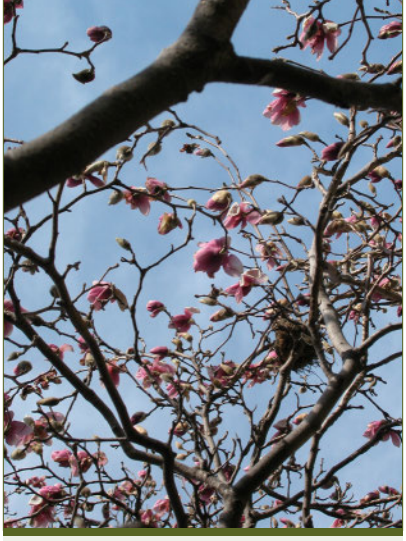
APRIL 6, 2007
VOL. LIX, NO. 7
*The Second Best Thing About Payday*

# nih record



**ABOVE** • *Winter yields to spring as saucer magnolias bloom on campus.*

## features



## departments



*The NIH Record* is recyclable as office white paper.

*'Have an Hour, Give an Hour'*

## Leave-Sharing Program Crucial to Employees in Crisis

*By Belle Waring*

When Karen Adams woke up, she had no idea where she was.

"I was surrounded by doctors asking me if I knew my name," she says. "I peeped down my hospital gown and saw staples. It was so overwhelming."

Adams was with-it enough to realize that staples meant surgery—major surgery. And while she didn't know the doctors, she remembered the accident: "I was on my way to work, on 395 at the 14th Street Bridge. I got hit, and hit the car in front of me. My car got all smashed up." She was admitted to Holy Cross Hospital and did okay, but 2 weeks post-discharge she had a setback: "I got real sick," she says. "I couldn't keep anything down."

After readmission to Holy Cross, she lapsed into a coma. Her liver was failing.

SEE **LEAVE SHARING**, PAGE 8

*VLTP recipient Karen Adams with photo of son Richard Worsley III—"We call him R.J."*

*The Addiction Connection*

## NIDA Conference Looks at Pain, Opioid Use

*By Sarah Schmelling*

*NIDA director Dr. Nora Volkow at pain conference*

Debating the necessity of opioids and their risk of addiction is nothing new. People decried the problems of opioid addiction as early as 300 B.C., according to Dr. Nathaniel Katz, director of the Program in Opioid Risk Management at Tufts Health Care Institute. Throughout history, he said, societal views of opioids have fluctuated dramatically between two "dogmas": they are panaceas, and the opposite—the addiction risk is too great to prescribe them.

"What will be the next dogma?" Katz asked, suggesting that we should instead replace dogma with science, "so we can anchor the

SEE **PAIN CONFERENCE**, PAGE 4

## Fighting Germs, One Cartoon at a Time

*By Sarah Schmelling*

Malaria Mike. Private Snafu. General Germ. New stars of the Cartoon Network? Actually, they're animated characters from the early days of film, used as health education tools for the military and public. They've also recently returned to the spotlight, thanks to an innovative program from the National Library of Medicine.

When moviemaking began, people believed film could be used not just for entertainment, but also as a form of education. Starting in the early 1920s, movie bigwigs as well known as Walt Disney and Frank Capra put their mark on films used by physicians, government agencies and voluntary associations to present and explain health information on a wide variety of topics. Last fall, NLM historians put

SEE **CARTOONS**, PAGE 6


The **NIH Record** is published biweekly at Bethesda, MD by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available upon request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 2007.

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

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

**Editor**
Richard McManus
*rm26q@nih.gov*

**Assistant Editor**
Carla Garnett
*cg9s@nih.gov*

**Staff Writers**
Jan Ehrman
*je48b@nih.gov*

Sarah Schmelling
*ss1116y@nih.gov*

Belle Waring
*bw174w@nih.gov*

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

nih record

# briefs

### Career Fair for Grant Managers

Grants management professionals at NIH can explore career advancement and work enrichment opportunities at the first annual professional development Career Fair. Titled "Breaking Ground," it will be held Wednesday, Apr. 25 from 10 a.m. to 2 p.m. in the Natcher Bldg. atrium. For more information visit http://odoerdb2-1.od.nih.gov/gmac/gmac/profdev_main_2.html#events.

### Symposium on Chromosome Biology, Apr. 26-27 in Natcher Center

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 9-Hole Golf League

The NIH Golf Association (9-hole coed league) is seeking new members for the 2007 season. The 9-Hole league meets after work and plays at Needwood Golf Course in Rockville (Tuesdays) or Northwest Park Golf Course in Silver Spring (Thursdays). The league features two flights of mildly competitive handicapped-match play and one non-competitive flight. The season starts with an optional Spring Outing (members and guests) in April, then regular play through the summer, and a members and guests Fall Outing in September. The league has a block of reserved tee times (generally 4:15-6 p.m.) and serves as a great social/networking opportunity to meet fellow NIH'ers and to improve your golfing skills. Interested players need only join the R&W Association and the NIH 9-Hole Golf League then coordinate their preferred monthly playing schedules a couple of weeks in advance with their flight captain and the league treasurer—the rest is fun. For more information, email John Hamill at jhamill@mail.nih.gov or visit http://www.recgov.org/golf/.

### National Day of Prayer, May 3

This year's National Day of Prayer will be held Thursday, May 3 from 11:30 a.m. to 1 p.m. on the lawn in front of Bldg. 1. Join fellow NIH'ers, patients and friends to celebrate a day Congress has set aside for the country. Federal and military compounds all over the United States will mark the occasion with guest speakers, music and prayer. All are welcome.

### STEP Forum on Ethical Issues in Neuroscience

The staff training in extramural programs (STEP) committee will present a Current Controversies in Medicine forum on the topic, "Neuroethics—Can They Read Your Mind? Emerging Ethical Issues in Neuroscience Research," on Tuesday, Apr. 24 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A.

Advances in neuroscience have increased our ability to understand individuals' motivations, desires, emotions and characteristics. While discoveries in neuroscience improve our ability to diagnose and treat brain disorders, they may also have the potential to alter personalities and behavior, significantly increase mental performance or identify personal information that could be released or used inappropriately.

In the emerging field of neuroethics, what are the legal and social questions arising when scientific findings about the brain are carried into medical practice, the legal arena and health and social policy? Ethical questions involving free will, self-determination, neuroimaging, neuroenhancement, informed consent, privacy concerns and social policy will be explored. Come hear about current thinking in this emerging scientific area and how it may relate to your personal health care and privacy.

### NIH Library Classes Feature Scopus, Quosa, Other Favorites

Optimize your information retrieval with a free class from the NIH Library. Scopus, Quosa, EndNote, Reference Manager, Web of Science and PubMed are featured resources in the NIH Library spring class schedule. Register now for the April, May and June hands-on training. For details on all classes, visit http://nihlibrary.nih.gov/ResourceTraining/.

### Talk on Preeclampsia, Apr. 20

The women's health special interest group will host a talk on "Preeclampsia—The Major Cardiovascular Disease of Reproductive-Age Women," on Friday, Apr. 20 from 11:30 a.m. to 12:30 p.m. in Wilson Hall, Bldg. 1. Speaker will be Dr. James M. Roberts, senior scientist and director, Magee-Womens Research Institute, University of Pittsburgh. If you need sign language interpretation, contact Vicki Malick at malickv@od.nih.gov at least 5 days before the seminar.

# digest

Welcome to Digest, a wrap-up of noteworthy science stories making news headlines recently.

