

nih record



ABOVE • Dr. Frosty was seen outside Bldg. 12 following a recent snowfall. See p. 7.

features

- 1
- Zerhouni Explains Impact of NIH Reauthorization
- 3
- Mahoney Lecture To Feature Morimoto
- 5
- New Program Focuses on Genetic Eye Diseases
- 16
- NIH-Discovery Channel Show Debuts

departments

- 2
- Briefs
- 14
- Training
- 15
- Volunteers

'We Are Turning the Corner'

Reauthorization Signals Renewed Confidence in NIH, Zerhouni Says

By Rich McManus

When President Bush signed into law the National Institutes of Health Reform Act of 2006 on Jan. 15—the agency's third omnibus reauthorization in history and first since 1993—it signaled renewed confidence in the NIH mission, its employees and its leadership, said NIH director Dr. Elias Zerhouni.

While he anticipates no short-term change in the way NIH operates day to day—after all, the Roadmap for Medical Research has been a prototype embodying the principles of reauthorization since 2003—Zerhouni sees nothing but benefits emerging from a reauthorization process that has been evolving ever since the doubling of the NIH budget from 1998 to 2003 mandated a fresh look at how a bigger agency functions.

To Zerhouni, reauthorization “institutionalizes the concept that there are areas of science where all of us have to come together on a regular basis and exchange concepts and ideas about fields of science that are either emerging, or need to be incubated, that need to be promoted, reinforced. Essentially, it's a Common Fund for common shared purposes across all the institutes.

“There will be some cultural shift in the way we will work in the future,” he contin-

SEE REAUTHORIZATION, PAGE 8

Metabolic Clinical Research Unit Opens With Ribbon-Cutting Ceremony

By Jenny Haliski

On Jan. 25, the Clinical Center and NIDDK introduced the new NIH metabolic clinical research unit with a ribbon-cutting and open house. Located on the fifth and seventh floors of the CRC, the unit houses facilities that will allow researchers to conduct cutting-edge research on the physiology, prevention and treatment of obesity.

Obesity's “connection to co-morbid conditions like diabetes, heart disease and some forms of cancer will drive public health in the future,” said NIH director Dr. Elias Zerhouni at the event, adding that the CC is the ideal facility for multi-disciplinary research required to address the obesity epidemic.

A component of the strategic plan for NIH obesity research, the unit is designed to foster a collaborative research approach, bringing together experts from the fields of metabolism, endocrinology, nutrition, cardiovascular

SEE METABOLIC UNIT, PAGE 4

From Bench to Frontline

Innovative Care Keeps Kids Out Of Trouble, Says Schoenwald

By Belle Waring

For over a century, youthful criminal offenders have been managed differently from adults; they receive rehabilitation

instead of punishment. Incarcerated youths have high rates of mental disorders and the Department of Justice (DOJ) has recommended improved mental health services. Yet children in the juvenile justice system do not, in general, have an enforceable right to treatment and can receive only those services available in their jurisdictions. Without the necessary care, delinquent youths likely face further incarceration.



Dr. Sonja Schoenwald, resourceful NIH grantee

SEE MST, PAGE 6



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briefs

Symposium on Chromosome Biology, Apr. 26-27 at Natcher

The NCI Symposium on Chromosome Biology will be held Apr. 26-27 at the Natcher Conference Center. Leading researchers from NCI and around the world will present highlights of recent advances, define novel directions of basic chromosome research and discuss the use and implications of these advances for clinical applications.

Topics include transcriptional regulation, chromatin structure, epigenetics, DNA replication and repair and nuclear architecture.

For information, registration and poster abstract submission visit www.palladianpartners.com/cecb2007. There is no registration fee, but space is limited.

NIH Golf Association Seeks Members

The NIH Golf Association (18-hole coed league) is looking for new members for the 2007 season. We currently have seven teams of 25+ players each and schedule eight spring/summer stroke-play outings, plus up to five match-play outings each year at local courses (all mid-week and play is optional). We cap the year off in October with an outing including golf/cart/food for all members and their guests. Prizes and trophies are awarded and handicaps are maintained from 0-40, so all interested golfers are welcome. For more information contact Howard Somers at somersh@mail.nlm.nih.gov or visit <http://www.recgov.org/nihga/>.

R&W Offers Circus, Baseball Tickets, and College Savings

The NIH Recreation and Welfare Association is hosting the 10th annual Children's Premiere Night with Ringling Bros. and Barnum & Bailey Circus on Wednesday, Mar. 21 at 7 p.m. (with a pre-show event at 6 p.m.). The evening is a fundraiser for the NIH charities. Tickets are on sale at the R&W activities desk in Bldg. 31, Rm. B1W30 or call (301) 496-4600. Orders can be placed for tickets at any R&W store.

The R&W will also offer tickets to the Baltimore Orioles and Washington Nationals home games to those with 2007 membership cards. Nationals tickets go on sale at 8 a.m. on Thursday, Mar. 22 in the Bldg. 31 gift shop. There are 4 seats in section 104, row 7 for \$170. Orioles tickets go on sale Tuesday, Mar. 27 at 8 a.m. in Bldg. 31. There are both regular season tickets and tickets for 13 Sunday games.

R&W also offers a financial planning seminar focused on College Savings Plans of Maryland. It will be held Wednesday, Mar. 14 in Bldg. 31, Rm. 6C10 and on Thursday, Mar. 22 at Rockledge II, Rm. 9112. Both seminars will be held 11:30 a.m. to 12:30 p.m. The College Savings Plans of Maryland offer families a flexible way to start saving for college today. Families can "lock-in" tomorrow's tuition at today's prices. Call (301) 496-6061 for more information about this seminar.

STEP Forum on Use of eTools

The staff training in extramural programs (STEP) committee will present an Administrative Strategies forum on the topic, "eTools To Pump You Up!" on Thursday, Mar. 22 from 8:30 a.m. to 12:30 p.m. in Natcher Conference Center, Rms. E1/E2 (plus rooms C, F and G for computer demonstrations).

Do you know how to: Set up a web conference with ease from your desktop PC? Exploit all the resources currently on your desktop PC? Identify desktop and laptop software and web tools that are best for you and your job role? Swim efficiently through the flood of electronic communications that fill your inbox?

Attend this live interactive workshop and fair to learn ways you can employ the tools, tips and tricks that eGurus across NIH use every day to increase their job efficiency. Learn where to access and how to use applications that will pump up your job effectiveness. Visit kiosks for scientific review, grants management, program official and cross-role functions for hands-on demos in small group settings that will guide you through applications of performance-enhancing eTechniques and eTools.

Campus Bluebird Houses Seek Monitors

Volunteers are needed to help monitor bluebird houses on campus. "Monitoring would begin about Apr. 1 and end about Aug. 10," said Lynn Mueller, head of NIH grounds maintenance and landscaping. "We will have seven trails across the campus with 10 to 12 houses each." Volunteers would take a weekly lunch-time walk along the trail looking for bluebirds, periodically inspecting boxes, counting eggs and babies and noting when and how many babies mature and fly away. A second nesting season begins in late June. Each trail will have a team of volunteers, so individuals would not have to make every weekly tour.

The bluebird population has nearly tripled since spring 2001, when Mueller launched the bird house project as an Earth-friendly way to control pests.

If you are interested in helping take the bluebird census, contact Mueller via email at muellerl@mail.nih.gov or by phone, (301) 496-4817.

nih record

Mahoney Lecture Features Morimoto

A discussion of "Protein Misfolding in Aging and Neurodegenerative Disease" by Dr. Richard Morimoto, professor of biology, molecular biology and cell biology at Northwestern University, will be featured at the annual Florence S. Mahoney Lecture on Aging. The talk, on Wednesday, Mar. 21 at 3 p.m. in Masur Auditorium, Bldg. 10, is part of the NIH Director's Wednesday Afternoon Lecture Series and is sponsored by the National Institute on Aging and the Office of the Director.



