operations Plan, or COOP, which includes the PanFlu Management Plan (see *NIH Record*, Oct. 6, 2006).

Spillane's turf includes the Bethesda campus with almost 18,000 workers on 306 acres as well as four other sites in the metro area (the leased space at Executive Blvd., Rock Spring Park, Twinbrook and Bethesda count as one site). These off-campus sites hold a total workforce of over 12,000. He also manages an automated communications system for voice and text messages to send alerts to NIH leadership and emergency coordinators within each institute and center.

SEE **COOP**, PAGE 8

To Fe or Not To Fe?

Iron Replacement Study at Blood Bank Is a First

By Belle Waring

You don't miss your water 'til your well runs dry. As for your blood, it is your intrinsic well, your internal sea, bathing every cell with oxygen. So unless there's a problem, you may take it for granted. But Dr. Barbara Bryant surely doesn't. As a clinical fellow in the Clinical Center department of transfusion medicine, she is principal investigator in the Iron Replacement or Not (IRON) study, which tackles iron depletion in the blood-donor population.

"As far as I know," Bryant says, "we are the only blood bank in the U.S. to do this"—to examine the safety and efficacy of giving donors oral iron supplements (a.k.a. Fe, the chemical symbol from the Latin *ferrum)*.

Before blood donation can even begin, donors are screened to make the process safe for them and for potential recipients. Donor screening includes a medical history interview, vital signs and a fingerstick blood test to mea-

SEE **IRON REPLACEMENT**, PAGE 4

The Commercial Vehicle Inspection Facility is expected to open this winter.

New Facility To Inspect All Commercial Vehicles Entering Campus

"Keep on trucking" may be prudent advice, but as of late winter, any commercial trucker hauling his or her wares onto the NIH campus will need to make a pit stop at the new Commercial Vehicle Inspection (CVI) facility before entering. All such drivers and their vehicles (including UPS trucks) will take the brief hiatus so that NIH security can provide a thorough safety check at the site—formerly an employee parking lot—located opposite the north

SEE **CVI TO OPEN**, PAGE 6

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briefs

STEP Forum on Managing Extramural Clinical Trials, Jan. 11 in Natcher

The staff training in extramural programs (STEP) committee will present an Administrative Strategies forum on the topic, "Managing Extramural Clinical Trials—Who Does What, When and Why?" on Thursday, Jan. 11 from 8:30 a.m. to 4:30 p.m. in Natcher conference center, Rms. E1/E2 and breakout rooms.

An application for a clinical trial comes across your desk. Do you know your role in clinical trial stewardship at NIH? This forum will discuss core issues for program, review and grants management staff members in promoting safe and scientifically valid clinical trials. You will walk away with tips and tools for your role in this complex process.

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do School is offering a beginner's class for adults and mature teens. New students are invited to begin classes on any Monday. The curriculum combines traditional striking arts, forms, sparring and basic Aikido techniques with emphasis on self-defense. No experience is necessary. Class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 8 p.m. on Mondays and Wednesdays (6-7 p.m. Fridays and 10:30 a.m. to noon Saturdays, optional) and will continue for about 2 months until participants can be integrated into the regular school training. Registration fee of $50 includes beginner's class for 10 weeks and a uniform costs $40. Interested persons are welcome to watch regular training sessions. For information call Pam Dover, (301) 827-0476 or visit http://www.recgov.org/r&w/nihtaekwondo.html.

NIAID Employee Receives Foreign Honors

Dr. Vassil St. Georgiev was recently elected a foreign member of both the Bulgarian Academy of Sciences and the Bulgarian National Academy of Medicine for his successful career in antiviral, antifungal and immunomodulating drug research. He is a health scientist administrator in the Office of Global Research, NIAID Office of Communications and Government Relations.

Builders Award is 'Suite' for CSR

An inexpensive but innovative open and "wall-less" director's suite at the Center for Scientific Review has been selected by the Metro Washington and Virginia chapters of the Associated Building and Contractors for a 2006 award of excellence in construction in the interior renovation category.

The award to Jones Lang LaSalle Construction Co. and the other participants, including CSR, represents an unusual cooperation between the builders and CSR director Dr. Toni Scarpa. A photographer, collector and amateur architect, he diagrammed what he wanted: A curving sweep of open space with areas (but no walls or cubicles) for more than 16 members of CSR's staff, including the director, with ample space to display items from his collection of primitive art.

The work area includes a partially glass-enclosed library with adjacent easy chairs and an espresso coffee machine (see May 19 *NIH Record*). At the far end of the suite there is a glass-enclosed office where private conversations can be held; the rest of the office spaces are open, without walls or partitions.

CSR leases the space on the third floor of Rockledge II at 6701 Rockledge Dr. in Bethesda.

Jones Lang LaSalle (incorporating the firm of Spaulding & Slye Construction) carried out the work and received the award, a polished stone obelisk. The award, now in its 25th year, was presented at a recent ceremony in McLean, Va.

On hand for the builders award were (from l) Keith Switzer, architect, Intec; Steve Hassler, designer, Intec; CSR director Dr. Toni Scarpa; Kevin May, construction superintendent, Jones Lang LaSalle; Steve Zies, senior superintendent, JLL; Jerry Loux, senior project manager, GSA; Mary Hewson, contracting officer, GSA; Stephanie Liller, construction project manager, GSA.

'We Want to Be a Good Neighbor'

Coleman Takes Helm in Office of Community Liaison

By Belle Waring

"We want more clout." That's what members of the Community Liaison Council started out telling Dennis Coleman, new director of NIH's Office of Community Liaison.

The council, which represents the community and homeowners' associations surrounding NIH, was founded in 1995 when then-NIH director Dr. Harold Varmus assured community members they would be involved in the development of the Bethesda campus master plan.

"So I told them they can have as much clout as they're willing to work for," says Coleman, who, with a background in engineering, marketing and politics, has seen clout in different forums. "I'm not telling them what to say to the agencies that affect their neighborhoods, but I am telling them about those agencies, what they're planning and the opportunities they offer for public input"—how and when to communicate their positions to the State Highway Administration, Montgomery County, the Naval Medical Center, the National Capital Planning Commission and other decision-making bodies. External agencies, he says, can have as much or more authority than NIH over issues affecting our neighbors—such as growth, traffic, storm drainage, noise and environmental review.