**Glow-in-the-Dark Cells**

What if you could watch the spread of cancer by following a light? Researchers from NCI recently demonstrated they could do just that. The study, led by Dr. Hisataka Kobayashi of NCI's Molecular Imaging Program in the Center for Cancer Research, and published in the Mar. 15 issue of *Cancer Research*, reports the effects of a new imaging compound that selectively binds to certain cancer cells and glows only when processed by these cells. The compound allowed investigators to see very small tumors in tissues lining the abdominal wall of mice with ovarian cancer. What's new about this? Previous fluorescent compounds helped detect small clusters of cancer cells, but it was harder to distinguish tumors from normal tissue. By targeting cancer cells, this compound could be particularly helpful with cancers that metastasize widely before diagnosis, such as ovarian and pancreatic cancers.

**Changing With the Seasons**

As for following the path of a disease outside the body, researchers from the Fogarty International Center and NIAID, working with Brazilian investigators, recently made a discovery that could improve influenza control in tropical areas. Their study, which concentrated on transmission patterns in Brazil and will be published in the *American Journal of Epidemiology*, shows that each season, influenza travels from low-populated regions near the equator to more populated centers. The work helps contribute to the understanding of tropical regions and their role in the global circulation of influenza. More specifically, it could help guide where, when and how influenza vaccines should be delivered.

**Live Long and (the Heart) Prospers**

Having parents who live long lives can be a good sign for your own cardiovascular health. According to researchers from NHLBI's Framingham Heart Study (FHS), people whose parents live to be 85 or older are more likely to avoid developing high blood pressure, high cholesterol and other cardiovascular disease risk factors in middle age than those whose parents died younger. The study was published in the Mar. 12 issue of the *Archives of Internal Medicine.* The FHS has studied the health of many residents of Framingham, Mass., since 1948, and has been a key source of research on the relationship between hypertension, high cholesterol, cigarette smoking and other risk factors and the development of cardiovascular disease.

**The Boomer Complaint**

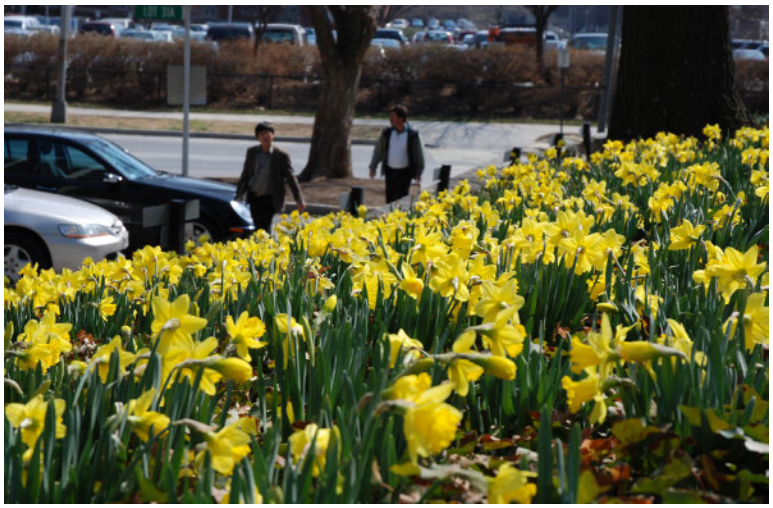
Meanwhile, Americans in their early to mid-50s report more pain, difficulties and health problems than people the same age reported in years past, according to a new study funded by NIA. Using data from the NIA-sponsored Health and Retirement Study, a survey of more than 20,000 Americans over 50 that started in 1992, researchers compared the overall, self-reported health of three birth-year groups: 1936-41, 1942-47 and 1948-53. It showed the two younger groups were less likely to say their health was "excellent or very good," and the youngest group reported more pain and chronic health conditions, as well as more drinking and psychiatric problems, than their older peers did 12 years earlier. The research, published by the nonprofit National Bureau of Economic Research, raises questions over whether boomers will reach retirement age in worse shape than their predecessors.

**Older Mothers Choose Cesarean Section**

Another study confronts issues of older mothers and delivery methods. After examining birth certificates from a whopping 8 million U.S. births for children born between 1995 and 2000, NICHD-funded researchers recently determined that mothers over age 35—especially first-time mothers—with normal, full-term pregnancies were more likely to undergo cesarean delivery than were younger women with similarly low-risk pregnancies. Because the information came only from birth certificates, researchers were not able to determine why older mothers were more likely to use this delivery method. However, authors of the study, which was published online in *Human Reproduction*, did find that older mothers were more likely to have delivery complications.

**Good News for SMA**

Finally, there's new hope for treatment of spinal muscular atrophy (SMA), the most common severe hereditary neurological disease of childhood, thanks to a study by NINDS. The report, published in the Feb. 22 issue of the *Journal of Clinical Investigation*, showed that drug therapy can extend survival and improve movement in a mouse model of SMA. Directed by Dr. Charlotte Sumner at NINDS, the research suggests similar drugs could one day be useful in treating SMA in humans. The disease affects one in every 8,000 to 10,000 children and there's currently no treatment that can change its course.—**compiled by Sarah Schmelling**



**Welcome, Spring**

*There is no more welcome harbinger of spring than the daffodil beds outside Bldg. 31, which offered color and scent to passersby on Mar. 22.*

## PAIN CONFERENCE

CONTINUED FROM PAGE 1

pendulum of opinion firmly in the middle and avoid these swings in opinion that harm so many patients."

His lecture was part of a recent 2-day conference at NIH sponsored by NIDA and the American Medical Association. With more than 500 attendees and close to 30 speakers, the meeting, "Pain, Opioids and Addiction: An Urgent Problem for Doctors and Patients," served as a new kind of discussion. For the first time at NIH, the field of pain management became a big part of the opioid-addiction debate.


*Dr. Nathaniel Katz (above) and Dr. Kathleen Foley (below) offered expert perspective on modern pain management.*


PHOTOS: JAY MALLIN, BILL BRANSON

Dr. Nora Volkow, director of NIDA, said the conference came as a result of recent research showing a growing problem of prescription painkiller abuse. She cited the NIDA-funded 2006 Monitoring the Future Survey revealing that one in 10 high school seniors used the painkiller Vicodin for non-medical purposes in the past year. At the same time, much has been learned in recent years about the neurobiology of opioids, the epidemiology of pain and addiction, how genetic factors may play a role and potential methods of treatment for the future. Now, Volkow said, we need to determine "how to use this knowledge to minimize severe pain, while also reducing the dangers of addiction."

The conference began with a series of lectures outlining how opioids work and how pain is modulated in the brain. "We have learned a great deal about pain and how to effectively manage pain," said Dr. Mary Jeanne Kreek, a neurobiology researcher at Rockefeller University, adding that there's "always more to learn." She detailed the importance of opioid receptors in the brain, which are the basis for both pain relief and addiction. She discussed the history of research in this area and how we've learned that the factors contributing to addiction can be environmental, genetic and drug-induced.

Others spoke about specific laboratory research conducted on opiate analgesics and whether we can see the connections between pain and addiction using imaging techniques.

But it was the next panel that put the conference in historical and societal perspective. Dr. David Musto, professor of child psychiatry and the history of medicine at Yale University, gave an overview of the history of addiction in the United States. He discussed shifts in attitude on opioid treatment, ranging from the 19th century, when opioids were considered "God's own medicine," to the first half of the 20th century, when fear of addiction led to poor pain control. He noted that while opioids have become more popular in recent years, we are currently turning back into a "decline phase" similar to that of the 1920s and 1930s, when a trend against using analgesics was "part of a larger antagonism toward drug use." It is vital to understand this trend and to include within anti-drug campaigns information on legitimate medical uses of opioids, Musto said. "Without this effort, the broad anti-drug movement in the United States may again unintentionally impede humane treatment to those in pain and distress."

