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The Second Best Thing About Payday

nih record

ABOVE • *CMS 'Healthier US' bus makes stop at NIH before nationwide tour. See more photos, p. 16.*

features

departments

The NIH Record is recyclable as office white paper.

Homegrown IT

NIH Provides Technology Across the Government

By Sarah Schmelling

Who exactly are the "customers" of NIH? The American public, you might say, and the scientific research community? Sure. But many of our customers—at least for IT services and equipment—are not only within NIH and the Department of Health and Human Services, but also in the Departments of Justice and Defense, the State Department and the General Services Administration.

Acquisition guru Diane Frasier

This is because since 1996, NIH has been one of four agencies that award Government-Wide Acquisition Contracts (GWACs), vehicles that provide numerous IT services to government organizations, large and small.

"It's been extremely successful at NIH," said Diane Frasier, director of the Office of Acquisition Management and Policy. "We're talking about a program that's worth about $15 billion."

SEE **GWAC,** PAGE 8

Set Me a Task

PET Pioneer Raichle Intrigued By Brain's 'Default' Mode

By Rich McManus

Leave it to the scientist who helped discover PET—positron emission tomography, a way of imaging the brain—to delve more deeply into what the brain is really up to when it's not managing specific tasks like reading, listening and doing mental mathematics.

In a talk that could potentially hearten slackers and underachievers everywhere, not to mention intrigue serious students of the brain, Dr. Marcus Raichle—who spoke Apr. 11 at the NIH Director's Wednesday Afternoon Lecture—posited that the brain is always busy, that idling is not in its nature and that even when its owner is asleep or anesthetized, the brain is, well, brainy—programmed by nature to solve problems, find patterns and perhaps ultimately, forecast the future.

The insight that "the brain is never really at rest" has a long history in science and the arts,

SEE **RAICHLE,** PAGE 4

Training Program Reunion Touts Fellows' Commitment

By Jennifer Haliski

From the class of 2003-04 are Drs. Porcia Bradford and Mark Naftanel.

"You are the people who will form the bridge and provide the most valuable part of translational medicine. You are the vanguard of innovation in health," said Dr. Elias Zerhouni, NIH director, speaking to alumni and current fellows in the NIH Clinical Research Training Program (CRTP). He presented the keynote address during a dinner that capped the program's 10-year reunion recently.

"What is important in life is not what organization you belong to, but the values that you hold. If the values are there, things will happen," he said, expressing appreciation to the fellows for "translating their passion for clinical research, which is critical to the well-being of humankind, for the benefit of others in the world."

SEE **REUNION,** PAGE 6

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briefs

Asian/Pacific Islander American Heritage Month Celebration Set

NIH will host its 35th annual Asian/Pacific Islander American Heritage Month observance, "Pursuing Excellence Through Leadership, Diversity and Unity," on Wednesday, May 23 from 11 a.m. to noon in Natcher Conference Center, Balcony B.

The keynote speaker will be Dr. Juliann G. Kiang, professor of medicine and pharmacology, Armed Forces Radiobiology Research Institute, Uniformed Services University of the Health Sciences. She will discuss alternative medicine, Chinese traditional herbs, healthy diet and healthy living. For more information about the program, call Tyrone Banks at (301) 451-0748. For reasonable accommodation, call Carlton Coleman at (301) 496-2906.

STEP Forum on Robotic Medicine, May 10

The staff training in extramural programs (STEP) committee will present a Science in the Public Health forum on the topic, "Robotic Medicine: Dr. R2D2 Will See You Now," on Thursday, May 10 from 8:15 a.m. to 12:30 p.m. in Natcher Conference Center, Rms. E1/E2.

Robotic technologies are revolutionizing medical science, education and treatments. Just as pilots use simulators to learn how to fly, medical students use lifelike mannequin simulators to learn how to treat life-threatening conditions. Robots are used to augment surgical methods thereby minimizing invasive effects. Telesurgery provides patients with access to expert surgeons who may be halfway around the world. Robotic methods hold promise for treating patients in dangerous environments. Join us as we discuss how robotic technologies are changing the face of medicine.

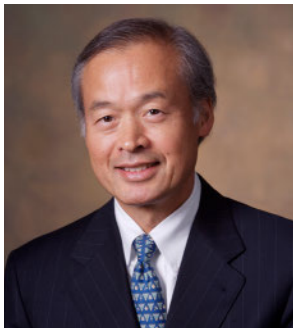
NIH Parenting Festival, May 9

All are welcome to attend the fifth annual NIH Parenting Festival on Wednesday, May 9 from 11 a.m. to 2 p.m. It will be held at Bldg. 50 in the first-floor conference area. As in past years, there will be representatives from many institutes to share information that benefits children and families. NIH support services for health, finance, benefits and work life will also participate. There will be activities, prizes and free resources, including "Ask the Parenting Specialist" for all NIH employees. The event is sponsored by the NIH child care board, the NIH Work/Life Center and the ORS Division of Employee Services. For more information call (301) 402-8180 or email savaresm@mail.nih.gov.

Check Out Foundation Bookstore in Bldg. 10

The FAES Bookstore in Bldg. 10, Rm. B1L101 is the place to come for all books: scientific, fiction, nonfiction, cooking, children's and more. It is a great location to pick up a gift for family and friends. The store can order any book currently in print and is conveniently located near the B1 cafeteria. For more information call (301) 496-5272.