"Elevating their issues to the right audience," he says, "is a way to get clout. I'm giving them relevant information and being very straight about it."

Coleman came to NIH in late August from Half Moon Bay, Calif., where for 8 years he served as a city councilman and mayor. Before being elected, he was a "citizen activist," dealing with planning commissions and municipal boards, so he's been on both sides of the table.

"In law school, there were bright and eager 20-something kids bouncing off the walls and I was the oldest—and need I say most jaded—person in the room. As a result, I had a great time with courses like local government, environmental law, land use and dispute resolution. The professors would say, 'So this is what the law says. But tell us, Mr. Coleman, how does it work in the real world?'"

He completed his J.D. in 2002, adding to a curriculum vitae that includes an undergraduate degree in philosophy—"an attempt to learn how to think," he says—and graduate studies in mechanical and nuclear engineering. Long stints at Idaho National Engineering Laboratory, Control Data Corp. and Technology Marketing Center taught him "how to be a nerd" and how to explain technical issues to the lay public—skills that he's already applied here at NIH.

Dennis Coleman is the new director of NIH's Office of Community Liaison.

For example, his office recently mailed letters to 200 nearby community associations, inviting them to attend a new series of health presentations, since "even though nearby associations may not be immediately adjacent to our campus, they must have some interest in receiving the state-of-the-art health information that NIH can provide." He included inserts about volunteer opportunities at NIH ("so NIH can start getting more out of our community liaison activities") and also asked recipients to pick the top five community health concerns they'd like to learn more about. He has also pledged to attend meetings of participating associations whenever possible.

"I know of no other federal institution that is so responsive to what [its neighbors] think," he says. "We can reduce undesired impacts of NIH on local communities if we can, but liaison is not just about traffic, noise and light. Liaison means that we inform the community about issues that affect them, get feedback on what to do about unresolved issues and look for opportunities to form collaborative efforts where both sides get something." As Coleman is prone to say, "That's my story and I'm sticking to it."

IRON REPLACEMENT

CONTINUED FROM PAGE 1

Dr. Barbara Bryant of the Clinical Center's department of transfusion medicine is conducting the IRON study.

sure hemoglobin (Hb). Hb reveals if the donor has anemia or is likely to become anemic after donation. Such donors are deferred—temporarily not permitted to donate blood. The most common cause of anemia in the blood donor population is iron deficiency.

"Getting deferred is hard to take," says Bryant. It can also be hard for the blood bank, since "it's so frustrating to have to turn away donors, especially repeat, committed donors. It's even harder to have to go out and recruit new donors—all kinds of studies show that."

In the DTM, over 14 percent of donors presenting for whole-blood donation and nearly 8 percent of donors for platelet donation are deferred at least once a year due to low Hb values. At NIH and beyond, although the problem has been reported for decades, there's been no resolution; no large long-term studies have yet been published.

"It's been debated quite a bit and we acknowledge this," says Bryant, who should know, having worked 17 years as a blood-banking medical technologist before entering med school at the University of Texas, Galveston. "I appreciate all these people doing [blood-bank] jobs," she says. "I've done them." She is now a clinical pathologist.

Although she trained in both anatomical and clinical pathology, she chose the latter, which means she sees patients at bedside. "In my residency, I was the one with the stethoscope. I have a huge interest in red cells and I'm very clinically oriented, which is why I came here for a fellowship. Before I know it I've got 700 donors that I'm following."

Here's the challenge. Iron is part of the protein called hemoglobin, the pigment that makes blood red and carries oxygen from the lungs to the tissues. People with anemia don't have enough iron to make the normal number of red blood cells so they tire easily, even after mild exercise. Women have smaller iron stores and premenopausal women have higher iron needs since their bodies must compensate for monthly blood losses.

"We see [low iron] in men too," Bryant says, "but in women it's much more common." Normally, "the body's really smart"—it releases iron from the body stores to make more red cells and works harder at absorbing available iron from the diet. But if the body's iron stores have been depleted, dietary iron alone may not be enough.

So let's say first-time donors, responding to a campus blood drive, flunk their fingerstick Hb tests. Bryant would ask pertinent questions. Do they have exceptionally heavy menstrual periods? They may need to see an OB/GYN. Are they vegetarian? Lack of red meat in the diet can contribute to iron depletion. Have they been told they have a low Hb in the past? Many donors have not followed up on past recommendations to take iron supplements.

Occasionally, people who are iron-depleted or iron-deficient may complain of fatigue or of craving and consuming unusual things like large volumes of crushed ice. They may even complain of restless leg syndrome. Many donors report that they feel better and less fatigued on iron replacement.

Donors who currently have low fingerstick Hb values, as well as returning donors who have had low Hb levels in the past, are offered the opportunity to be in the IRON protocol. A complete blood count and iron studies are drawn; then the donor receives a 60-day supply of iron tablets to raise his or her Hb. On follow-up visits the donors receive repeat laboratory testing and additional iron as needed. One donor was delighted to find that, in addition to donor cookies, she can now receive donor iron at the time of each donation.

It's not Bryant's purpose to be a primary-care physician, but seeing at least 10 donors a day means she does a lot of teaching and follow-up phone counseling.

"I went to CVS and wrote down every [iron] formulation they had and tabulated the cost per pill"—helpful stuff, in case donors tell her they "take the red pill in the tall skinny bottle." That helps her identify the brand and informs her choice if she needs to switch the formulation to one with fewer side effects or a higher iron content.

"Donors are good people," she says. "For a lot of them, this is their public service. So we want to know, should we replace the 240 mg of iron lost in a unit of blood? This study may prove it's a good thing. If it allows donors to donate, it's excellent."

To learn more about why it is important to donate, visit www.cc.nih.gov/dtm.

NIH R01 Grant Applications Go Electronic

Beginning with the Feb. 5, 2007, standard receipt date and beyond, NIH will require applicants to submit all Research Project Grant R01 applications electronically—no paper applications will be accepted. This change marks a major milestone in the transition to receive all grant applications electronically, which began with Small Business Innovation Research applications in December 2005. Since that time, NIH has received over 18,000 grant applications and has engaged in an outreach effort to ensure that its applicant community adjusts successfully to the new process.

"NIH has been committed to using information technology to improve the grants administration process for many years," said Dr. Norka Ruiz Bravo, NIH deputy director for extramural research. "We look forward to applicants benefiting from a single federal interface for finding opportunities and submitting applications online; reviewers having access to crisp, clear, color applications; and staff processing of applications with a consistency that can be achieved only through electronic processes."