This introduced a larger discussion of what has been learned in recent years about the epidemiology of pain. Dr. Kathleen Foley, an expert in cancer pain and a neurologist in the Pain and Palliative Care Service at Memorial Sloan-Kettering Cancer Center, said she was at first "shocked" by the purpose of the meeting. "It suggested that the urgent problem was chronic pain patients becoming addicts, for which there is no evidence," she explained. "To me, the urgent problem is the extraordinary lack of effective treatments we have for patients with pain." But the conference provided an opportunity to raise important questions, she said. These include: Who is involved with prescription drug abuse? And what are the sources of the drugs that are abused? She also looked at recent data highlighting the effects of misinformation about the sources of the prescription drugs that are abused and gave a history of chronic cancer pain research, stressing the many areas of study that need more attention.

On the second day of the conference, a group of clinicians related all of this data to the issue of doctor-patient interaction, where "the rubber meets the road," said Dr. Steven Passik, associate attending psychologist at MSKCC and assistant professor at Weill Medical College, Cornell University. His interests lie in using what we know about aberrant drug-taking behaviors to help doctors understand how to provide better treatment.

There are behaviors that are more obvious predictors of drug abuse, however they are rare, opaque to clinicians and usually not elicited in self-report, he said. There are also less-predictive behaviors—like drug hoarding and unsanctioned dose escalation—that are common and sometimes reported by patients, but are harder to interpret as to whether they indicate abuse, diversion or simply untreated pain. When Passik and his fellow researchers asked a group of physicians to rank these behaviors in order of importance, there was almost no consensus. In another survey, they found that 45 percent of a group of patients taking opioids for at least 6 months showed some aberrant behavior.

Therefore, he said, it's clear physicians are "going to be confronted with behavior that [they are] going to have to sort out...and react to it and manage it." He also looked into the drivers of these behaviors and described several screening tools that may help in determining whether or not a patient should start opioid treatment.

This information is "very encouraging," said Dr. Howard Fields, professor of neurology and physiology and director of the Wheeler Center for the Neurobiology of Addiction at the University of California, San Francisco, whose talk concluded the conference.

But, he said, this is just the start. In the future, "perhaps we'll come up with an addiction or pain treatment gene chip" that will help determine who is predisposed to becoming an opioid abuser. It may become possible to use brain imaging to understand better the patterns of activity when people complain of pain. He also said the "big frontier" is pharmacogenetics. There could eventually be genetic screening to determine which opioids or combinations of drugs would be ideal for a specific patient.

Finally, he said, there remains hope that in the future we will develop an ideal analgesic that's "completely safe and totally effective," that works on all types of pain and that's non-addicting. When this happens, people in pain will receive appropriate treatment without any risk of addiction. And then, Fields added, smiling, "we won't have to have these conferences anymore."

## Raichle To Give WALS Lecture, Apr. 11

Dr. Marcus Raichle, professor of radiology and neurology at Washington University, St. Louis, will deliver the NIH Director's Wednesday Afternoon Lecture, "A Default Mode of Brain Function: History of an Evolving Idea," on Apr. 11 at 3 p.m. in Masur Auditorium, Bldg. 10. NINDS will host the lecture.

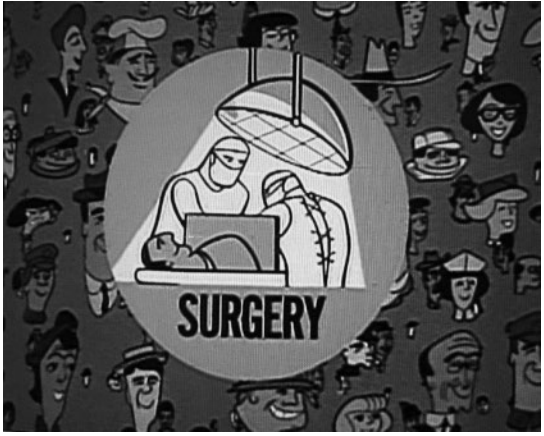
Raichle, who also serves as co-director of the division of radiological sciences in the Mallinckrodt Institute of Radiology at Washington University School of Medicine, is known for his pioneering research in the development and use of positron emission tomography (PET) to map specific brain areas used in tasks such as seeing, hearing, reading, speaking and remembering as well as emotion.


Raichle was a member of the team that developed PET at Washington University during the 1970s. The technique allows researchers to safely and non-invasively study the living human brain and track and record its function in health and disease. By using PET to monitor blood flow and metabolism in the brain, Raichle and his collaborators were able to show how the brain responds when a subject is asked to perform tasks as diverse as memorizing words or anticipating an unpleasant experience. In addition, they have mapped areas involved in attention, analyzed chemical receptors in the brain, investigated the physiology of major depression and anxiety and evaluated patients at risk for stroke. Raichle's most recent work has focused on the brain's intrinsic activity, that which it is doing when not responding to the momentary demands of the environment.

Other work by Raichle and his colleagues evaluated the relationship among blood flow, metabolism and neuronal activity in the brain. This work uncovered the fact that regional brain activation is matched by increases in blood flow that exceed regional oxygen requirements. This discovery provided the physiological principles that led others to develop functional magnetic resonance imaging (fMRI)—which is now the primary technique used in visualizing human brain function.

Raichle earned both his undergraduate and medical degrees—in 1960 and 1964, respectively—from the University of Washington in Seattle. He joined the faculty at Washington University in 1971. His honors include election to the Institute of Medicine in 1991, to the National Academy of Sciences in 1996, and to the American Academy of Arts and Sciences in 1998. He has also received the Bristol-Myers Squibb Award for Distinguished Achievement in Neuroscience Research and the Grawemeyer Award for Psychology. In 2006, he was honored by the University of Washington as its distinguished alumnus.

For more information or reasonable accommodation call (301) 594-5595.—**Shannon E. Garnett**


## CARTOONS

CONTINUED FROM PAGE 1

***Above (from l)**:*
*Stills from the films "Private Snafu vs. Malaria Mike" (1944), "Commandments for Health: Cleaning Mess Gear" (1945) and "Man Alive" (1952)*

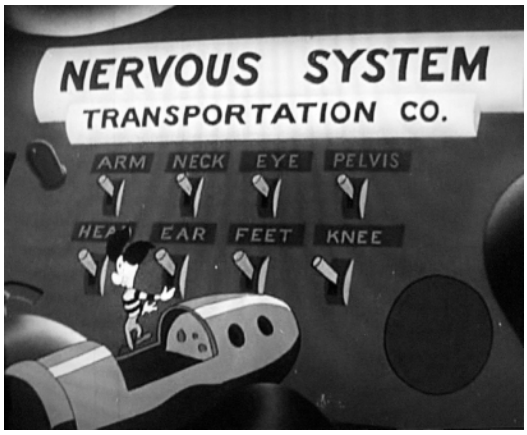
***Below**:*
*A still from the film "The Inside Story" (1944)*

together several examples of these films, many of them rare, for a National Academy of Sciences screening. Due to popular demand, the films were recently screened in a 2-night "Cartoon Medicine Show" at NIH.

"These films are rich social documents that show how people lived and what they thought," explained NLM historian Dr. Michael Sappol. "And for these people, film was a very exciting and new technology, a modern way to teach and to learn. It was seen as not just a way to persuade people to do something, but to actually shape the way they thought people ought to be."

The first 2-hour screening, featuring films from 1922 to 1945, started with silent shorts produced by Disney before he reached Hollywood, when he could still greatly appreciate the $500 a dentist paid him for the work, Sappol said. In "Tommy Tucker's Tooth," a cavity created by "acid demons" is compared to what happens when a mother fails to darn socks; in "Clara Cleans Her Teeth," a girl is visited in her sleep by animated dental tools.

Another film from the silent era, "Ask Your Dentist" (1924), demonstrates the excitement at the time for visual education—tooth models, book displays, microscopes, brushing instruction—but also features a recurrent theme in the cartoons: the body as battle zone. "There's a big emphasis on warfare," said co-presenter Dr. David Cantor, president of the Washington Society for the History of Medicine. "Your body, in these films, is a vulnerable, militarized world."