In order for cells to work properly, proteins that carry out vital functions need to fold into correctly shaped three-dimensional forms. This process of protein folding is common to all cells; when it goes awry, it can affect cell function and the lifespan of the organism. Only in the last decade has it become evident that protein misfolding may be at the root of many illnesses, including Alzheimer's disease, Huntington's disease, cystic fibrosis and type 2 diabetes.

A leading investigator on protein misfolding, Morimoto is widely recognized for his seminal research on the transcriptional control of the heat shock stress response. He has recently made significant contributions to our understanding of the importance of protein quality control pathways for normal cell function using a model organism, *Caenorhabditis elegans*. He and colleagues at Northwestern are trying to understand how organisms sense and respond to physiologic and environmental stress. By studying the activation of genetic pathways that integrate stress responses with molecular and cellular responses that determine cell growth and cell death, he and his team hope to provide the molecular basis for protein misfolding and its consequence in neurodegenerative diseases as well as in normal aging.

Morimoto's training includes a B.S. degree from the University of Illinois in Chicago, a Ph.D. in biology from the University of Chicago in 1978, and postdoctoral research at Harvard University. In 1982, he joined the faculty at Northwestern, where he is currently the Bill and Gayle Cook professor of biology, professor of biochemistry, molecular biology and cell biology, and director of the Rice Institute for

Biomedical Research. Morimoto's laboratory has published three monographs and two books on the heat shock response and molecular chaperones and more than 190 papers.

Morimoto has served on numerous editorial boards, the NIH molecular biology study section, the NIGMS molecular and cellular basis of disease panel and that institute's advisory board, among other activities.

A recipient of an NIH MERIT award, he has been supported by grants from NIA, NIGMS, NINDS and other sources. ●

What Is IT?

Enter the 2007 NIH Earth Day Contest

Enter the 2007 NIH Earth Day Contest

NIH will celebrate Earth Day on Thursday, Apr. 26. As part of the event, the Division of Environmental Protection will be holding the second annual Name "IT" contest. In last year's contest, employees were asked to identify what "IT" was in a mystery photo. Last year's IT was the flower of a Hoodia plant, relevant to the NIH mission and to Earth Day because it contains an appetite-suppressing substance that offers great promise in treating obesity and because wild populations of the plant are now threatened. The need to protect endangered species is one of many important messages from our Earth Day observances.

We thought the bizarre close-up photo and limited clues on the identity of last year's IT would present a challenge, but NIH'ers were not stumped. There were many entries and correct answers. One contestant even got the exact species name correct—*Hoodia juttae*.

There is a new mystery plant for 2007. Like the Hoodias, this species is of potential importance for treatment of health conditions, and wild populations are becoming threatened by over-harvesting and other human activities. The story of this plant again affirms the important connection between protecting threatened species and the NIH mission.

The DEP will randomly select 10 winners and one grand prize winner from all the correct entries it receives. Submissions must be received by Mar. 30 and winners will be announced in the Apr. 20 issue of the *NIH Record*. Winners will be asked to pick up their prizes at Earth Day and come by for a group photo opportunity with IT. Randy Schools of NIH R&W will provide special prizes for winners. If you think you know IT's name (scientific or common) go to the NIH Environmental Management System web site [www.nems.nih.gov] to submit your answer. While you are there, tour the new site and find out how NIH is promoting a healthy environment and ways you can participate in these activities. Good luck!



You will find some of IT (1) growing wild out in the Karoo. That clue won't help you much because this area is a real biodiversity hotspot, home to about one-third of the world's approximately 10,000 succulent plant species. IT belongs to one of the large plant families that live there. Most of IT's many relatives are not of much interest in medicine but IT contains something so special IT was once used as currency. IT hopes this contest doesn't

make you nervous because stressed-out humans are the main enemy of IT. They pick IT, smash IT up and leave IT's remains to rot. IT's species name suggests that IT's have been badly abused but that might be just because IT's leaf vein skeletons look like skin that has been peeled off. (Photo by Ed Rau)

Present at the ribbon-cutting for the metabolic unit are (from l) acting NIDDK director Dr. Griffin Rodgers; CC director Dr. John Gallin; NIDDK scientific director Dr. Marvin Gershengorn; Dr. Monica Skarulis, director of NIDDK's metabolic research core; NIH deputy director for intramural research Dr. Michael Gottesman; and NIH director Dr. Elias Zerhouni.



METABOLIC UNIT

CONTINUED FROM PAGE 1

biology, gastroenterology, hepatology, genetics and the behavioral sciences.

"This is a unique facility that will house research protocols from several of the institutes, making it the home of trans-NIH research at the Clinical Center," said Dr. Griffin Rodgers, acting NIDDK director and co-chair of the NIH obesity research task force.

The metabolic unit's fifth floor facility includes 10 private inpatient rooms, a metabolic kitchen, an exercise room, special vending machines and a communal dining area. The design of each room took into account the needs of the patient volunteers,

with specially reinforced construction, amenities and equipment. The metabolic kitchen allows dietitians to control and analyze the composition of patient meals to calculate the exact nutrients consumed.

The unit's exercise equipment, physical activity monitors and body composition measurement tools are key resources for research protocols. The fitness equipment, including a treadmill and stationary upright and recumbent bikes, allows researchers to conduct stress and pulmonary function tests to observe the effects of exercise on weight loss.

To measure body composition, the unit provides access to a Bod Pod and DXA scanner. The pod measures total body density and lean and

fat body mass using air displacement. The scanner sweeps the entire body with a small-dose X-ray to calculate how much of the body is made up of fat, muscle and bone.

The signature feature of the metabolic unit is three "rapid response respiratory suites." Located on the seventh floor, these rooms allow researchers to measure volunteers' energy metabolism over 24 hours using non-invasive means. By analyzing air composition in the suite, researchers will be able to determine how much energy on a minute-to-minute basis a volunteer burns while sleeping, eating or exercising and whether the energy comes from carbohydrate, protein or fat. The metabolic suites also feature custom-designed vacuum-sealed portholes, or "isolette systems," through which measured food and other items can be passed, blood samples can be taken and so that physiological measurements are not disrupted.

"People become obese or overweight because of small differences between calories taken in and calories expended over the long term," said Dr. Monica Skarulis, a senior clinical investigator with NIDDK's Clinical Endocrine Branch who was integral in planning the metabolic suites. "These suites will allow clinical researchers to collect precise and accurate measurements necessary to test new and innovative hypotheses about energy metabolism."

The unit, which is available to all institutes for obesity research, will open with protocols sponsored by several institutes including NIDDK and NICHD. The protocols will address how factors such as a person's diet, exercise or the amount of sleep he or she gets, combine with genetics to determine body weight. Skarulis said the unit seeks both obese and non-obese volunteers, "so everyone is welcome to consider enrolling." ●



Zerhouni tries out the vacuum-sealed porthole, or "isolette system," through which blood samples can be collected and measured food will be passed so that the chamber measurements are not disrupted. Looking on are Gershengorn (l) and Gottesman (c).

NEI Program Targets Genetic Eye Diseases

The National Eye Institute, in partnership with the vision research community, has established the National Ophthalmic Disease Genotyping Network, also known as eyeGENE. The goals of the program are to discover the genetic causes of eye diseases, to deliver genetic information to people with inherited eye diseases and to encourage them to participate in clinical trials that are part of a national research effort to find new therapies.