The transition to electronic submission is complex. It requires that two systems with their own registration and validation processes work together—Grants.gov, the federal government's single online portal to find and apply for federal funding, and eRA Commons, the system that allows applicants to interact electronically with NIH. The transition also involves the simultaneous shift from the long-used PHS-398 application form to a new trans-agency standard form and fundamentally changes the process by which investigators and grant applicant institutions manage their grant submissions.

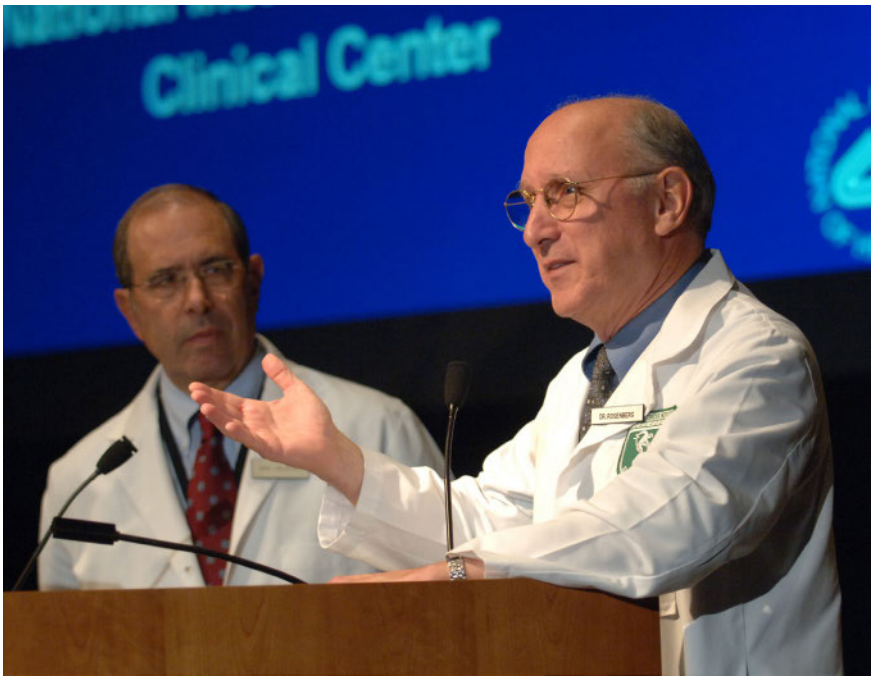
NIH expects that the R01 transition will set new application submission records both at Grants.gov and within the NIH eRA Commons. NIH recently made performance and capacity improvements in its systems and help desks and is positioned to handle the expected increased load. In addition, NIH has developed contingency plans to ensure that any issues that arise can be addressed quickly and that applicants are not penalized for system problems.

To ensure a smooth transition, NIH extramural staff should encourage all potential principal investigators to contact their central grants offices immediately to learn how their institutions are handling these application form and process changes.

Information on the submission process and additional training and promotional resources are available on the NIH Electronic Submission of Grant Application web site: http://era.nih.gov/ElectronicReceipt/.

Forum Encourages Careers as Clinicians

NIH recently hosted nearly 250 medical and dental students from across the country for the fourth annual Clinical Investigator Student Trainee (CIST) Forum. The forum is designed for students who are participating in clinical and research fellowships at academic medical centers and NIH and is structured to further engage and encourage them to become the next generation of clinician-scientists.



Dr. John Gallin (l), director of the Clinical Center, and Dr. Steven A. Rosenberg, chief of surgery, NCI, were among the CIST forum speakers.

Dr. Donald Rosenstein (l), clinical director, NIMH, was among the NIH clinician-researchers who participated in a networking lunch with the students.

PHOTOS: ERNIE BRANSON

CVI TO OPEN

CONTINUED FROM PAGE 1

Above, a canopy covers 11,000 square feet of inspection space at the new CVI. Below, the interior includes some office space and kennels for K-9 corps members.

entrance to the National Naval Medical Center off of Rockville Pike.

NIH police will use cameras, mirrors, televisions and highly trained bomb- and explosive-sniffing dogs to provide an elevated level of security for employees, an action spurred by the 9/11 terrorism incident.

The 18,000-square-foot, state-of-the-art structure, a $7.5 million enterprise, will consist of two components—an operational area and a support building. The former will be outside the NIH security perimeter. It will have 4 inspection lanes and one pull-off lane. A canopy covers more than 11,000 square feet of the operation area.

The support building, with 6,640 square feet, will contain a reception area, offices, phones, personnel facilities and a K-9 area with a kennel. Drivers will be allowed to enter the building to use phones or merely to stretch or take a break. Meanwhile, NIH security will monitor the inspection on a closed-circuit television screen.

"You can be sure that this inspection will be very thorough. Commercial vehicles will be carefully looked at from top to bottom using cameras both above and underneath each vehicle," noted Dexroy Chism, an architect and the CVI project officer in the Office of Research Facilities. He added that dogs will sniff the interiors of the vehicles to check for explosives or other dangers.

Currently, trucks are scrutinized at a check-in point west of the Clinical Research Center, off Old Georgetown Rd. However, this temporary measure will be replaced by the CVI in coming weeks, "a major step up," said Chism.

The project also includes a new bridge crossing the creek from the CVI facility, allowing vehicles access to the interior of the campus once cleared.—**Jan Ehrman**

NIH Completes National Network Of Nanomedicine Centers

NIH recently announced completion of its national network of eight Nanomedicine Development Centers (NDCs). The final four centers were funded at Georgia Institute of Technology, Purdue University, University of California at Los Angeles and the University of California Lawrence Berkeley National Laboratory.

NIH funded four centers last year at Baylor College of Medicine, the University of Illinois Urbana-Champaign, the University of California at San Francisco and Columbia University.

NDCs are staffed by multidisciplinary scientific teams including biologists, physicians, chemists, physicists, mathematicians, engineers and computer scientists. In addition to conducting research into the physical properties of structures inside cells to determine how biology's molecular machines are built, these teams will begin training the next generation of students in this emerging field of medical science.

The Nanomedicine Initiative applies an engineering approach to the study of cellular and subcellular systems in an effort not only to understand, but also to precisely control molecular complexes that operate at the nanoscale. This will allow for development of new technologies to prevent or cure disease and to repair damaged tissue.