True to the times, in "General Germ," a microbe in German military uniform leads his troops—who resemble devils—to invade an unprotected molar. He's later fought off by staples of a tooth-healthy diet: vegetables, grains and cod liver oil.

Several of the other films were produced by the U.S. military for soldiers in World War II. One example, from the widely seen series, "Private Snafu," had an esteemed pedigree of filmmakers including Chuck Jones, Frank Capra and Theodor Geisel (Dr. Seuss) and follows the adventures of "Malaria Mike," a sadistic mosquito voiced by Mel Blanc, the famous voice of Bugs Bunny and Porky Pig. Malaria Mike's goal is to launch his disease-laden snout into the hapless soldier Snafu, who too often leaves his bare derrière unguarded.

The screening also included three rare military films by Warner Bros. animators from the "Commandments for Health" series. They feature Private McGillicuddy, a Marine who foolishly ignores the basics of preventing dysentery, washing mess gear and cleaning himself and who ends up getting carted off by island natives and forcibly bathed.

These films include racist stereotypes—for example, contaminating flies are Japanese caricatures—reflecting the prejudices of wartime America, Sappol said. Cantor pointed out that the movies were shown to soldiers in the South Pacific to reinforce strong feelings against the enemy.

In the longest film of the first screening, "Enemy Bacteria," produced by Walter Lantz of "Woody Woodpecker" fame, the object of ridicule is a doctor. In this rare, live-action and animated film from 1945, a menacing bacterial germ of a narrator mocks a Navy corpsman surgical assistant who doesn't wash up as well as he should and who contaminates an instru-

ment during surgical prep. Frightening bacteria blobs attack the surgical site in a soldier's leg, to the point that it's amputated, all to the cackling narrator's glee. There can be no doubt it would have had an effect on its medical military audience.

A lighter film, "The Inside Story," attempts to explain what causes psychosomatic pain. The cartoon represents the brain as a happy oasis where a vigilant police officer has to keep out invading dark-thought characters crying out such things as: "I'm lonely," "Stop picking on me," and "I'm my own worst enemy" (this last statement coming from conjoined twins). These bleak thoughts eventually wake the subconscious, an ogre who digs up a repressed memory of a knee injury to send pain there.

As the second night of cartoons moved into the late 1940s and 1950s, the medical films dealt more with the preoccupations of postwar society. "There is a big emphasis on the problem of social adjustment and emotion management," Sappol said. "There is a great deal of enchantment with laboratory science and technology and an insistence on the necessity of patient compliance and deference to the wisdom of the health professional."

The cartoons—covering topics like cancer, tuberculosis, public health screenings and X-rays—often feature "an idealized vision of modern society that is suburbanized, where companionate marriage, middle-class social identity and automobile life are the prescriptive norm," Sappol explained.

He said the clear influence of Matisse, Picasso and fine graphic design in these films also reflect "a larger cultural preoccupation with getting modern, being modern, a feeling that civilization had entered a new age."

And, as in the earlier screening, whether the films end up happily or in a dark lesson of what can go wrong, they reveal quite a bit about scientific views and what was considered appropriate medical advice in their times. They also demonstrate that Americans always saw more advances in their medical future—no matter how many scary-voiced blobs and uniform-clad germs they might have to fight to get there.

*Pre-season in Poolesville*

## Baseball Star's Protégés Make NIH Road Trip

*By Gregory Roa*

While Derek Jeter and the New York Yankees were honing their baseball skills during spring training in Florida, a group of students sponsored by his charity foundation were at NIH sharpening their science skills. Eighteen members of "Jeter's Leaders," a mentorship program for New York City teens, got a major league introduction to alcohol research by visiting NIAAA recently.


*NIAAA's Steve Lindell, a Red Sox fan, nevertheless hit a home run with Jeter's Leaders on the tour of the Poolesville facility.*

PHOTO: FRED DONODEO

The tour came about through the outreach work of Fred Donodeo, NIAAA's public liaison officer. He had arranged a 2003 visit with Jeter's Turn 2 Foundation, which works to keep young people free of alcohol and drugs. When the group recently requested a repeat trip, Donodeo didn't hesitate. "We welcomed the chance," he said. "These are really outstanding kids who serve as peer educators in their communities."

The group met first with Donodeo and Dr. Dennis Twombly to learn about alcohol research. Twombly, a scientist in NIAAA's Division of Neuroscience and Behavior, frequently works with students, volunteering on Brain Awareness Week activities and other events. He also created the popular Drunken Brain exhibit shown at NIH health fairs to illustrate alcohol's effects on health.

"This was a fun group," Twombly said. "They weren't shy. They asked all about alcohol's impact on the body—everything you can imagine that teenagers are curious about." He matched their candor with science-based answers regarding the damage caused by harmful drinking.

The students then visited Poolesville, Md., for a tour of the rhesus macaque monkey facility. Hosting them were Dr. Christina Barr and Steve Lindell, intramural researchers in NIAAA's Laboratory of Clinical and Translational Studies.

Again the group asked many questions. One wanted to know why scientists study monkeys. Barr explained that animal models are vital for advancing scientific discovery. In particular, primates have been critical to her investigation of genes involved in the brain's reward circuitry and the response to alcohol.

Lindell then took the students to see the macaques. After donning appropriate laboratory gear, the visitors entered the facility. Once inside, the students peppered Lindell with observations and more questions. One asked, "What kind of alcohol do the monkeys drink?"—meaning beer or wine. Neither, explained Lindell. The animals receive a sugar water solution with 8 percent alcohol.

At tour's end, the high-schoolers agreed they had enjoyed the visit. One said she wished that science class was always this interesting. The teens thanked Donodeo and the other NIAAA staff for a memorable and educational experience. Jeter's Leaders promised to tell their peers about all they had learned on their NIH road trip.

## LEAVE SHARING

CONTINUED FROM PAGE 1

*Shirley Flottum, NIH's leave policy specialist and ITAS guru*

PHOTOS: BELLE WARING

"I wasn't a drinker," she says. "The reason it failed was from the car accident. They put me on the top of the [transplant] list."

While she lay unconscious, with her family praying at her side, events whirled around her. "One minute I'm in Maryland," she says, "and the next minute I'm in Colorado"—in Denver University Hospital, where she was flown to receive her new liver. A few days later, she awoke.

This is a story with several heroes, including Adams herself; the medical/surgical teams; the flight crew; the organ donor and the donor's family; and Adams' loved ones, who stuck by her.

Then there's the Voluntary Leave Transfer Program (VLTP)—a major player in this drama—and the folks who make it work.

"VLTP is just one of the great leave programs available at NIH," explains Shirley Flottum, NIH's leave policy specialist and ITAS guru. "It is government-wide and widely used." The idea is simple: employees share their accrued annual leave with other employees who have insufficient leave to cover a "serious medical condition" for themselves or a family member.

Family member is defined as "a parent; spouse; parent of spouse; children and spouses of children; brothers, sisters and spouses thereof; any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship." It's a benefit for the way we live now.

After a 1-year pilot, VLTP was launched in 1994; in personnel lingo it's known as a retention benefit. "It could make the difference in choosing between paying the mortgage or putting food on the table," Flottum says. "You can use it intermittently"—say, for dialysis twice a week—"or you can use it continually"—for a difficult pregnancy that demands bed rest. "Or you can use it to take a child to the hospital once a week for testing. VLTP is donated constantly, especially towards the end of the year when people have use-or-lose annual leave. We send out NIH-wide messages throughout the year, encouraging employees to donate and, as

### Some Tips for Donors or Recipients of VLTP

**Tips for donors:**

- Leave donors may contribute any amount up to one-half the amount of annual leave they would be entitled to accrue during the leave year in which the donation is made. Exceptions to this may be made through a waiver, which is built into ITAS.
- To begin, go to ITAS, choose "Donate Leave" and in the drop-down box are the available recipients.
- Donations must be earmarked for a specific person.
- Donors may be from other federal agencies.