“EyeGENE is a nationwide program that will enhance our ability to connect genes to specific diseases, quicken the pace of gene discoveries and speed research on treatments for blinding eye diseases,” said NEI director Dr. Paul Sieving. “This coordinated effort will accelerate the move of ophthalmology into the era of molecular medicine, in which a disease is diagnosed and treated at the cellular and subcellular levels.”

Initially, the eyeGENE program will focus on: corneal dystrophies (genetic conditions in which one or more parts of the cornea lose their normal clarity); retinitis pigmentosa, a progressively blinding retinal condition; glaucoma (optic nerve damage); strabismus (misaligned eyes); retinoblastoma (a cancer of the retina); and cataract (a clouding of the lens of the eye).

The eyeGENE program will operate through a network of laboratories that have been certified to receive and genetically test patient DNA samples for diagnostic purposes. In addition to NEI’s Molecular Diagnostics Laboratory, molecular genetics testing on the samples also will be performed at extramural laboratories located in New York, Massachusetts, Michigan, Missouri, Oregon, California, Texas and Utah.

The eyeGENE program also includes a shared genotype/phenotype database, a centralized repository for blood/DNA/cell lines and a coordinating center. The database will allow for the analysis of larger quantities of data necessary to identify new genetic risk factors for eye diseases. Such analysis eventually may answer questions regarding the prevalence of eye diseases and the effect of drugs on the genes underlying these diseases.

Eye disorders rank ninth in global disease burden, according to the World Health Organization. Approximately 30 million Americans are visually impaired because of cataracts, glaucoma, age-related macular degeneration and diabetic retinopathy. The genetic nature of many of these eye diseases has been recognized since the 1800s, but the



pace of discovery has accelerated over the last two decades. Genetic mutations have been found that cause some forms of cataracts, corneal disorders, glaucoma, strabismus and retinal degenerations.

The wealth of genetic information collected over the last 20 years has been remarkable and highlights advances in our understanding of human eye diseases. Several gene-based therapies designed to relieve or avoid biological errors caused by genetic mutations are on the horizon. Because of the opportunities presented by these therapies, we now face the challenge of identifying individuals with inherited blinding disorders who potentially could benefit from these treatments. The ability to detect disease-causing mutations in individuals with inherited eye diseases is a great accomplishment, with significant benefits to those people and their families. However, DNA testing for specific conditions is not widely available and may be difficult to obtain.

The eyeGENE program will help build the foundation for collecting this information and will coordinate what information is already available in the ophthalmology and vision science community.

For more information visit <http://www.nei.nih.gov/resources/eyegene.asp>.

Members of the NEI work group that runs the eyeGENE network include (from l) Dr. Nizar Smaoui, NEI DNA Diagnostic Laboratory; Dr. Santa Tumminia, eyeGENE project officer; Dr. Brian Brooks, chair, eyeGENE steering committee; Delphine Blain, genetics counselor; Ajaina Nezhwingal, eyeGENE coordinator; along with NEI director Dr. Paul Sieving.

MST

CONTINUED FROM PAGE 1

“If you can get them past 19, the odds of their committing repeat crimes goes way down.”—Dr. Sonja Schoenwald

In a recent visit to NIH, the Medical University of South Carolina’s Dr. Sonja Schoenwald discussed psychosocial services for the highest-risk youth. Her talk, “Innovations in the Effectiveness of Care: Getting What We Know How to Do to Those Who Need to Do It,” was part of the NIMH Director’s Innovation Speaker Series.

Schoenwald focused on transporting multisystemic therapy (MST) from research to usual care settings. “Transport,” she explained, “is a way to export a technology that you’ve tested in an efficacy or effectiveness trial and get it out into end-user contexts, so that you can see how the thing lives and breathes there.”

MST is an intensive, short-term, family- and community-based treatment for youths with serious antisocial behavior. It is one of the few successful alternatives to the incarceration of violent, chronic juvenile offenders and appears to prevent re-arrest.

“If you can get them past 19,” said Schoenwald, “the odds of their committing repeat crimes goes way down.”

The stakes are huge. In 2005, drug abuse violations by juveniles approached 200,000, according to DOJ estimates. Violent crimes by juveniles topped 1.2 million, with 5,000 of these committed by children under 12.

MST is delivered in a home-based model, with therapists available 24-7. MST does not arrange or coordinate multiple services; rather, it addresses the known risk factors for delinquency, providing family, marital, youth, peer and school interventions.

MST was developed in the late 1970s, with studies multiplying in the mid 1980s. “The target population was a group of kids that was getting locked up” in juvenile prisons, residential treatment facilities and boot camps, Schoenwald said. The study outcomes showed that MST decreased crime 2.4-4 years post-treatment; decreased behavior problems and symptoms in the youths and their families; and produced cost savings. Lock-up costs were \$45,000 to \$100,000 per youth per year, compared to MST at \$8,000 per treatment episode.

The study trials were done by model developers or clinicians trained by them. Schoenwald wanted to see if community settings could get good outcomes. In 1993, she took the lead in devel-

oping training protocols and support systems for therapists and staff in frontline settings. After several years, it was time to evaluate.

“What did we know about transportability then? Very little,” she said. “The term had not yet made it into the major journals.” Her requests for funding for transport studies were nixed by universities and foundations, so she and her colleagues used personal funds. “It was a little dicey,” she said. “I could have lost my shirt.”

Funding from the DOJ’s Office of Juvenile Justice and Delinquency Prevention, among other sources, eventually came through. Now her group could develop manuals, measures and web-based infrastructure to monitor adherence and outcomes. As she began to collaborate with 9 different provider organizations, she found that most had no computers.

“It isn’t proven that we can do this out in the world,” she told them, “so we just have to agree that we’re experimenting together, then collect the data and see how it works.”

She and her team developed treatment and supervision manuals and training/clinical procedures for therapists, supervisors and consultants. Eventually, her colleagues established a university-licensed tech-transfer entity, MST Services, as well as an institute through which adherence and outcomes could be shared. Now, if a county justice system requested an MST program, Schoenwald’s team could offer a systematic approach.

In 1999, NIMH funding came through, allowing Schoenwald to test outcomes and adherence in 45 community sites. At one year post-treatment, she saw significant reductions in youth behavior problems that mirrored results in the randomized trials. There were also reductions in criminal charges through 4 years post-treatment.

A NIDA follow-up grant is supporting further studies testing the magnitude of the change in criminal drug use outcomes against those seen in prior randomized trials. Schoenwald is also investigating questions of staff turnover, expansion strategies, data analysis and how to train organizations to be their own experts.

What have they learned so far? She advised, “Before embarking on any large-scale dissemination, test, measure and evaluate.” Involve end-users, so collaborators understand the benefits to them, not just researchers. Seeking funding? Get creative. Learn about tech-transfer protocols and venture out of your own world.

“If we had not gone outside our own academic discipline, we would’ve gone nowhere,” said Schoenwald, who read widely in search of models, including business, education and the military. She quipped, “Now I know why pilots use flight simulators before they fly.”

There are now more than 300 MST teams in the U.S. and internationally. “Even in community-based implementation,” said Schoenwald, “I think we’re going to be able to deliver...on the promise found in the trials: keeping kids out of trouble.”

Snowmen Spring Up on Campus Lawn



Dr. Frosty and colleague recently welcomed visitors to the NIH campus for a seminar on global warming conducted on the lawn of Bldg. 12.

PHOTOS: BELLE WARING



STEP Forum Examines What Animals Models Can Reveal

How much can we learn about mental health in humans by studying animal models? This was the subject of a series of lectures in a recent Staff Training in Extramural Program (STEP) forum titled “Animal Models: Behaving like Humans...or like Animals?”