The Nanomedicine Initiative, part of the Roadmap for Medical Research, is led by NEI director Dr. Paul Sieving; Dr. Jeffery Schloss, NHGRI's program director, technology development; and Dr. Richard Fisher, program director, corneal diseases at NEI, in collaboration with a program team representing institutes and centers across NIH.

"Future progress in medicine will depend on our understanding and modulating the complexity of biological systems," said Sieving. "The NIH Roadmap, including the Nanomedicine Initiative, will advance our knowledge of biological systems. This will provide the scientific foundation for new strategies for diagnosing, treating and preventing disease."—**Arthur Stone**

Friday Seminar Series Celebrates 10th Anniversary

The Friday Extramural Scientist Administrator (ESA) Seminar Series is a rite of passage for many NIH scientist administrators. The program is overseen by the Extramural Staff Training Office in the Office of Extramural Programs, OD.

While the series has evolved over the years, its basic mission continues. One of the goals, in addition to the educational and practical aspects of the training, is to provide a venue for networking within the NIH extramural community. The class of 1995-1996 is a testament to the success of this goal. Upon graduation and for a number of years, this class ran a monthly brown bag lunch seminar series with invited speakers, loosely based on the Friday Seminar Series format. For the past several years, the class has been meeting semi-annually to reconnect and discuss issues of importance to the NIH extramural world. While the class has changed physically (see before and after photographs), the enthusiasm, excitement and desire to learn from colleagues has not diminished.

Below:
The "before" photo, circa 1996

Bottom:.
The "after" photo, from October 2006, includes (front row, from l) Lak Sankaran, Mike Sesma, Janna Wehrle, Henry Haigler, Debbie Henken, Jean Chin, Priscilla Chen. At rear are (from l) Pam Marino, Ljubisa Vitkovic, Bob Stretch, Margaret Jacobs, Madelon Halula, Helen Stone.

COOP

CONTINUED FROM PAGE 1

***Right**:*
NCI's Dr. John Cole (l) and Robin Brown are OECs—occupant evacuation coordinators—at EPN in Rockville.

Spillane describes two overarching categories in emergency guidance for employees: shelter-in-place and evacuation.

Shelter-in-place procedures apply during conditions in which you are safer inside than out. For example, if a chemical tanker were to overturn, releasing a cloud of toxic fumes, you should:

- Stay calm.
- Locate an interior, windowless room.
- Follow directions of the evacuation/shelter team member.
- Listen to radio or television updates.
- Do not leave the building until directed by authorities.
- Shelter-in-place essentials include: bottle of drinking water; non-perishable snack(s); medications; flashlight.
- This procedure applies to situations that last for a few hours, not days. Each IC determines whether to provide its workers with the above supplies; authorized items include batteries, flashlights and radios.

Evacuation procedure depends on the incident. Each building should have an occupant evacuation plan and an occupant emergency coordinator (OEC), which you can find on the Security and Emergency Response (SER) web site (http://ser.ors.od.nih.gov).

"There's also an online handbook available about what to do at NIH, types of emergencies and what to do at home," says Spillane, who stresses home preparedness. "My feeling with all this is: If we can't get people to prepare at home, then what we do here won't work." His rule of thumb is to stock up with a 3-day supply of food, water, medications and cash (small bills). He adds that HHS Secretary Michael Leavitt now suggests that for pandemic flu planning, we should have home supplies "to be self-contained for 2 weeks."

Spillane also says it's wise to develop a family phone tree and have someone outside of this area that you and your family members can call to relay messages. He stresses that employees

'Know Your People' Is Evacuation Coordinator's Byword

"A plan is just a skeleton," says NCI's Dr. John Cole. "It needs muscles and blood and we are fortunate to have dedicated folks here."

As EPN's occupant evacuation coordinator (OEC), Cole, along with Robin Brown, has created a model plan for evacuation and shelter-in-place in their building.

Brown describes why she got involved: "I care about myself and others," she says, "so I volunteered to make sure I'm part of the process, to make sure we get a good plan."

"I don't see how it can come from the top down," says Cole. "ORF does have drawings, but buildings are renovated over time. So each floor warden here drew a current plan and identified space, by room numbers, that we could use to shelter-in-place."

Cole and Brown also created a database with employee contact numbers and medical information that could be critical in case of emergency. They stress that the data be kept confidential and that its acquisition be voluntary.

Both describe a good OEC as alert and sensitive to changes. Say your colleague has knee surgery or is well along in a difficult pregnancy—with twins. The OEC should note such details, to be shared with fire and rescue personnel in case of emergency and then should delete such information once conditions change.

"It's not a huge bureaucratic thing," says Cole. "It's just people on every floor who know their people." If folks have difficulty using stairs, they wait by the elevators for the fire fighters to evacuate them. "We will know where they are," notes Cole.

Because their building is multi-story, they follow "high-rise package" regulations to evacuate groups in stages, as alarms are staggered. The building stairwells are designed to hold positive pressure and reduce smoke entry. But building design features wouldn't count without OEC's dedication.

"It's a team effort," says Brown, "because people care about other people."

To find your occupant evacuation coordinator, visit http://www.ser.ors.od.nih.gov/documents/oecList.pdf. The *NIH Preparedness Handbook* is at http://ser.ors.od.nih.gov/documents/Handbook-Final.pdf.

also need to know their children's school plan, as well as their own local/community plan.

Meanwhile, back at work, if there's an emergency off campus, call 9-911. On campus, he says, "If you smell smoke in your building or see fire, activate the nearest pull station (wall-mounted fire alarm) and evacuate the building. If you can safely call 911, then you can provide the fire department with additional details that will help them respond."

Once outside the building, "wait and take direction from the fire department officer in charge. Our NIH Fire Department will assess the situation and decide if additional response is needed."

Should the metro area require evacuation for a serious emergency, Spillane assures that the NIH gates would never be locked and employees would never be impeded from leaving. "I can't see that ever happening," he says, "although we may have to do something with the gates, redirecting traffic exclusively to Wisconsin Ave. or Old Georgetown Rd., whatever the needs of the community are." Traffic would be directed according to the need at the time.

As policy, regional evacuation orders would issue from the chain of command via HHS, but the procedure itself would follow the overarching plan of the Metropolitan Washington Council of Governments. "So if you think of the center of D.C. as the hub of a wagon wheel," he explains, "then we're on the northern part of the wheel and we follow officers directing traffic and go north towards Frederick."