**Tips for recipients:**

- You or a surrogate must complete an NIH VLTP request application.
- You must document a medical emergency that is projected to put you in "nonpay status" for at least 24 continuous hours.
- You can choose what kind of request broadcast you want: office-wide, I/C-wide, NIH- or HHS-wide.
- You can also choose how much information you want to include about your medical condition.
- You must first exhaust all of your own leave before using any donated leave.
- You may receive annual leave or restored annual leave donations only.
- Those who ask for leave and don't get enough can be advanced annual and sick leave (to be paid back), at the supervisor's discretion.
- If you don't use the leave, it must be restored; it is prorated and given back to the donors.

requested, put the names of donors and relevant information on the NIH and HHS VLTP web sites." People donate as little as a single hour; some donate 200 hours in one chunk.

From 2000 through 2006, a total of 1,806 recipients used VLTP—258 folks per year, on average. Total hours used in that 7-year period topped 270,000. In 2006, the average use was around 136 hours, or 17 days, per recipient. "Of course," says Flottum, "some recipients only use a few hours; some a lot."

"To get on VLTP," Adams reports, "my mom helped." An administrative officer in the Office of Financial Management, Adams' mother, Kathy Adams, was familiar with the program; daughter Karen's then-supervisor put her on "the list."

As federal employees, both her parents contributed leave, as well as her mother's colleagues and a scientific review administrator at NIDDK, where Karen Adams was working. "People I didn't even know gave me their leave," she says. She also received some advanced sick leave (ASL); she was out of work about 6 months.

After her return, it took her over a year to pay back the ASL, but all donated leave was free and clear. She gradually resumed her routine, then transferred to the Office of Extramural Research, where she coordinates review panels in the Division of Extramural Activities Support.

Meanwhile, although she was grateful to be alive and thankful to those who'd helped her, she still had to take immunosuppressants to prevent organ rejection. "My whole insides were out of whack," she says. "I really wanted to have a child; I kept trying and was ready to adopt, and then I just forgot about it."

That's when she became pregnant.

Although she was considered high-risk—"They told me I may not go full term"—on Jan. 2, 2007, Adams gave birth to Richard Worsley III, weighing 8 pounds, 9 ounces. VLTP helped again, so Adams could take 2 months to recuperate without having to use ASL.

"I would advise people, if they have leave to donate, to go ahead," Adams says, "because you never know what will happen to you."

## ORWH Launches Podcast, 'Pinn Point on Women's Health'

The Office of Research on Women's Health has launched a podcast titled "Pinn Point on Women's Health," hosted by Dr. Vivian Pinn, NIH associate director for research on women's health and director of the Office of Research on Women's Health. The monthly podcast will discuss the latest news in women's health research and will include conversations with guests on a variety of subjects.

In the premiere episode, Pinn discusses the new HPV vaccine and what it means in terms of cervical cancer with Dr. Allan Hildesheim, a senior investigator at NCI's Division of Cancer Epidemiology and Genetics.

In the first episode, Pinn tells listeners, "Each month on this podcast, we will take a look at the latest developments in the area of women's health and the medical research that affects our lives." In addition to the special guest, each podcast will feature a series ("Hot Flashes") that highlights exciting new research developments in women's health and offers listeners sources of information that may be useful to them.

"Podcasting" is a relatively new method of distributing audio and video information via the Internet to iPods and other portable media players on demand, so that it can be listened to at the user's convenience. The main benefit of podcasting is that listeners can sync content to their media player and take it with them to listen whenever they want. Because podcasts are typically saved in MP3 format, they can also be heard on nearly any computer.

To hear Pinn's podcast, visit http://orwh.od.nih.gov/. If you need further assistance on how to use podcasts, go to http://www.nih.gov/news/radio/nihpodcast.htm. For more information, contact Marsha Love, (301) 496-9472 or lovem@od.nih.gov.

**Saucer Magnolia, Blossoms Bloomin'**

*On Mar. 22, this saucer magnolia tree was already in bloom. If you've got spring fever, then check out the east side of Bldg. 31 for a closer look at* Magnolia soulangiana. *The tree's pink to purple, cup-shaped flowers don't quite conceal what is probably last year's nest of grasses and mud—most likely the work of robins. Birds construct their nests in deciduous trees like these a bit later in the season; right now the branches are still too exposed for setting up housekeeping. Meanwhile, a pair of wood ducks was recently sighted in the NIH creek; to attract them to stay, grounds crews put a "woodie house" up nearby.*

# milestones

## Kaiser-Kupfer Honored as 'Local Legend' By NLM

*Dr. Muriel Kaiser-Kupfer has been honored by NLM as a "local legend."*

Dr. Muriel Isolde Kaiser-Kupfer, a researcher in genetic eye diseases and recently retired chief of the Ophthalmic Genetics and Visual Function Branch in the National Eye Institute, is being honored by the National Library of Medicine in its ongoing series called "Local Legends: Celebrating America's Local Women Physicians." She was nominated by Rep. Chris Van Hollen (D-MD).

Kaiser-Kupfer earned her M.D. from Johns Hopkins University School of Medicine in 1961. She then completed a pediatric internship, residency and fellowship and served as assistant director and instructor at Johns Hopkins University Hospital until 1968. From 1968 to 1970, she completed a residency in ophthalmology and served as a consultant in the congenital defects clinic at the University of Washington School of Medicine in Seattle, where she met Dr. Carl Kupfer, who became her husband. From 1974 through 2004, Kaiser-Kupfer served as medical officer, Ophthalmology and Pediatrics Clinical Branch, NEI, and eventually was appointed section chief, branch chief and deputy clinical director at NEI.

During almost 30 years of research, she had remarkable success in reducing visual loss associated with disorders of metabolism, focusing first on gyrate atrophy, which causes retinal degeneration and resulting visual disability by the age of 50 or 60. Conducting an 18-year study of the treatment of gyrate atrophy in patients from many parts of the world, she and her colleague Dr. David Valle of Johns Hopkins discovered that this eye disease was caused by an enzyme deficiency. They then proved that a diet restricted in arginine, an amino acid, slows progression of the disease.

Kaiser-Kupfer's efforts on another problem emphasize her devotion to the care of patients with rare eye disease. That disorder is nephropathic cystinosis, which eventually causes kidney failure at about age 10. In this disorder, crystals of cystine, a component of protein found in hair, skin and other tissues of the body, begin to build up in the cornea by age 1. As the number of crystals increases in the cornea, patients experience severe pain and have difficulty keeping their eyes open. Occasionally, the crystals break through the corneal surface, causing the cornea to become hazy and resulting in a reduction of vision.

Seeking treatment for children with this disorder, Kaiser-Kupfer worked with long-term collaborator and cystinosis expert Dr. William Gahl to test the use of topical cysteamine, a byproduct of the amino acid cysteine, on animal corneas. They then conducted a human clinical trial that demonstrated the disappearance of the crystals and the resulting relief of pain and improvement of vision. In 1987, Kaiser-Kupfer published a study in the *New England Journal of Medicine* that described the treatment. The expected approval of cysteamine eyedrops by the Food and Drug Administration will make this therapy available to children and adults with cystinosis throughout the world. In 1990, Kaiser-Kupfer received the Lifetime Achievement Award from the Cystinosis Foundation for her role in developing the cystinosis treatment.

She is the author of more than 100 scientific papers. But it is her focus on patients and her commitment to linking laboratory findings to clinical treatments that best characterize her life's work in improving people's eyesight.—**Arthur Stone**

## MacDonald Named Chief of NEI Branch

Dr. Ian M. MacDonald, a clinician scientist internationally recognized for his genetic research into a retinal degenerative disease known as choroideremia and into certain types of macular degeneration, recently joined the National Eye Institute as chief of the Ophthalmic Genetics and Visual Function Branch (OGVFB).