According to the researchers, we can apply a great deal of the information gleaned from working with animals to human subjects, but we have to be careful where we draw the lines. “It’s important to begin with what an animal model can do and what it cannot do,” said Dr. Jacqueline Crawley, chief of the Laboratory of Behavioral Neuroscience, NIMH, who is currently investigating mouse models relevant to autism research.

She explained that the goals for using animal models of neuropsychiatric diseases include working to “discover the functions of known and newly discovered neurotransmitters, receptors, intracellular signaling proteins and genes” in normal and abnormal animal behaviors; generate assays relevant to the symptoms of a known human disease; and test for the efficacy of therapeutics in the models.

What researchers shouldn’t do, she stressed, is anthropomorphize the animals. We cannot tell, for example, if a mouse is “depressed” or “anxious,” Crawley said, and we certainly can’t say a mouse is autistic. “We can only measure anxiety-like behaviors, depression-like symptoms...and autism-like traits.” She discussed in detail how researchers test mice to find appropriate models and then looked specifically at strategies for modeling the symptoms of autism in mice. By studying “autism-like” behavior in mice—problems with sociability, for example—researchers can look for causes of the symptoms.

Other speakers at the forum took Crawley’s explanation of using models and branched into other areas of neuropsychiatric research. Dr. Klaus Miczek, professor of psychology, psychiatry, pharmacology and neuroscience at Tufts University, examined the connections between stress in mice and gene expression, depression and drug use. Dr. Irwin Lucki, professor, departments of psychiatry and pharmacology, University of Pennsylvania, looked at the use of animal models in studies of depression. And Dr. Stephen Suomi, chief of NICHD’s Laboratory of Comparative Ethology, gave an in-depth overview of the research he conducts with rhesus macaque monkeys at the NIH Animal Center, studying the links between their environment, rearing and genetics and their behavioral and biological development.—Sarah Schmelling



NIGMS Grantee Whitesides Honored

NIGMS grantee Dr. George M. Whitesides of Harvard University is the 2007 Priestley Medalist. The annual award recognizes distinguished service to the field of chemistry and is the highest honor bestowed by the American Chemical Society. Whitesides is one of 71 scientists who will receive ACS awards this year. Of these, 25 are NIH grantees, including 19 supported by NIGMS, reflecting the institute’s commitment to chemistry and chemical biology research. The award recipients will be honored at ceremonies during the spring and fall ACS meetings. Profiles of the award winners appeared in the January and February issues of Chemical & Engineering News.

REAUTHORIZATION

CONTINUED FROM PAGE 1

ued. “There will be quite a premium placed on working across programs to maximize the impact of NIH science on areas that cut across institutes. NIH employees should look for opportunities to participate.”

Zerhouni said Congress had to be sure NIH was on the right track before reauthorization could take place. “Before, we had lots of questions about our management” including: Could the agency manage a much larger portfolio? Is the return on investment worth it? What about conflict of interest? And research priorities? “Now we have a unanimous vote from both chambers of Congress, one that endorses both an increase in our budget and essentially is a statement of extraordinary confidence and support.

“We have gone from a period of very stormy weather,” he continued, “to turning the corner. I am optimistic about the turn of events for us.”

The new law caps at 27 the number of institutes and centers, provides the NIH director expanded authority to manage the agency, encourages ICs to collaborate on trans-NIH research and reforms the agency’s reporting system so that Congress can evaluate the NIH research portfolio, according to a summary provided by the Office of Legislative and Policy Analysis (see Reauthorization at a Glance, p. 9).

The Roadmap exercise of the past 3 years has convinced Zerhouni that “there is a need to provide formal venues where people interact and get to know who is doing what across various programs.”

He was especially impressed with the results of a “mini-intramural roadmap” exercise conducted



Zerhouni Examines Horizon Beyond Reauthorization

In May, NIH director Dr. Elias Zerhouni will mark his fifth anniversary here. Looking back over a tenure that has included “some rough times, some of which were not our doing—who could have predicted 9/11, or Katrina, or two wars or mandated consolidations?...Even in my most pessimistic projections, I never thought [the budget would] be flat for any length of time”—he nonetheless is heartened by “a real resilience here.

“These things hit this agency like a tsunami,” he said. “You can imagine how destructive this could have been...it’s been one of the most stressful periods in our history. But I admire the way the agency has handled it. I can’t say enough good things about NIH’ers. They are the best of the best.

“We truly crossed the desert in 2006,” he continued. “But we are out of it. I think we have turned the corner in many ways.”

Among his chief objectives as he begins his sixth year as NIH director are supporting new investigators (“That is my number-one priority,” he said), strengthening peer review, renewing leadership in an aging workforce and improving the quality of worklife.

“We need to have a conversation about peer review,” he said. “I am such an advocate of peer review that I always worry that if we don’t have the best of the best peer review possible, we won’t fund the best of the best science...As we have grown, and as we have gotten more applications and more complex science, we absolutely need to have [a peer review discussion] now...Are we doing it right? Are the applications too long, is the cycle too long?...We have to engage the commu-

nity and make sure that, in these times of stress, our peer review doesn’t suffer.”

Zerhouni is also concerned about leadership development. “There are many retirements coming in the next 5-10 years,” especially within the ranks of top management. “How do we evolve and maintain excellence through the next generation?” he asked.

He also advocates improvements in worklife, including better representation of women in science and a more diverse workforce. “How do we do telecommuting better and how do we have more flexible schedules?” he wondered. “How do we make sure HR [human resources] serves us? I hear so much about these issues from so many of my friends on campus that I’m concerned...Even though budgets are tight, we need to find a way to do better.”

Zerhouni took note of a recent HHS survey of worklife satisfaction, which has improved overall since 2004. But there were a few categories where negative ratings were around 20 percent at NIH. The negative numbers get his attention because “when you have a positive opinion about something, you tell two people; when you have a negative opinion about something, you tell 20 people. That taints the whole thing. I’d really like to have everybody work together on addressing [the negative ratings] and bring them below 20 percent.”

He remains convinced that the nation’s investment in health care research offers the best possible return and that “the challenge of the century is the life sciences...The solutions to many of our societal problems will come from our mastery of the life sciences.”

Reflecting on the highs and lows of his tenure, Zerhouni says “all these changes should not be seen cynically. Sometimes cynicism drives people, but that’s not what I see at NIH. I see people who truly are driven by their positive mission. If you ask them, they all feel that what they do is very important, very positive. There’s always cynicism in life, but the less there is, the better. We are transforming the world here—in a good way.”

last summer with about 100 intramural scientists; it examined where NIH could be a leader in high-risk, high-impact research. “The overall majority was saying [that] what was valuable was to just get together. The fact that you’re in the same room, listening to these colleagues of yours and arguing back and forth—I’ve seen a lot of natural leadership emerge from that.”

Zerhouni wants reauthorization—which is being implemented by an ad hoc working group chaired by NIH deputy director Dr. Raynard Kington—to result in “a greater link between intramural and extramural communities. I believe that we need to remove barriers between those two worlds. The Common Fund is not limited to extramural affairs, it’s also intramural. That synergy needs to happen more.”

In his view, reauthorization “is moving NIH into a more effective way of balancing what works in science—freedom of exploration, autonomy, decentralization—versus providing an opportunity for people to collaborate and cooperate more freely, without barriers, without silos.”

He employs a favorite metaphor to describe the effect of reauthorization: “NIH is an outstanding organization with 27 very strong fingers but very little palm. Reauthorization creates what people have been wishing for—a little more sense of a hand that is coordinated and integrated and more effective.”

Zerhouni said reauthorization could have taken two forms—structural, which would have involved consolidating institutes (and which he dismissed as “rearranging the chairs on the deck”) or functional integration, a harder choice that involves “putting resources together and coming together for an explicit intellectual debate and analysis...and functionally integrate, at the budget level, a portion of the NIH budget to be worked on by everybody.”