Emergency Management Specialist Mary Ann Bell, who conducts safety and emergency preparedness training and drills, says evacuation routes are detailed on the online campus map. Click on your building and exit routes appear. She stresses that terrorism is not the norm; instead, "people need to prepare for everyday occurrences—hazardous materials or fuel spills, weather emergencies, building infrastructure failure, etc."

In case of fire, the building alarm would sound and the OEC would use a walkie-talkie to contact floor monitors who would then sweep the building, alerting occupants and checking elevators, restrooms and people with disabilities. Once evacuated, occupants would meet at a designated area and be counted.

Off-campus leased buildings are under the jurisdiction of the Montgomery County fire department. Twice-yearly drills are required both on- and off-campus.

The Chemist's Chemist

Bader Advises Young Scientists About Success

By Adi Shemesh

Dr. Alfred Bader advises young scientists about success.

Fine-art aficionados recognize him as a dealer and collector of Old Master paintings, while students attending his alma mater, Queen's University, receive his scholarships and study abroad in Herstmonceux Castle, located in southern England. However, Dr. Alfred Bader, the cofounder of Aldrich Chemical Co., later Sigma-Aldrich, is best known for his chemicals. Some NIH'ers may have met him during his routine tours to labs, asking scientists how he could better meet their needs. Recently, Bader came to NIH to explain how he became successful and give a few tips for those seeking to strike gold.

In 1949, Bader, then a young student of chemistry at Harvard University, set sail for England to visit his family and friends who survived the war. Unexpectedly, he met his queen, Isabel, before even setting foot on English soil and asked for her hand in marriage.

With his sails fully stretched by the promise of love, Bader returned to Harvard pushing for a Ph.D. degree. His project was almost complete, but he had to make one more compound. The starting material, 2-isopropylphenol, was missing from his lab, so he ordered it from the only fine-chemicals company available at the time, the Eastman Kodak Chemical Co.

Six weeks later and with no compound or any response whatsoever, Bader wrote Eastman that he needed the compound in order to earn his Ph.D. A response shortly followed: "We will ship it when we have the material. In the meantime, do not add to the paperwork; do not write to us again."

Bader, who up to then had no intentions of becoming an entrepreneur, thought to himself, "If this is how the fine-chemicals business is handled in the United States of America, maybe I have a place in it." And the rest, my friends (as Bader often addresses his audience), is chemical history.

The art-collecting, castle-donating, grant-awarding Bader and an attorney friend started up in a garage. The first Aldrich Chemical Co. catalog featured a single compound whose sales yielded a marginal profit of $20. The second catalog listed 12 compounds and by the second year, sales more than tripled.

At this point, Bader, still with little means and haunted by the notion that he could not compete with the monopoly held by Eastman Kodak, traveled all over North America and Europe, trying to get his hands on every compound that was not offered by others. One of his adopted compounds, a promising peptide-preparation reagent, sold well, but shortly after its debut, Eastman Kodak added it to its catalog for nearly 40 percent cheaper.

Bader was about to pull the plug on the compound, but to his surprise, the compound kept selling at the original price. That was when he first realized that competition could be fun. Donning a new and improved "bring-it-on" attitude, he started buying and making even compounds that were already deep-seated on lab benches.

Though no longer part of Sigma-Aldrich, Bader has been an invaluable component in the synthesis of a leading fine-chemicals company that has more than 6,800 employees and operates in 35 countries.

But to young entrepreneurs, the chemist's chemist leaves a different legacy—advice. First, find your niche and stick to it. Secondly, treat your customers as individuals and answer each of their inquiries, even if it is not what they wish to hear. And lastly, Bader confesses, "My greatest mistake was not paying our ablest chemists enough"—so try to find the best people to work with and when you do, show them the money.

Right:
Michael Bradley (top) and George "Tommy" Beall are NIH mechanics who are also record-setting powerlifters.

NIH Mechanics Set Weightlifting Records

Two NIH mechanics won armloads of medals in their age and weight categories at the 2006 Amateur Athletic Union World Powerlifting Championship held recently in Richmond, Va.

Michael Bradley, 48, an industrial equipment mechanic in the ORS building maintenance unit, set both U.S. and international records in six categories, including bench press, squat and deadlift.

His training partner George "Tommy" Beall, 43, a building engineer mechanic, won a gold medal in the AAU triple crown event (deadlift, bench press and squat), plus a silver medal and three international medals at the drug-free competition.

Bradley, who has been lifting weights since 1984 and competing in powerlifting contests since 1997, upped the old bench press record of 500 pounds to 505, extended the deadlift record from 573 pounds to 600 and improved the old squat limit of 540 to 595 pounds.

"The records are actually getting easier to break as I age," said Bradley, whose past record-breaking feats were documented in the Dec. 7, 2004 *NIH Record*. "As long as my body allows me to do it, I'll keep competing."

Next up for Bradley is the national AAU competition next June, followed by the world championships at Disneyworld in October 2007.

"Right now I'm relaxing and recovering, just tuning up a little doing some light repetitions and some cardio work," he said. "I'll start to get serious again on Jan. 1."

Beall grew up playing sports in the Annapolis area and most recently has enjoyed kickboxing and martial arts. Three years ago he began training with Bradley. "Now I'm hooked," he said.

"I've learned a lot from Mike," he said. "He taught me technique, forms and commands." The latter is important because, in a meet, weightlifters respond to directions from judges. To get a "clean lift," contestants must crisply and flawlessly obey commands. "I had 9 out of 9 clean lifts in Richmond," Beall said.

He qualified for the recent world championship by winning the Virginia state triple crown event last June. Like Bradley, he intends to compete in next summer's national championship.

Beall, who also coaches girls' softball and boys' baseball in Anne Arundel County, enjoys weightlifting for its fraternal aspect. "It's not like you're lifting against someone," he said. "The other guys are very positive and encouraging." He also credits the NIH Fitness Center and its staff with supporting his training through the years.

He says Bradley taught him a crucial mental advantage in hoisting heavy weights: you don't consider the number of pounds on the bar, which might prove daunting or discouraging. "You don't think about the weight at all, you just concentrate on your lift."