He comes from the University of Alberta in Edmonton, where he was professor of ophthalmology and chair of the department of ophthalmology for the past 15 years. He is the only person in Canada who is board-certified in both ophthalmology and clinical genetics.

NEI director Dr. Paul Sieving said, "We are very pleased to have a scientist of Dr. MacDonald's stature and accomplishments join the NEI. We stand at the dawn of an exciting period in

genetic research and Dr. MacDonald's presence here signals NEI's commitment to discovering new therapies for degenerative eye diseases."

MacDonald will be responsible for developing a clinical, basic and translational program of research to study the causes, development and prevention of retinal degenerative diseases. In addition to carrying out a clinical program in the diagnosis and treatment of common and rare inherited eye diseases, he will provide leadership for OGVFB and oversight and direction for the new National Ophthalmic Disease Genotyping Network (eyeGENE).

For several years, MacDonald has collaborated with Dr. Robert Fariss and Dr. Chi-Chao Chan of NEI on researching the molecular biology of the disease choroideremia. In addition, MacDonald identified a mutated gene that is associated with an inherited form of macular degeneration and conducted a clinical trial using the omega-3 fatty acid DHA as a nutritional supplement for people with this type of eye disease. Further studies using animal models will be conducted to determine more precisely the effect of DHA on the retina.

## NIAMS's Hemp Retires

*After 38 years of federal service, Sandy Hemp is retiring from the NIAMS Office of the Director to serve as a substitute teacher for Frederick County Public Schools. She has achieved several distinctions throughout her career, including receipt of an NIH Director's Group Award for the establishment of a transgenic mouse facility. In addition to her most recent role as administrative officer, Hemp served on numerous committees and was an advocate for the new NIH Business System. Her ties with NIH will continue after her retirement as she participates in an NIH protocol for breast cancer survivors.*

## ORF Regional Director Daellenbach Dies

*By Ken Pekoc*

Will Daellenbach, who always found ways to fondly cite his Montana farm boy upbringing when chatting with folks about his 36-year federal engineering and construction career, died Mar. 4 in a farming accident at his home in Hamilton, Mont.

Daellenbach, 59, managed building and renovation projects at Rocky Mountain Laboratories since 1996. During that time, he was the impetus behind projects that improved each of the 30 numbered buildings on the RML. He oversaw construction of a $66 million Integrated Research Facility (IRF) in Hamilton on behalf of the Office of Research Facilities Development and Operations.

For the past 2½ years, Daellenbach was ORF's western regional director, with responsibility for operations at RML. Previously he worked as a project officer, assistant chief of construction and chief of the Program Management Branch at NIH. He also spent 32 years in the Public Health Service, retiring as a captain. He served about half of his career in the Indian Health Service, working in Bishop, Calif., Reno, Nev., Wind River, Wyo., Albuquerque, N.M., and Rockville.

Daellenbach received a PHS Meritorious Service Medal for his "remarkable dedication in pursuing corrective action and funding, and overseeing the improvement of facilities at the Rocky Mountain Laboratories."

The IRF at RML will contain research laboratories rated at biosafety level 4, the world's most stringent research safety rating and only the sixth U.S. location with such research capacity. Since fall 2004, Daellenbach walked the IRF site almost daily, monitoring concrete pours and conduit installation, corner mending and carpet-laying. The IRF is 99 percent complete.

"Will was the 'rock' of Rocky Mountain Laboratories, strong, solid and the foundation for much of the work accomplished on the campus," said Pat Stewart, RML business and program manager. "Through his use of diagrams and pictures of buildings, steam lines and duct banks, he was able to explain complex construction projects in a way that anyone could understand.

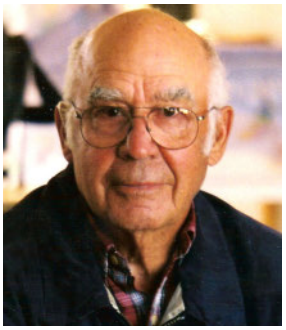
"He had a no-nonsense approach to his work," Stewart recalled. "He was always honest and true to his word, and people trusted and respected him for that. He put his heart and soul into everything that he attempted, and remained an advocate for NIH and NIAID throughout his tenure at RML."

Dr. Marshall Bloom, NIAID associate director for RML, grew to appreciate Daellenbach's "encyclopedic knowledge about facilities, construction and infrastructure. Will could recite miniscule details about project plans from many years ago, and then he would tell you where everyone in the room was sitting when those decisions were made," Bloom said. "His attention to detail and commitment to excellence was remarkable."

That was true whether building a research laboratory or pursuing his hobbies of remodeling homes and rebuilding tractors and pickup trucks.

Daellenbach was reared in the rural north central Montana town of Malta. He later received a bachelor's degree from Montana State University and a master's degree from the University of Maryland.

In 1968, he married Birdie Blatter. The couple reared two daughters, Brenda and Sheila, in Poolesville. Survivors include his wife; daughter Brenda; mother Louise; two brothers, two sisters and several nieces and nephews.



## Former RML Director Stoenner Dies at 87

*By Ken Pekoc*

Dr. Herbert George Stoenner, 87, who served as director of Rocky Mountain Laboratories in Hamilton, Mont., from 1963-1979, died of natural causes on Mar. 2 in Hamilton.

Stoenner is probably best known for his work with zoonotic diseases such as Q fever, relapsing fever, Rocky Mountain spotted fever and leptospirosis. But he also played a small but significant role in helping identify the cause of Lyme disease in 1982.

After stepping down as RML director, Stoenner returned to the laboratory for 2 years at RML, working on *Borrelia hermsii*, which causes relapsing fever.

"I think that that was one of the best pieces of work that I did as a researcher," he told the Office of NIH History during a 1984 recorded interview about his career. "I was able to identify or prepare antiserum with which I could distinguish 25 different serotypes of this organism." This contribution changed the way scientists viewed the recurring nature of relapsing fever.

Stoenner was born June 17, 1919, on a farm near Levasy, Mo. He attended William Jewel College, the University of Missouri and then attended Iowa State University, where he graduated at the top of his class and received a doctor of veterinary medicine degree.

In 1943, he was commissioned a captain in the U.S. Army 10th Mountain Infantry Division. During World War II, he was assigned to duty in Italy. He was awarded the Bronze Star Medal for valor.

After the war, the Public Health Service assigned him to Salt Lake City to study brucellosis, a disease of cattle and many other animals, for the Communicable Disease Center, now the Centers for Disease Control and Prevention. It was there that he met his wife, Madge Kirk. They married in 1946.

Stoenner first learned of the research being done at RML in 1948, after attending a scientific conference in Hamilton. It was about that time that the Q fever organism had been isolated from cows' milk. Because of Stoenner's experience with cattle and brucella, RML Director Ralph Parker in 1949 invited him to start his own Q fever research at RML.

"This brought me, on a more or less permanent basis, to the Rocky Mountain Laboratory," Stoenner says in his oral history. He was initially on loan to RML from the CDC. In 1954, he became an RML employee.

In the early 1970s as RML director, Stoenner hired several scientists who now hold senior scientific positions, among them Drs. Bruce Chesebro, John Portis and Marshall Bloom. He also oversaw a change at RML from diverse to consolidated research programs.

"I felt that the RML could make a better mark in science by coordinating our efforts in perhaps three or four areas instead of the eight or 10 that we were then concerned with," Stoenner noted. RML received international acclaim for its research during his tenure, led by the cancer immunology work of the late Edgar Ribi and the slow virus—now known as prion disease—work of William Hadlow, an RML retiree who resides in Hamilton.