The Common Fund, he explained, “is our intellectual venture space. Whatever we do there—it may be an incubator, it may be an accelerator of things we want to do, things that in the past you would have had to go around and pass the hat across all the institutes to do—now you have a place where we can all agree, “This is important.”

He cites the Human Genome Project as a prime example of a venture that, were it proposed today, would be supported by Common Fund resources.

Zerhouni said he could easily have implemented the reauthorization law “from the top down” as simple mandates, but opted instead to form an ad hoc working group with wide representation so he could gain “bottom-up” consultation. “I wanted to engage more people,” he said. “Trans-

parency, openness and candor are very important. This allows the agency to be better over time.”

He credits support from four key constituencies: the institutes and centers and their leadership, Congress, NIH employees and stakeholder groups.

“I was very pleased to see that everybody rowed in the same direction,” Zerhouni said. “We demonstrated that all of the concerns about NIH were just not founded. We were able to make the case that NIH is in fact the crown jewel of the federal government.”

He said President Bush would not have visited the agency five times if he did not respect the institution.

“There is no doubt that there is respect for this agency on all sides,” Zerhouni said. “We have positioned the agency above politics...and established NIH as the most credible source of scientific information for the health of the American people. All of that is paying dividends right now...Half of all the increases in the FY 2008 science budget are coming to NIH...That’s a vote of confidence. Everybody on campus should take credit for that.”

Zerhouni also credits Rep. Joe Barton (R-TX), former chair of the House committee on energy and commerce: “He was very questioning and skeptical, and the more we interacted with him, the more he became a supporter and a champion. He’s an engineer by training, so he understands large organizations.

“We also received strong bipartisan support—Chairman Dingell (D-MI), Chairman Kennedy (D-MA), Chairman Enzi (R-WY)—they all pulled together to do what’s good for the country. And we had more than 100 stakeholder groups who supported the legislation,” he said.

Reauthorization at a Glance

More than 100 employees at NIH are involved in implementation of the NIH Reform Act of 2006, which has a number of key provisions:

- There is a new Division of Program Coordination, Planning and Strategic Initiatives, which keeps an eye on emerging scientific opportunities and challenges. “Reauthorization basically institutionalizes the concept of OPASI (Office of Portfolio Analysis and Strategic Initiatives) in law,” Zerhouni said. Included within DPCPSI will be former OD stand-alone components the Office of AIDS Research, Office of Research on Women’s Health, Office of Behavioral and Social Sciences Research, Office of Disease Prevention and Office of Rare Diseases, which will continue their missions as authorized.
- The Common Fund supports trans-NIH research. “We will grow the fund in relation to our budgets,” Zerhouni commented. “It will be years before the fund reaches [a target goal of] 5 percent of the NIH budget.” He also cautioned, “The Common Fund is not taking money away from anybody. It is providing funds for everybody.”
- A new Council of Councils will advise on proposals that would be supported by the Common Fund.
- A new Scientific Management Review Board will conduct organizational review of NIH at least every 7 years.
- The law requires establishment of an electronic system to uniformly code grants and activities. “This is going to be a challenge,” Zerhouni noted, “but an organization of this size and complexity needs a 21st century portfolio management system. We need better, faster, nimbler, more effective knowledge management systems.”

For a summary of the new law, visit <http://olpa.od.nih.gov/legislation/109/publiclaws/reformact06.asp>.

milestones

NIH Mac Guru Gannon Retires

By Carla Garnett

That loud wailing, gnashing of teeth and muttering of oaths you hear are the collective despairing cries of the roughly 8,000 Macintosh users at NIH. Mac guru Joe Gannon has left the premises. He who since 1995 has coached thousands agency-wide to zap their P-RAMs (reboot, essentially) and tame their wild Jaguars, Panthers and Tigers (names of Mac operating systems) retired from the Center for Information Technology on Dec. 31 after serving more than 17 years with the federal government.

“I take pride in what I do,” he said 2 days before leaving the NIH Help Desk. “If I saved each scientist even 5 minutes a day, then maybe I’ve helped research move a little farther ahead. That’s what

my job is all about at the end of the day, supporting the incredible medical research that goes on here every day.”

It’s Gannon’s attitude toward customer service—as well as his wide range of Mac knowledge and seemingly unending store of patience—that is most lauded in the scores of congratulations (and good-natured laments) he received when he announced his retirement.

“Joe Gannon will be most sorely missed after his retirement,” said Dr. Dale Graham, CIT technical manager, NIH Intramural DataBase. “Even though I think of myself as somewhat of a Mac expert, there were often times when I needed to turn to him for his advice and/or experience to work through some knotty problem. And he was tenacious at worrying away at a problem until there was a solution. That knowledgeable and stick-to-it-iveness was a valuable asset to the NIH Help Desk that will be difficult to replace. In addition, he continued to watch over the BRMUG [biomedical research & Mac users group] list and get timely information to the Mac community at the NIH, going above and beyond the call of duty. He was wonderful to work with and patient and pleasant, no matter what!”

In 1995, Gannon was browsing notes from Washington Apple Pi, a local community of

Macintosh users. He ran across an announcement in search of a Mac specialist at NIH’s Division of Computer Research and Technology. Looking to leave the world of corporate VPs he’d worked in for more than a decade, Gannon called the contact.

NIH portal administrator Charles Mokotoff, who wrote the note that brought Gannon here, recalls, “I was thrilled when the [then DCRT] help desk decided to employ a Macintosh computer technician at the front line and even more happy in our choice of Joe Gannon. Joe is a die-hard Mac fan, totally loyal to the operating system and wonderful computers that Apple has produced over the years. He is as tenacious as a bulldog in tracking down customer issues and I suspect has never left a stone unturned in attempting to find solutions. He made my job significantly easier by sending only the thorniest of problems up to a next tier. His is a tough act to follow and he will be sorely missed. I wish him all the best in his retirement.”

Assigned primarily to help Mac users navigate through hardware, software and network problems, Gannon expanded his job over the years to teach courses, test drive new systems and software, maintain PUBNet (a bank of NIH resources for Mac users) and offer consultations on system upgrades. He estimates he’s answered well over a thousand calls each year. His popular Macintosh Tips & Tricks class came to be practically a prerequisite for anyone working in the campus’s alternative-PC universe (about 75 percent of NIH’ers use that other operating system). In fact, on occasion Gannon taught a special edition of the course in Bldg. 1 for then NIH director Dr. Harold Varmus and other top science and administration officials.

“Actually, many (most) of the scientists at the NIH use Macs because of their superior ability to handle graphical data, their reliability and their ease of use (not to mention their immunity to those nasty viruses and worms that infect PCs),” notes Dr. Michael Gottesman, NIH deputy director for intramural research. “However, Mac support has been dwindling among the IT community and Joe has frequently been a lifesaver when complicated software, hardware and network problems come up. He is the ‘go-to’ guy at NIH for complicated Mac-related problems and it is difficult to imagine how we will manage without him. He’s also a source of all kinds of useful shortcuts and Mac-lore and a pleasure to work with. We will miss him.”

Gannon sort of fell into the computer business by accident. Ever a gadget-guy interested in electronics, he persuaded his Army battery com-



Shown here surrounded by various models of his beloved operating system, Mac expert Joe Gannon retired recently from CIT.

mander to send him to radar maintenance school. He spent 4 years in the Air Force and 3 years in the Army. Later he took up a corporate career, working in such companies as Wang Laboratories. He was using an early model Mac—the Mac SE—to run Excel spreadsheets when he decided that Apple had the edge in design, ease of use and performance. He's been a Mac man ever since.