Beall has added 35 pounds of muscle since he began powerlifting and expects to compete for another decade. In anticipation of future success, he is completing a trophy case at his home in Riva, Md., to house his honors.—**Rich McManus**

It's PMAP Time—Here's How It Goes

The rating period for employees covered under the Performance Management Appraisal Program (PMAP) ends Dec. 31. Supervisors will need to complete the performance evaluation process by Feb. 15, 2007. PMAP was instituted to "make meaningful performance distinctions and to reward exceptional and fully successful performance." Quantity, quality, timeliness, complexity and effectiveness should all be considered when measuring employee performance. These can be measured by considering factors throughout the rating period such as employee's self-assessments or list of accomplishments, spot checks, supervisory documentation, customer feedback, record review, productivity data and/or surveys.

The NIH Office of Human Resources provides the following tips for supervisors and managers as they begin the performance-evaluation process:

- Request and consider employee accomplishments;
- Be consistent in the development of ratings—use the same criteria for employees performing similar duties;
- Prepare the rating in advance and, if appropriate, obtain concurrence of higher level reviewer prior to the meeting;
- Do not discuss proposed award amounts with employees prior to final approval;
- Meet with each employee and provide adequate time to discuss the rating in a private location;
- Do not focus on one specific incident—review the entire period that the appraisal covers;
- Do not go solely by memory—base the review on accurate and factual data;
- Separate performance from conduct issues;
- Length of service or grade level do not necessarily mean better performance;
- Avoid bias about an employee based on your personal feelings for that individual;
- Consider only the performance for the current period being reviewed;
- Do not overrate a poor performer as a motivational tool;
- Do not rush through the appraisal—take time to record accurate information that truly reflects the individual's performance;
- Treat rating discussions with strict confidence.

The following tips are provided to assist employees in preparing for their evaluation.

- Take time before the meeting to consider: What training or professional development do you need? How are relationships going with your coworkers? What do you need from your supervisor to do a better job?
- Prepare a list of your accomplishments during the rating period: Compare your performance to the expectations, standards and goals that were set. Be comprehensive, but concise and specific. Be as objective, honest and realistic as possible.

Training for employees and supervisors on effective performance evaluations will be available throughout January and February through the NIH Training Center. Additionally, performance liaisons have been identified within each IC to serve as a resource. To learn more about PMAP and performance management at NIH or find your IC performance liaison, visit http://hr.od.nih.gov/PerfMgmt/default.htm.

NIMH Bake Sale Benefits CFC

Dr. Ellen L. Stover, director, Division of AIDS and Health and Behavior Research, NIMH, and Dr. Richard Nakamura, NIMH deputy director, participate in a recent bake sale held by CFC key workers at NIMH at the NSC Bldg. to benefit the campaign. Due to the generosity of NSC employees and the matching of bake sale proceeds by the NIMH OD, $870 was raised and will be donated to CFC in memory of Dr. Wayne Fenton, director of the Division of Adult Translational Research and associate director for clinical affairs at NIMH, who was killed Sept. 3 in Bethesda.

milestones

Long-Time CC Building Authority Harrison Mourned

By Rich McManus

***Right**:*
"Mike" Harrison, a long-time authority on the complicated details of the original Clinical Center building, died Oct. 3.

John Roland "Mike" Harrison, a long-time authority on the complicated details of the original Clinical Center building and subsequent additions, died Oct. 3 of a heart attack at age 71.

Born in St. Louis and reared in College Park, Md., Harrison literally grew up on the Bldg. 10 construction site; his father was supervisory engineer of hospital construction for the Army Corps of Engineers. "Mike came and played in the dirt while the building was going up," said Jim Wilson, current chief of facilities for the CC and a long-time friend of Harrison's.

Harrison earned a degree in mechanical engineering at the University of Maryland and came to NIH in spring 1957 as an officer in the Public Health Service. He worked on a variety of buildings on campus, mostly in his specialty of heating, ventilation and air conditioning. Assigned to open the new Ambulatory Care Research Facility—an addition to Bldg. 10—in 1981, he was soon named building services manager for all of Bldg. 10.

"He knew where every room and every elevator was in the entire building, by number," said NCI's Pat Schettino, Harrison's companion for the past 20 years. "He knew it backwards and forwards."

Harrison's deep familiarity with Bldg. 10, his exacting standards and his incubation within the NIH culture earned him a nickname. "We called him 'the corporate critic,'" said colleague Don Sebastian of the CC Office of Facility Management. "He had grown up with the corporation [NIH] and he never was shy about saying what he needed to say. He knew the NIH way and system."

Away from work, Harrison was passionate about racing and engines. "He raced high-performance boats on the Potomac River and built engines for them," Wilson recalled. "He was also a world-renowned expert on Corvairs," a rear-engine car produced by GM in the 1960's.

"He owned up to half a dozen Corvairs at times," said Schettino, and regularly attended national CORSA (Corvair Society of America) meetings, often as a judge. His prize version was one he modified with a Chevy 350 V-8 engine; he converted the car to a mid-engine design to improve performance. "He raced that one for awhile, but was working on turning it into a show car," Schettino said. "He was always making parts for it." He also raced motorcycles and was an avid fan of NASCAR races.

Colleagues recalled him as competitive and constantly engaged, whether it was doing the newspaper's crossword puzzle every morning or playing cribbage on a set he kept in his desk. "He didn't like to lose," Sebastian said. "And he was a fine writer. He had the English language by the [tail]."

Harrison was also known for his decidedly uncorporate attire. "He had that rebel look, with long hair and beard, way before the Beatles," Sebastian noted.

Harrison retired from the PHS in 1987 at the rank of captain, though colleagues joked that they had never seen him in uniform. "That's because he didn't own one," Schettino said.

He remained on campus for another dozen years, mainly as a contractor for Bovis Lend Lease and primarily as an authority on issues involving Bldg. 10, including preparations for the new Clinical Research Center and how to use vacated space within the old hospital.

Harrison earned the lifelong name of Mike when, on the day of his birth, his 4-year-old sister hollered to her pregnant mother on the way to the hospital, "Bring me home a Mikey," Schettino explained.

"Mike was a very giving man who touched a lot of lives in a very positive way," she said. "He was a man of strong principles and was willing to stand up for them. He approached everything with the intent of doing the very best he could and he took the time to make that happen. He was very passionate about NIH and about maintaining the facility so the work could go on."

"I lost a good friend when Mike passed away," said Wilson. "He treated me as a father would treat a son."