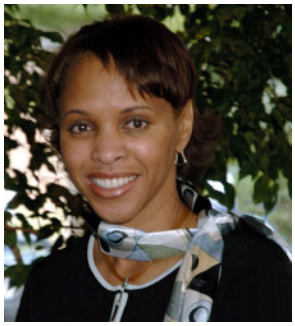
"In addition to being an excellent scientist, Herb was a superb scientific administrator who over the course of his career had to make some very difficult decisions," Bloom noted. "He always did things with a positive spirit, and in spite of his gruff exterior, he was an exceedingly warm person. He worked hard to promote the study of viral diseases at RML and the standards of excellence he set are evident years later."

In 1971, Stoenner was awarded the PHS Distinguished Service Medal. He was the Gold Headed Cane recipient in 1974, a special honor from the American Veterinary Medical Association in recognition of his research in epidemiology. Stoenner enjoyed tennis, fishing, golfing, gardening and cribbage.

He was preceded in death by five siblings and one granddaughter. Survivors include his wife, one sister, one son, three daughters, 13 grandchildren and 13 great-grandchildren.

The family suggests memorials be given to the American Cancer Society, P.O. Box 22718, Oklahoma City, OK 73123-1718, or the Lupus Foundation of America, P.O. Box 631047, Baltimore, MD 21263-1047 or a charity of the donor's choice.

## NICHD Names EA Program Director



"Increasing diversity among researchers is about ensuring that our nation remains on the cutting edge of medical science," says Dr. Regina Smith James, who recently was appointed director of NICHD's Extramural Associates Program.

Diversity reflects the greater society, James continues. Each investigator brings a unique perspective, which can lead to innovative hypotheses and, ultimately, new discoveries in medical research.

The Extramural Associates (EA) Program fosters entry of faculty from underrepresented minority and women's institutions into biomedical and behavioral research. Established in 1978, the program also provides research training.

"My mission," says James, "is to develop a diverse cadre of scientists who will not only contribute to biomedical and behavioral research, but who will also make discoveries that enable the NICHD and the medical community to eliminate the disparities that have an impact on diverse populations. That's no easy task, but I've always enjoyed a challenge."

James became involved with the EA program by chairing its advisory board while she was at the National Institute of Mental Health. Prior to joining NICHD, she was chief of NIMH's Pediatric Eating Disorders Program and the Pediatric Mood Disorders Program. She earned her M.D. from the Charles Drew/UCLA School of Medicine and received her training in adult, child and adolescent psychiatry at the Cleveland Clinic Foundation.

James is proud of the accomplishments of the EA Program, pointing to the successful program at Tennessee State University in Nashville. That institution has more than doubled its research funding, increased the number of faculty engaged in research and increased the number of publications that those faculty produce. She also wants to expand the reach of the program to include more of the American Indian/Alaskan Native communities.

## Springfield Named Director of NCI Center

Dr. Sanya Springfield has been named director of NCI's Center to Reduce Cancer Health Disparities (CRCHD). Since fall 2005, she has assumed the additional post of acting director of CRCHD while maintaining her role as chief of NCI's Comprehensive Minority Biomedical Branch (CMBB).

As chief of CMBB, Springfield developed and implemented two successful strategic programs aimed at increasing the number of competitive minority researchers involved in cancer research (Continuing Umbrella of Research Experiences) and building the competitive research infrastructure and capacity of minority-serving institutions (Minority Institution/Cancer Center Partnership). These programs direct long-term funding to qualified minority students, investigators, faculty and institutions interested in cancer research-related careers and programs addressing cancer health disparities. With Springfield's appointment, she plans to merge the two offices, where she will sustain and expand current programs as well as spawn cancer health disparities research across NCI.

## Callahan Named NIAID OSPFM Head

Dr. Kevin Callahan joins NIAID as head of the Office of Strategic Planning and Financial Management, where he will direct the institute's strategic planning, budgeting and evaluation efforts as well as its knowledge management and financial management activities.

Before coming to NIAID, he was deputy director of NCI's Office of Science Planning and Assessment, where he led efforts to develop and execute NCI's strategic plans, evaluation activities and portfolio analysis. While holding this position, he also served as acting chief of OSPA's Program Assessment Branch, Program Implementation Branch and Science Planning Branch.

Before joining NCI, Callahan spent 3 years as scientific review administrator for NIAID's allergy, immunology and transplantation research committee. Prior to that, he was an AAAS fellow serving at the U.S. Agency for International Development, where he managed a broad portfolio of biomedical, behavioral, epidemiological, policy and health systems research aimed at combating infectious diseases and malnutrition in developing countries.

Callahan received his Ph.D. in immunology and molecular biology from Johns Hopkins School of Medicine.

# training

**CIT Computer Classes**

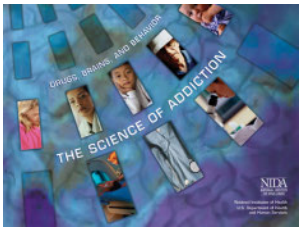
All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at http://training.cit.nih.gov.

| | |
|---|---|
| SPSS: ANOVA | 4/16-17 |
| Web Application Testing Using Selenium | 4/16-5/21 |
| Systems Biology of Promoter Analysis | 4/17 |
| Microarray and Gene-network Analysis Using the Genomatix Pipeline | 4/17 |
| ImageJ Introduction | 4/18 |
| NCBI's Identification of Disease Genes | 4/18 |
| Introduction to Cascading Style Sheets | 4/19 |
| Mouse Genome Informatics (MGI) Workshop | 4/19 |
| Running MATLAB Scripts in Octave | 4/19 |
| Meet Your PC – What's Inside the Box | 4/20 |
| ImageJ: Advanced Topics | 4/20 |
| nVision: Property | 4/24 |
| The NIH Biowulf Supercluster for Scientific Applications | 4/25 |
| Business Process Modeling | 4/26 |
| Microsoft Project 2007 Overview | 4/26 |
| NEES: Review, Certification & Administration of SF-278 Reports | 4/26 |
| Intermediate Photoshop | 4/27 |
| nVision: Acquisitions and Contracts | 4/30 |

**NIDA Unveils First Consumer Publication on Science of Addiction**

The National Institute on Drug Abuse recently unveiled a new booklet, *Drugs, Brains, and Behavior: The Science of Addiction*, that explains in layman's terms how science has revolutionized the understanding of drug addiction as a brain disease that affects behavior. NIDA hopes this new publication will help reduce stigma against addictive disorders.

"Thanks to science, our views and our responses to drug abuse have changed dramatically, but many people today still do not understand why people become addicted to drugs or how drugs change the brain to foster compulsive drug abuse," said NIDA director Dr. Nora Volkow. "This booklet aims to fill that knowledge gap by providing scientific information about the disease of drug addiction in language that is easily understandable to the public."




The booklet discusses the reasons people take drugs, why some people become addicted while others do not, how drugs work in the brain and how addiction can be prevented and treated. The publication was unveiled in conjunction with the HBO documentary *Addiction*. The 90-minute program, produced in partnership with the Robert Wood Johnson Foundation, NIDA and the National Institute on Alcohol Abuse and Alcoholism, aims to help Americans understand addiction as a treatable brain disease and spotlights new medical advances. To download a copy of the booklet, go to http://www.drugabuse.gov or email information@nida.nih.gov to have a free copy mailed.

**Take Your Child to Work, Apr. 26**

The Office of Equal Opportunity and Diversity Management will sponsor the 13th Take Your Child to Work Day on Thursday, Apr. 26 from 9 a.m. to 4 p.m. The purpose is to introduce children to the vital public services their parents provide at NIH and to experience first-hand various activities about different facets of NIH.

Some activities are designed simply to make the day fun and exciting; however most are intended to be hands-on while conveying the importance of scientific research. The primary focus is to encourage our children to consider careers in biomedical research and the many fields that support it.

Activities will be held throughout the day on campus and include laboratory tours, fire prevention and public safety demonstrations as well as other information sessions and workshops provided by the NIH institutes and centers.