Last fall, Gannon enrolled in a 3-day retirement seminar where he learned that an optimal time to give up his help desk chair would be the end of 2006. With only a small amount of hesitation, he decided to go. With Gannon's work ethic as his legacy, coworkers across the agency agree he will be missed no matter what operating system you prefer.

"Joe's expertise on all things Macintosh has been a constant through many years," says Charles Havekost, former chief of the Network Systems Branch customer support section for DCRT and current HHS chief information officer. "On occasion he'd have a laugh at my expense, knowing that I am—gasp—a Windows user, but it was always good natured and I knew that Joe's unabashed Mac advocacy was part of what made him great at Mac support. Every time I've had a Macintosh question, Joe Gannon has been ready to help. If he's retiring, I'm going to need his home phone number!" 📞

Quinlan, Former Secretary to NIH Directors, Retires After 36 Years

By Belle Waring

Margaret C. Quinlan, most recently an animal welfare program specialist and former secretary to several NIH directors and other top officials, recently retired from the Office of Laboratory Animal Welfare after 36 years of federal service, 30 with NIH. "I've been blessed to work with wonderful, warm people, the most ethical and moral individuals," she said.

Quinlan "started at the bottom," filing fellowship applications in the Division of Research Grants' Career Development Review Branch, "a good place to get your feet wet." As a divorced mother of three, she appreciated how family-friendly that office was, offering both flexibility and training to help her advance; within 3 years she was detailed to Bldg. 1. She soon moved to



the Executive Secretariat and then the immediate Office of the Director, where she spent the next 15 years.

"I was known for my Rolodex," she said. As secretary to the NIH director, she worked with Drs. Robert Stone, Donald Fredrickson and James Wyngaarden, as well as acting directors Dr. Ronald Lamont-Havers and Dr. Thomas E. Malone.

"Dr. Bob Stone hired me," she recalled. "He was ahead of his time in tracking the director's correspondence and installing a dictation system." While keeping up with these innovations, she also helped sort the mail, including "desperate letters seeking help, so we sent them to the correct institutes and they answered them, God bless 'em." She named a litany of colleagues who helped along the way: "I don't know if I had an illustrious career, but I worked with superb people at all levels. In the Clinical Center, you ran into parents whose children were saved. We weren't any of that—we were admin, we ran interference, but you knew [the patients] could be you; you knew that could be your child. Whatever you could do for the clinicians and researchers to help them, you found a way, because you knew what the mission was."

A sixth-generation Washingtonian, Quinlan moved to Silver Spring at age 4 and still resides in the family home. She attended parochial school at the Academy of the Holy Names and Montgomery College. She received many employee honors, including quality increase awards and the NIH Director's Award, as well as special achievement awards from the Office of Science and Technology Policy in the Executive Office of the President, where she was detailed for 3½ years.

After her stint at OSTP, she became secretary to assistant secretary for health and human services Dr. D.A. Henderson, who earlier in his career had led the World Health Organization's global smallpox eradication campaign. She then spent 6 years as initial staff/office manager in the National Bioethics Advisory Commission under President Bill Clinton.

In July 2001, she returned to NIH, finding her niche in the Office of Laboratory Animal Welfare, from which she recently retired. Her OLAW supervisor, Carol Wigglesworth, lauded Quinlan at her Jan. 3 send-off. "In spite of the fact that she has not supervised a staff or had an impressive job title," said Wigglesworth, "she has had an extremely distinguished career. She has worked for a number of high-level people in important jobs, but as we know these people don't just waltz into these positions and succeed. They have people like Margaret behind them who take care of the myriad details...I might add that Margaret has probably not been on a job interview in many, many years...because instead of seeking positions, she had some of these people begging her to come work for them! She would think about it, then call them back and say, 'Well, okay, if you need me that badly.'"

Quinlan brought to her work an ability to marshal and organize resources, then quickly adapt to changing conditions. She helped usher in changes that many now take for granted. "I love computers," she said, "so I got involved in obtaining machines in some NIH offices." Back in the days of DOS, she took a class, devoured PC computing magazines and then worked with management and IT to develop the necessary configurations for several offices: "I got to pick what kind of computers we would get, how much memory to install. At OSTP, I put WordPerfect on our staff's machines over Christmas week, when it was quiet and they could learn without too much pressure. It was like advising my family at home and I loved it."

And now? She's exploring how she can teach seniors to use computers: "It would open up a whole world for them," she said. Whatever she does, she'll infuse it with her abiding work ethic and generous spirit. "In my short lifetime, I saw people who wore polio braces. My sister's friend wore Coke-bottle glasses. Measles got that girl's eyes, and my grandchildren will never even know what measles are. That's the difference NIH has made in people's lives." 📞



Gary Freeman will get dropped off by his wife Mar. 18 at Georgia's Amicalola Falls State Park to begin his second thru-hike of the Appalachian Trail. He'll be a "nobo," or northbound hiker until late August.

Farewell 'Foot Machine'

Freeman Decides To Take a Hike, Again

By Rich McManus

When he retired from a 20-year career with the Maryland Division of Public Safety in 1984, Gary Freeman treated himself to a lifelong dream—he hiked the Appalachian Trail. It took him 4½ months and cost him almost 30 pounds, but it put him where he is happiest—in the wilderness.

When he began a second career at NIH in 1990, he predicted that the next time he retired, he would hike the trail again. On Mar. 18, the 2,175-mile trek from Springer Mountain in Georgia to Mt. Katahdin in Maine begins anew. Freeman, 62, retired from NIH on Jan. 31 and reclaimed the trail name that served him well 23 years ago—"Foot Machine."

"I have always wanted to hike the trail again," said the Hagerstown resident, whose 20½ years in federal service were spent mostly at NIH, with stints in the Army and Internal Revenue Service. While he would like to have remained at NIH, where he has made many friends over the years, he realized, "I can [hike] it now—I'm not sure I can do it at age 65."

Freeman started out as a federal officer in the old Police Branch and rose through the ranks as a training administrator, then traffic management specialist and finally program specialist in charge of NIH's parking permits, the Transhare program subsidizing employees' use of public transportation and encouraging alternative modes of commuting including carpools, buses, bikes and—feet.

During the Christmas holiday, he realized that if he didn't tackle the AT now, he might never get another chance. Within the past year and a half, Freeman has had hip-replacement surgery and had four stents placed in his chest. But he doesn't anticipate being hampered by either procedure. "I'm ready," he says.

While it's true that camping gear nowadays is far lighter, more resistant to weather and more comfortable than in 1984 (in addition to being more expensive, Freeman points out), the 2007 thru-hike will be harder for a number of reasons.

"There are more choices, more options to consider," he said. "The last time it was just grab your stuff and go. It was so much easier the first time."

Though he admits that a GPS tool and cell phone might be helpful, he nixed both; the latter because he finds a telephone antithetical to being out in nature, and the former because it weighs too much.

Only his trusty cookpots survived the rigid vetting of his old gear, based mostly on weight; hikers are known to file their toothbrushes down to just the head and a stub to save an ounce. "I'll be able to go a lot lighter this time," he said, allowing that a digital camera made the cut, especially since he won't have to tote film.

Because there is simply no improving upon macaroni and cheese dinners, PB&J lunches and oatmeal breakfasts, Freeman will hew to those classics, but plans to augment them with various protein powders. He expects to lose about twice as much weight as during his first hike, but also plans to take more time to finish.

"My one regret about the last time was that it was a little too quick. It will probably take longer this time because I'm older."

Freeman expects to complete his journey by the end of August and has already built into his schedule a series of days off when he can leave the trail and visit some beloved trailside towns—Damascus, Va., Pearisburg, Va., Monson, Me., among them—as well as collect packages of food and clothing mailed by his wife and quartermaster Mary, who will join him for brief stretches of the hike.