Harrison is survived by a son, J. Michael Harrison, and a sister, Rhoda Walker. The family suggests memorial contributions may be made to the American Heart Association or American Cancer Society.

NEI's Wiggert Retires from Long Career in Science

By Linda Huss

Dr. Barbara Wiggert, acting chief of NEI's Laboratory of Retinal Cell and Molecular Biology, recently retired after 30 years of government service, all with NEI. She says it's time to move on to another chapter of her life.

She earned her B.A. in chemistry from the University of Wisconsin in 1959. For the next 4 years, she attended Harvard University, division of medical sciences, where she earned her Ph.D. in biochemistry. She then returned to Wisconsin as a postdoctoral fellow in biochemistry at the UW Medical School. In 1965, Wiggert moved to Massachusetts with her husband and children and in 1969, the Wiggerts moved to Colesville, Md., where they reared their three daughters and one son.

Wiggert joined NEI's Laboratory of Vision Research as a part-time guest worker in 1972. After 3 years, she began working full-time in the lab and spent the next 11 years serving as a postdoctoral fellow, staff fellow and research chemist. In 1986, she joined the Laboratory of Retinal Cell and Molecular Biology as a section chief, and in 1997, she became the acting chief of the lab, where she spent her time until her retirement.

"I enjoyed the science immensely," she said. "It was a joy to work in a scientific community where I was given the freedom to explore new areas in scientific fields that were so interesting and rewarding."

Wiggert's areas of research have included: Gene expression and the regulation of gene expression in the retinal pigment epithelium (RPE), and the identification of a new gene, NORPEG and its protein, which may play an important role in RPE cell structure and formation; molecular mechanisms underlying the effects of fenretinide, a synthetic compound similar to the form of vitamin A that is integral to the visual cycle process; and the effect of acute, intense light on the rat retina.

"I appreciate being able to look back on a wonderful career that allowed me to stay home with my children when they were young and then to return to the research that I love," she said. "Now I will direct my attention to my children and seven grandchildren." She enjoys living in Annapolis east of the Severn River and having time for gardening and volunteer work and attending classical music events. She also plans a visit to London where her son, daughter-in-law and grandson live.

A symposium honoring Wiggert was held at Bldg. 60 on Nov. 9. The title was IRBP: A Journey Toward Understanding the Retina. Many guests spoke, including Wiggert's former supervisor Dr. Gerald J. Chader, who is now a professor in the department of ophthalmology at Keck Medical School in Los Angeles. His talk was titled, The LRCMB: Contributions of Dr. Barbara Wiggert.

'Hat Lady' Franklin Promotes Attention To Stray Mail

Sandi Franklin has been a messenger at CSR for 18 years and is a standout—known by many for her devotion to her job as well as her hats.

Some of her hats have flowers, some are summery and a recent one was a stylishly simple black number. The hats give Franklin a special air as she travels through Rockledge II, delivering mail twice a day, 3 days a week on floors 1 through 6.

The hats began as a practical matter: "As part of my job, I used to be out in the sun a lot going between buildings and to the main campus," she recalled recently. "So [in] the summer of 1988 or '89, I bought a hat to keep off that sun. Then, later, I spotted another good one and bought it. All this time later, I just have 19 of them. I haven't made any of them myself, but I accessorize them, adding flowers or another decoration.

"And, you know, I only wear them from about June through September, yet some people look at me in mid-winter and want to know, 'Sandi, where's your hat?' I guess that's my reputation."

She knows hundreds of faces of her clients, many by name. "What I really like," she said, "is that 70 percent of the time when I go out somewhere, I'll run into someone from CSR I know. It may be in the lobby of a hospital, or in a restaurant or at Atlantic City—but there's a familiar face."

She enjoys writing stories. Several times a year she brings one to the noon Monday literary group on the fourth floor of Rockledge II. Members read an offering and then comment on it at the next meeting. And if you're planning a holiday event or talent show, she's available to entertain; she enjoyed doing stand-up comedy at a place called Food for Thought on Connecticut Ave.—until the landlord raised the rent and the place closed.

But when it comes to the job of delivering the mail, she has some advice to keep under your hat: If you get a misdirected piece of mail, don't just put it back in the inbox. Mark on the envelope the reason why it is being returned—"moved away," "no longer here," "retired" or "now at FDA."

However, she counsels, if the address on the letter differs from the place the letter was delivered to, that's when simply putting it in the outbox is the right thing to do.—**Bill Grigg**

training

CIT Computer Classes

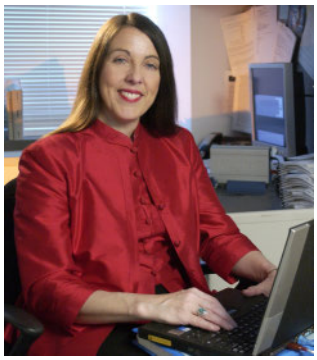
All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at http://training.cit.nih.gov.

eRA Workshop - Applying for NIH Grants Electronically	12/18
Meet Your PC – What's Inside the Box	12/18
NIH Data Warehouse Query: Budget & Finance	12/19
What's New in SPSS 15	12/19
Meet Your PC – What's Inside the Box	12/19
Bioinformatics Using R	12/18-19
Adobe Acrobat - Introduction	12/20
MYSQL for Biologists	12/20-21
Advanced CSS	12/21

Chacko Heads CSR Bioengineering Integrated Review Group

Dr. George Chacko has been named the new chief of the bioengineering sciences and technologies integrated review group at the Center for Scientific Review. BST coordinates the review of grant applications focused on the fundamental aspects of bioengineering and technology development in bioinformatics and computer science, gene and drug delivery systems, imaging principles for molecules and cells, modeling of biological systems, statistics and data management, instrumentation, chips and microarrays, biosensors, and biomaterials. Chacko joined CSR in 2001 as scientific review administrator for a special emphasis panel that focused on bioinformatics and computational biology. He has worked in the immunology, biological chemistry and macromolecular biophysics and BST IRGs. He will continue as a scientific review administrator. Chacko received B.V.Sc. (D.V.M. equivalent) and M.V.Sc. degrees in veterinary medicine and veterinary pathology, respectively, in India. He also received a Ph.D. in biochemistry and immunology at Ohio State University. Chacko had postdoctoral training at Washington University School of Medicine and then joined NIH as a cancer research training associate at the National Cancer Institute.