Due to the popularity of the program and space limitations, registration is required for the workshops. Children ages 8-15 are eligible to attend; employees who wish to participate in this event should obtain their supervisor's prior approval. Registration will begin in mid-April, and subsequently, parents or guardians will be able to schedule their children for activities.

Information on activities and registration will soon be found at http://takeyourchildtowork.nih.gov/. For general information, contact Gary Morin, (301) 496-4628, (301) 480-3122 TTY; or Darlene Pearson (301) 496-1552, (301) 496-9755 TTY, or by email: Take-Your-Child-To-Work@nih.gov.

Individuals with disabilities who need sign language interpreters and/or reasonable accommodation should contact Carlton Coleman, (301) 496-2906, 451-2290 TTY, (800) 877-8339 Federal Relay, or by email: Coleman@od.nih.gov. Requests should be made at least 5 days before the event.

**FAES Announces Concert Schedule**

The Foundation for Advanced Education in the Sciences has announced the performers and dates in the 2007-2008 season of its Chamber Music Series. This is the series' 40th year. The concerts are held at Congregation Beth-El, 8215 Old Georgetown Rd., Bethesda, and all performances are on Sundays.

| | |
|---|---|
| Oct. 14, 4 p.m. | Richard Goode, piano |
| Nov. 18, 4 p.m. | Kim Kashkashian, viola, and Lydia Artymiw, piano |
| Dec. 9, 3 p.m. | Alain Planes, piano |
| Feb. 17, 2008, 4 p.m. | Winner, International Trio de Trieste competition |
| Mar. 30, 3 p.m. | Divertimento—String Trio |

Tickets for individual concerts may be purchased 2 weeks before the performance or on the day of the concert. Cost is $30 for adults; $12 for students and postdocs. A 5-performance subscription costs $140 ($50 for students and postdocs). For more information call (301) 496-7976 or visit www.faes.org.

# volunteers

### 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 18 to 50 who sleep fewer than 6 hours at night. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

### Pulmonary Sarcoidosis Study

Do you have pulmonary sarcoidosis? Consider participating in an NIH study. For more information, call 1-866-444-2214 (TTY 1-866-411-1010).

### Parents and Teenage Girls Ages 12-17

Consider a group therapy study (06-CH-0039) for healthy girls who are at risk of gaining excess weight. Call 1-866-444-2214 (TTY 1-866-411-1010). Compensation is provided.

### Anthrax Vaccine Study

Anthrax vaccine study (04-CH-0283) seeks healthy volunteers ages 18-30. For more information call 1-866-444-2214 (TTY 1-866-411-1010). Compensation is provided.

### Do You Have Ankylosing Spondylitis?

Consider volunteering for an NIH research study. Compensation is provided. For information call 1-866-444-2214 (TTY 1-866-411-1010).

### Child with Behavioral Problems?

Researchers at NIMH are seeking child and adolescent volunteers with behavioral problems to participate in research studies. Your child may be eligible if he or she is between the ages of 10 and 17, is medically healthy, has had problems at home or in school (disruptiveness, anger or aggression) and doesn't feel guilty when doing something wrong. Parents are asked to call (301) 594-2971 for more information. Participation may include behavioral observation, brain imaging and psychological interviews. No treatment will be offered. Financial compensation and transportation assistance will be provided.

### Exercise Study Volunteers Wanted

The Uniformed Services University of the Health Sciences is looking for healthy, 18 to 45-year-old men and women interested in completing an IRB-approved research project. Project entails completing a step test with knee bends, blood draws on two other days and maximal bike and treadmill test. If interested call (301) 295-1371 or email humanperformancelab@usuhs.mil. Volunteers will be compensated for their participation.

## Five Named to NIAID Advisory Council

Five new members were recently named to the National Advisory Allergy and Infectious Diseases Council. They are:

Dr. Robert Brooks, associate dean for health affairs and professor of family medicine and rural health at Florida State University College of Medicine. He serves on the Florida governor's health information technology advisory board and the Florida Medicaid reform advisory council.

Dr. Satya Dandekar, professor and chair, department of internal medicine, University of California, Davis. Her expertise and research interests are in the areas of HIV/AIDS.

Dr. Sharon C. Kiely, medical director for quality and patient safety at Allegheny General Hospital in Pittsburgh and associate professor of medicine at Drexel University School of Medicine in Philadelphia. She has served on the United Network for Organ Sharing board of directors as well as the HHS secretary's advisory committee on xenotransplantation.

Dr. Marc E. Rothenberg, professor of pediatrics and director of the division of allergy and immunology at Cincinnati Children's Hospital Medical Center. He also directs the Cincinnati Center for Eosinophilic Disorders.

Dr. David S. Wilkes, the Dr. Calvin H. English professor of medicine, microbiology and immunology at Indiana University School of Medicine in Indianapolis. A pulmonary and critical care physician, he is also director of the Center for Immunobiology at Indiana.

*NIAID director Dr. Anthony Fauci (front, third from l) welcomes new council members, including (front, from l) Dr. Satya Dandekar; Dr. David Wilkes; Dr. Sharon Kiely. At rear are (from l) Dr. Ronald Valdiserri (ex officio from the Department of Veterans Affairs); Dr. Robert Brooks; Dr. Marc Rothenberg.*

## Surgeon General Issues 'Call to Action' on Underage Drinking

*By Gregory Roa*

Citing a confluence of findings from epidemiology, behavioral science, developmental research and basic science supported by multiple federal agencies, acting surgeon general Dr. Kenneth Moritsugu issued a *Call to Action To Prevent and Reduce Underage Drinking* on Mar. 6. At a press conference, he cited the persistence of unacceptably high levels of harmful drinking by young people and said, "We can no longer ignore what alcohol is doing to our children."

Highlighting the Call to Action's science-based content, Moritsugu said, "Recent research shows that the brain continues to develop well beyond childhood—and throughout adolescence. This research raises concerns that underage drinking may affect short-term and long-term cognitive functioning and may change the brain in ways that can lead to future alcohol dependence."

The report was developed in collaboration with the National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration. Among its goals, the Call to Action seeks to engage parents, schools, communities, all levels of government, all social systems that interface with youth and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences. It also calls for additional research and for promoting an understanding of underage alcohol consumption in the context of human development and maturation—an approach that takes into account individual characteristics as well as environmental, ethnic, cultural and gender differences.

Participating with Moritsugu at a public briefing were NIAAA director Dr. Ting-Kai Li and SAMSHA administrator Dr. Terry Cline. They were joined by Mary Easley, first lady of North Carolina, and Michele Ridge, former first lady of Pennsylvania, who participated as representatives of the Leadership to Keep Children Alcohol Free, a coalition led by governors' spouses to prevent alcohol use by children ages 9 to 15, and Koren Zailckas, author of *Smashed: The Story of a Drunken Girlhood*.


*Present at the recent Call to Action conference were (from l) NIAAA director Dr. Ting-Kai Li; acting surgeon general Dr. Kenneth P. Moritsugu; author Koren Zailckas; Mary Easley, first lady of North Carolina; Michele Ridge, former first lady of Pennsylvania; and SAMSHA administrator Dr. Terry Cline.*

Li called underage drinking a "complex phenomenon" driven by environmental and biological factors. Data show that the highest prevalence of alcohol dependence—commonly called alcoholism—is in 18 to 20-year-olds. He said, "These findings underscore the need to understand how early alcohol use affects the wiring and function of the human brain and why it is so important to adopt a developmental perspective as we continue to assess the immediate and future effects of underage drinking."

Moritsugu concluded, "The bottom line is that research provides more reasons than ever before for parents and other adults to be concerned about the effects of underage drinking on our nation's children and to take steps to prevent and reduce underage drinking."

A web site with the complete Call to Action is online at www.surgeongeneral.gov/topics/underagedrinking/.