"She and I both enjoy hiking," he said. While the Grand Canyon, which they have hiked twice, remains their "crown jewel" of national parks, the couple plans to return eventually to Utah's Zion National Park and Bryce Canyon National Park, perhaps as summer volunteer campground supervisors, in retirement.

"My wife wants to hike bits and pieces of the Pacific Crest Trail next fall, after I get back from the Appalachian Trail," Freeman said.

The Foot Machine (which derives from the names of two companions from his last AT hike) says it's not just his name that changes out on the trail. "When I'm out in the mountains, I don't know what it is—I'm a completely different person. It's something I really enjoy doing." He offers a favorite quote about the AT commonly attributed to Harold Allen, who worked in the 1920's to establish Shenandoah National Park: "Remote for detachment, narrow for chosen company, winding for leisure, lonely for contemplation, the trail leads not merely north and south, but upward to the body, mind and soul of man."

In addition to revisiting some of their favorite parks in retirement, the Freemans plan to indulge another passion—volksmarches, which take them on walking tours of many parts of the country. "We may consider relocating if something appeals to us," Freeman said. 📍



NIAID AIDS Expert Hoff Retires

By Claudia Wair

Dr. Rod Hoff, senior epidemiologist for international research in NIAID's Division of AIDS and chief of its International Research Branch, recently

retired from the federal government to start a new phase in his career.

During his 16 years at NIAID, he worked on national and international aspects of HIV/AIDS. In the mid-1980s he developed a novel technique for determining the seroprevalence of HIV in childbearing women, which helped produce the first national estimates of HIV infection in the United States. He organized and directed two clinical research networks for evaluating vaccines and other preventive interventions for HIV/AIDS. Hoff also led an NIAID program that has provided long-term support to research organizations in developing countries to enhance their capacity to conduct HIV/AIDS studies relevant to their populations.

"Dr. Hoff has contributed greatly to responding to the global health challenges of our times," said Dr. Kenneth Bridbord, director of extramural programs at the Fogarty International Center. "One of Dr. Hoff's greatest legacies will be his contributions to HIV/AIDS research and research capacity in many developing countries, which is essential if we are to ultimately conquer HIV/AIDS."

Hoff saw HIV/AIDS research at NIH expand from a primarily domestic program to the international cooperative effort it now is. Sixteen years ago, the international programs NIAID had were focused on tropical diseases. "When the Division of AIDS was established, the focus was clearly on the domestic epidemic," he said. "The scope of the epidemic wasn't clear at that time. By the end of the 1980s, there were new drugs, but their effectiveness was not fully known and the cost was prohibitive, particularly for developing nations."

Results of studies showing that the HIV/AIDS epidemic was worldwide surprised researchers and sparked interest in broadening international efforts. While there was a need to develop clinical trial sites in the U.S., it was equally clear that the increasing prevalence of infection in the developing world required attention. "We started a series of programs, including the Partnership for AIDS Vaccine Evaluation, followed

by a network set up specifically to test the HIV vaccines—the HIV Vaccine Trials Network." Hoff became chief of the international branch at that time and began developing international and domestic infrastructure for testing experimental vaccines.

"The challenges for international researchers are many," he said. "The process of developing the infrastructure is only partially complete. The wish of many countries, for good reason, is to train their own investigators. In the 1990s, we started thinking about how to train and encourage investigators so they can apply for grants and do their own research."

The program that evolved from these concerns was the Comprehensive International Program of Research on AIDS (CIPRA), started in 2000. This program has awarded grants to institutions from developing countries at all levels of scientific progression. There are several small grants that "just get people started in planning studies with good clinical practices," noted Hoff. CIPRA also funded a few larger projects, giving the investigators the opportunity to design, conduct and analyze the data from their own studies. At the end of 5 years of funding, he stated, "all had achieved remarkable success. Not only are the grantees participating in their CIPRA studies, their work has gained the notice of other international research organizations. They have come a long way by themselves." This investment has led to the development of significant scientific capacity. As an example, he cited a CIPRA site in China, which now can do SARS research as well.

Hoff is hopeful about the future of HIV/AIDS research. "I think we made a real contribution to the infrastructure that will continue to be used. Scientists can now take this to the next level with the new and exciting things that are coming along.

"This job has always been fun," he said. "We've left some tracks in the journey here. In retrospect you can always think of ways that you could have done things better, but all in all, it is remarkable what has happened in these 16 years."

Hoff has joined the Regional Emerging Diseases Intervention (REDI) Center in Singapore, an intergovernmental organization jointly supported by HHS and the government of Singapore. The REDI Center facilitates the exchange of information and expertise worldwide on surveillance, prevention and control of communicable and non-communicable diseases. 📍

NIDA Retiree Segal Mourned

Doralie Segal died on Feb. 5 in Chapel Hill, N.C., after a 6-year illness. Originally a scientific investigator with the FDA, she joined NIDA's Medication Development Division in 1988. During her tenure at NIDA (through 2000), she directed a project to oversee clinical trials for buprenorphine in the treatment of opioid addiction. Her expertise was instrumental in helping gain FDA approval for buprenorphine.



In her spare time, she was an avid runner, with a 2001 world ranking of 15th in her age group for the 1,500-meter distance. Segal also wrote numerous articles on health and fitness for the *Washington Post* health section.

She is survived by her husband, Bruce Segal, and three daughters, Chandra Denenberg Zieff, Amy Abelson and Rochelle D. Schwartz-Bloom, a NIDA investigator at Duke University.

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>.

Subproject Module – IMPAC II	3/12
Statistical Analysis of Microarray Data Using the MSCL	
Analyst's Toolbox and JMP	3/13-14
Working from Home – Understand the Technologies	3/14
NIH Network Design	3/14
NCBI's Microbial Genomes Quick Start	3/14
Home Networking Fundamentals	3/16
SPSS: Basics	3/19-20
NIH FileMaker Developer Group	3/20 & 5/8
NIH Enterprise Directory (NED)	3/21
Adobe Connect (formerly Breeze)	3/21
Beginning XML	3/22
AFNI Bootcamp	3/26-30
Web Sponsor	3/29

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>.

Property Management Principles Refresher	3/23
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CIT Offers Spring Semester of Classes

Registration is now open for the spring semester of CIT training. This term features the return of such NIH favorites as Seminars for Science, SPSS, SAS, Adobe Acrobat, PowerPoint, Windows XP Tips & Tricks. With many new offerings among more than 120 different subjects, there is something for everyone. All classes are free for NIH staff.

New courses include:

Grants—In order to keep up with expanding interest, QVR courses have been revised and expanded. New titles to look for are Search Strategies & Custom Download, Understanding & Using Standard Reports, Advanced QVR - Using Excel Pivot Tables, and QVR Training Profile. There will also be courses in the Impac II Subproject Module.

Scientific Computing—New tools such as Promoter Analysis, Genomatix, Phylogenetics, the NIH Biowulf Supercluster, Distributed Computing with MATLAB, Bioinformatics on the NIAID BioCluster, NCBI's Correlation of Disease Genes, and ImageJ.

Networks/Security—Consolidated Network Monitoring System (CNMS), Network Sniffer Workshop, Windows Vista Security, ePolicy Orchestrator for Vista, and Perl Programming for Network, System and Security Administrators.

Classes are also available in web development, personal computing and nVision. To register for any CIT class, visit <http://training.cit.nih.gov>. For more information call (301) 594-6248, TTY (301) 496-8294.

FARE Abstract Competition for Fellows

The 14th annual Fellows Award for Research Excellence (FARE) 2008 competition will again provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. FARE winners will each receive a \$1,000 travel award to use for attending and presenting their work at a scientific meeting. One-quarter of the fellows who apply will win an award.