Bailey-Wilson Receives IGES Leadership Award



Dr. Joan Bailey-Wilson, co-chief of the Inherited Disease Research Branch, NHGRI, recently received the 2006 Leadership Award conferred by the International Genetic Epidemiology Society (IGES). The award recognizes her research, teaching and service and was presented at the 15th annual IGES meeting in Tampa Bay. Bailey-Wilson develops new statistical methods and performs analyses that guide other genome scientists in their hunt for disease-associated genes. Trained in statistical genetics, she studies the genetics of complex diseases and develops novel methodologies that can be used to explain the roles that both genes and the environment play in causing these diseases. She has also been part of the hurricane victim DNA identification expert panel for the disaster in New Orleans following Hurricane Katrina and the kinship and data analysis panel, a committee convened by the National Institute of Justice to advise New York authorities on issues relating to the use of DNA identification of victims of the World Trade Center terrorist attack.

School Science Fair Needs Judges

St. Catherine Laboure School in Wheaton needs judges for its junior high science fair on the evenings of Jan. 10 and 11. Dinner will be provided. If you are interested in being a judge or you want to help with the fair, contact LaVerna Morris, LMnursing@aol.com or (240) 645-7027.

volunteers

Healthy Children Needed

Healthy child volunteers (ages 8-12) are needed for a brain-imaging study of attention. The 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.

Avian Influenza Study

Doctors at NIH are conducting a research study (06-I-0235) to test the avian influenza vaccine and to develop an antibody-based treatment for avian flu. To participate, volunteers must be healthy, 18 to 59 years old, must be HIV-negative and not have hepatitis B or C and must meet the criteria to donate blood. As part of the study, volunteers will receive up to four doses (one or two injections) of an investigational vaccine against avian influenza, into the muscle, one month apart. Volunteers must be willing to donate plasma by plasmapheresis (a standard type of blood donation performed in the blood bank). Volunteers will be compensated. Call today to learn more: 1-800-411-1222.

Are You at Risk for Heart Disease or Stroke?

Adults at risk of stroke or heart disease are needed for a study involving a cholesterol-lowering drug and measures of gene expression in the blood. Compensation is provided. Call (301) 402-1039.

Healthy Volunteers Needed for Child, Adolescent Research

We are seeking healthy child and adolescent volunteers to participate in mental health research. Participants may be eligible if they are between the ages of 10 and 17, are medically healthy and free of current or past psychiatric illness and not currently taking any medication. Participation may include a physical exam, lab work, brain imaging and/or psychological interviews. Call (301) 594-8705 for more information. Financial compensation and transportation assistance will be provided.

Are You a Woman Who Has Been Depressed?

NIMH is looking for female volunteers to participate in a study that examines the role of hormones in depression. Participants should have experienced depression in the past but not be currently depressed, be between ages 18-45, be medically healthy and not be taking any medications, including birth control pills. Study includes thorough evaluations and compensation. For more information call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Are You Nearing the Perimenopause?

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50 to participate in longitudinal studies of the perimenopause. Volunteers must have regular menstrual cycles and be medication-free. Periodic hormonal evaluations, symptom ratings and occasional interviews will be performed. Participants will be paid. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Thyroid Research Study

For volunteers 18 or older with thyroid gland removed or hypothyroidism. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

Bob Buxton has retired after 36 years of service to NIH as a mail clerk.

CSR Mail Clerk Buxton Retires

Bob Buxton has retired after 36 years of service to NIH as a mail clerk. He was known for the cheerful and conscientious way he made sure mail and grant applications got to where they were supposed to go.

"Bobby is often able to recall where many CSR staff members were located in the old Westwood Bldg. more than a decade ago," said Nadel Griffith, chief of CSR's Administrative Branch.

Retiring didn't come easy. "Over the last year, Bobby's knees and spine became seriously damaged," said his sister, Priscilla Bright. "He had to have surgery for ruptured disks...and had both knee joints replaced. People were so welcoming when he returned. But his medical problems left him with chronic pain, which contributed to his decision to retire at 62."

When Buxton was asked what he liked most about his job, he said, "Meeting all the doctors." The feeling was mutual. Bright recalls the day he came home with several new shirts. Someone had noticed he had outgrown many of his and bought him some new ones. "From a pretty nice store," she added. "So many kind people at NIH made him feel like a special part of the family."

Buxton also looked after his coworkers. "He would deliver packages that he knew were too heavy for me to handle," said Sandi Franklin. "He was a great help and is a true friend."

Buxton had suffered a lack of oxygen at birth that left him with a learning disability. His mother had a master's degree in education and believed Bobby had a productive place in the world. She helped him develop skills such as reading, memorizing fine details and helping others.

His mother eventually heard about a program started by President Kennedy that places people like Buxton in appropriate government jobs. Buxton remembers the day he applied for the mail clerk job at NIH in 1970. He laughs about the crazy questions they asked him, including "Have you ever been a member of the Communist Party?"

Buxton won a number of awards over the years for his exemplary service to NIH. Most recently, he was honored by a retirement party at CSR. "You're going to be missed," said Griffith. "We want you to come back and visit."

Buxton plans to keep busy, moving into a new apartment, reading about current events in the newspaper, pursuing his interest in classic cars of the 1950s and 60s and applying for a part-time job.—Don Luckett

seen

'Ready for the Workforce'

Contributions, Potential of Employees With Disabilities Celebrated

PHOTOS: ERNIE BRANSON

NIH observed National Disability Employment Awareness Month on Oct. 26 with a program sponsored by the NIH Office of Equal Opportunity and Diversity Management. Adopting the theme "Americans with Disabilities: Ready for the Global Workforce," U.S. Army Brig. Gen. Clara Adams-Ender (ret.) spoke about the unique talents and skills that soldiers returning injured from war can bring to the workforce. A demonstration of accessible office equipment, sponsored by the Department of Defense's Computerized Accommodation/Electronic Program, followed the program.

***Clockwise from top**:*
At the program are (from l) Dr. Anne E. Sumner of NIDDK; OEODM Director Lawrence Self; retired Brig. Gen. Clara Adams-Ender; Dr. Clare Hastings of the Clinical Center; and Carlton Coleman, NIH Disability Employment Program manager.

Attendees visit an exhibit on Operation War Fighter, which places wounded service men and women in work environments during their recovery.

Adams-Ender chats with a representation from Operation War Fighter.