FARE applicants must submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality/presentation. The travel award must be used between Oct. 1, 2007, and Sept. 30, 2008.

The FARE 2008 competition is open to postdoctoral IRTAs, visiting fellows and other fellows with fewer than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their doctoral dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute's scientific director. Fellows are asked to submit their application, including abstract, electronically from Mar. 12 through Apr. 16 via <http://felcom.nih.gov/FARE>. Winners will be announced by the end of September 2007. More information is available on the web site above. Questions may be addressed to your institute's fellows committee (Felcom) representative.

Ballard, Atkins Chosen for Young Leadership Academy

Jacque Ballard, a contracting officer for NCI's Office of Acquisition, and Harold Atkins, human resources specialist for the Office of the Director, were recently selected to the Young Leadership Academy, under the auspices of Blacks In Government and the USDA Graduate School.



Harold Atkins and Jacque Ballard will attend the Young Leadership Academy.

The graduate school selected 70 people from hundreds of applicants. Ballard has more than 37 years of federal service at NIH and is the immediate past president of the agency's BIG chapter. Atkins has 8 years of service and took over as chapter president in January. YLA partnered with the graduate school to form a vehicle within BIG to develop professional and personal leadership skills. The program's goals include helping participants communicate, organize, develop strategic thinking skills and increase productivity and potential. Other objectives of the program include team-building and peer-coaching. These objectives have been identified by the Office of Personnel Management as executive core qualifications.

YLA graduation will occur in August 2007 at BIG's annual national training conference. Graduates will receive continuing education units for the program and be certified for leadership competencies by the USDA Graduate School.



Ovarian Function Study

Healthy women ages 18 through 25 are needed for ovarian function study. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 00-CH-0189.

Sleep and Obesity Study

Sleep and weight study for obese adults ages 22 to 50 who sleep fewer than 6 hours at night. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 06-DK-0036.

Child Allergy Study

NIH Pediatric Clinic offers allergy and asthma care (ages 6 months to 18 years). Allergy and asthma study is recruiting. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-1-0084.

ADHD Genetics Study Needs Volunteers

Take part in an NIH study seeking to identify the genes that contribute to attention deficit hyperactivity disorder. For more information call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 00-HG-0058.

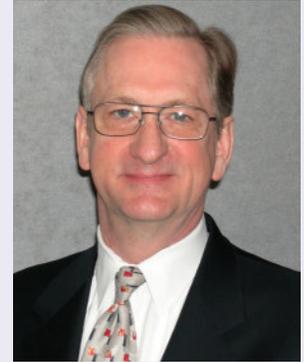
Osteoarthritis Study Needs Men

Men ages 30-65 are invited to take part in an NIH study evaluating hormones in those with osteoarthritis pain. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 04-AT-0239.

Miller Named Chair of NIH-RAID Program

Dr. Tom Miller, program director of technology development at NINDS, has been named leader of the NIH-RAID (Rapid Access to Interventional Development) pilot program. He takes over following the recent extension of this program.

“The NIH-RAID pilot program provides a cost-effective tool to assist the ICs in supporting their intramural and extramural preclinical translational research efforts,” he said. “We believe that NIH-RAID has the potential to have a significant impact on the preclinical development of therapeutics across the full spectrum of disorders affecting the public health.”



The NIH-RAID pilot, similar to the National Cancer Institute's RAID program, was established as part of the NIH Roadmap to make available, on a competitive basis, certain critical resources needed for the development of new small-molecule therapeutic agents. NIH-RAID is not a grant program, but allows PIs access to the resources of NCI's Developmental Therapeutics Program (including production, bulk supply, GMP manufacturing, formulation, development of an assay suitable for pharmacokinetic testing and animal toxicology) and the assistance of NIH in establishing and implementing a product development plan. Funds to support the projects come from both Roadmap and institute budgets.

Co-sponsorship is critical to provide the expertise needed in specific disease areas and to ensure appropriate avenues for subsequent translational efforts. To date, seven projects have been supported. The next deadlines for proposals are June 1, 2007, and Jan. 4, 2008. The NIH-RAID pilot is intended for use by foreign and domestic laboratories and not-for-profit organizations, including NIH's intramural programs.

Young Scientists 'Renew Hope'

Discovery Channel, NIH Air 'Challenge' Show Taped Here

The Discovery Channel recently aired its Young Scientist Challenge show, which featured the national science competition held at NIH last October. To celebrate the show's premiere and to thank NIH'ers who helped plan the challenges, the Office of Communications and Public Liaison held a screening—complete with popcorn and lemonade—on Feb. 21.

"It was a surprisingly fun and gratifying experience we had that was sponsored by NIH and the Discovery Channel," said NIAID director Dr. Anthony Fauci, at the screening. NIAID created one of the challenges most cited by the contestants in their daily web logs. Titled "Avian Flu: Something in the Air," the exercise simulated a possible outbreak of a highly publicized virus. Each team of middle school-age contestants had to diagnose the infection, figure out how to limit its spread and communicate a public health policy to the media. "Being a part of the challenge was a wonderful experience that really renews our hope in the younger generation's ability and interest in science," Fauci added.

Discovery teams up every year with an agency or institution to sponsor the competition to identify "America's Top Young Scientist of the Year." Forty students are selected from thousands of science fair entrants nationwide to compete in "Finalist Week" at the partner institution.

In addition to NIAID's infection exercise, NIH challenges included "Environment: Breaking the Mold" by NIEHS, "Endoscopy/Imaging/Colonoscopy: From the Inside Out" by the Clinical Center and NHGRI and "Obesity: Eat, Think & Be Healthy" by NHLBI and NIDDK. The finalists also competed in lab skills activities, a chemistry challenge and a makeshift media center, where they documented and communicated the results of their experiments for a waiting "public." Logistical support was supplied by the Office of Research Services and the Office of Research Facilities. The middle schoolers ended their NIH adventure with visits to the Children's Inn and to Ketcham Elementary School in Washington, D.C., where they shared the challenge experience with youngsters at NIH's adopted school. From all accounts—kids' blogs, organizers' testimonials and the videotaped evidence—NIH's first year as Discovery's partner drew rave reviews.

"We want to extend thanks and congratulations to all of you who made this such a success," said John Burklow, NIH associate director for com-



munications and public liaison, whose office coordinated NIH's participation in the event. OCPL arranged for an NIH video crew to shadow the Discovery Channel production team during the 3 days the young scientists were here. The screening event included a 12-minute "home movie" produced by OCPL's News Media Branch as well as footage from a Discovery Channel interview with NIH director Dr. Elias Zerhouni and the official 40-minute challenge show that was broadcast at various times in February on Discovery Channel, Discovery Kids, Discovery Science and Discovery Education. The show will be repeated over the year in different markets. Framed posters signed by the finalists and certificates were presented to representatives from participating institutes, centers and offices.—Carla Garnett

Among the many who helped plan the NIH-Discovery Channel event are (top, from l) Dr. Kanta Subbarao, Dr. David Morens, Dr. Anthony Fauci, Dr. Robert Taylor and Dr. Hillery Harvey, all of NIAID; (second row) Cyrena Simons of ORF; Raymond MacDougall, Dr. Carla Easter, Maggie Bartlett and Rebecca Kolberg, all of NHGRI; (third row) Jennifer Haley, Lawrence Self and Hilda Dixon, all of the Office of Equal Opportunity and Diversity Management; Dr. Ron Summers of the Clinical Center; (bottom) Dr. Michael Humble of NIEHS; Dr. Denise Simons-Morton of NHLBI, Betsy Singer of NIDDK, Karen Donato of NHLBI and Leslie Curtis of NIDDK.

PHOTOS: MIKE SPENCER, CARLA GARNETT