Gates Foundation's Yamada To Speak



Dr. Tadataka Yamada, president of the Global Health Program at the Bill & Melinda Gates Foundation, will speak on Tuesday, May 22 in observance of Asian/Pacific Islander American Heritage Month. The talk will begin at 1 p.m. in Masur Auditorium, Bldg. 10. Yamada leads efforts to help develop and deliver low-cost, life-saving health tools for the developing world while overseeing the Gates Foundation's global health grant portfolio. His talk is titled "Perspectives on Global Health." He will also speak on his experience as an Asian-American physician-scientist.

Before joining the Gates Foundation, Yamada served as chairman of research and development and was a member of the board of directors at GlaxoSmithKline. He also was chairman of the department of internal medicine at the University of Michigan Medical School and physician-in-chief at UM Medical Center. He is a past president of the American Gastroenterological Association and the Association of American Physicians, a master of the American College of Physicians and a member of the Institute of Medicine of the National Academies in the United States and the Academy of Medical Sciences in the United Kingdom.

Yamada's visit is hosted by the NIH-FDA Chinese American Association. Its president, Dr. Pu Paul Liu, senior investigator, Genetics and Molecular Biology Branch, NHGRI, said his organization has an almost 50-year history at NIH. The association is open to all interested individuals at NIH and FDA with membership composed largely, but not exclusively, of Chinese-American scientists.

National Capital Area CFC Honors NIH Campaign

NIH won two first-place awards in the annual communications contest sponsored by the Combined Federal Campaign of the National Capital Area. NIH was honored in the Executive and Leadership Involvement category for engaging the agency's senior leadership in CFC campaign events and activities. These included an IC directors' basketball free-throw challenge, in which each director had a chance to see how many baskets he or she could make in 30 seconds. NIH director Dr. Elias Zerhouni was on hand to referee the event. He also proved his support by fulfilling a vow to grow a beard if NIH surpassed last year's CFC contributions and was featured on a campaign poster making a "slam dunk" for the CFC. NIDCR director Dr. Lawrence Tabak, whose institute headed the 2006 campaign, participated in several free-throw competitions around NIH, challenging fellow NIH'ers to "give it their best shot" for charity.

NIH was also honored in the Best Photography and Use of Images category for "Can You Give It Your Best Shot Too?"—a poster that featured photos of Zerhouni and IC directors and deputy directors shooting hoops.

'Center Court Presentations' Honor CFC Coordinators

NIH's version of March Madness was in full swing on Mar. 27 when CFC campaign coordinators gathered for a "Center Court" awards ceremony in Wilson Hall, which was decked out like a basketball court in keeping with the campaign's theme. They had plenty to celebrate: the NIH campaign raised a record $2.1 million for charity and employee participation reached 57 percent, the highest rate in recent memory.

Both Zerhouni and Tabak were on hand for the ceremony. The proceedings got under way with a performance by the Divas and Dudes cheering squad. Yvonne duBuy, former NIDCR executive officer and cheering squad matriarch, led the group onto the court for its farewell performance.

Zerhouni, introduced by Tabak as "the Commissioner of NIH Basketball, or The Commish," thanked everyone for their efforts in raising 131 percent of the NIH goal. Zerhouni noted that "our success here at NIH means that hundreds of charities will be able to do their work in the community, across the country and around the world."

Also on hand to offer congratulations and thanks were Robert McSwain, deputy director of the Indian Health Service, the lead agency for the DHHS CFC campaign; Tony De Cristofaro, executive director of the CFC of the National Capital Area; and Marita Eddy from Angel Flight, a CFC charity that coordinates flights for NIH patients.

At the recent CFC "Center Court" presentations ceremony were (from l) Tony De Cristofaro, executive director of the CFC of the National Capital Area; NIDCR director Dr. Lawrence Tabak, holding the Million Dollar Circle Award; and NIH director Dr. Elias Zerhouni.

Tabak (l) and Zerhouni (far r) appear with the Divas and Dudes cheering squad at the recent CFC awards ceremony in Wilson Hall. The two, as well as the cheering squad, are wearing fake beards in honor of Zerhouni's promise to grow a beard if NIH surpassed last year's CFC contributions.

RAICHLE

CONTINUED FROM PAGE 1

Raichle noted. Roman playwright Seneca in the first century, philosopher Immanuel Kant in 1781, psychologist/philosopher William James in 1890, neuroscientist Rodolfo Llinas in 2001—all have weighed in with variations on this theme.

Raichle, who is professor of radiology and neurology at Washington University in St. Louis, helped launch the field whose most iconic image is the brain map—brightly colored in areas of measurable activity (as determined by oxygen use or increased blood flow) and dark elsewhere.

It is those "dark" areas that have claimed Raichle's attention in recent years. He and colleagues have begun to wonder about what he calls the brain's "intrinsic activity," which can be defined as what the brain is doing that's not directly related to the task of a given moment, or experiment.

They were led to an interest in the brain's intrinsic activity by a number of clues, including that no matter what measure of brain activity is used for imaging—blood flow, glucose utilization, oxygen utilization or oxygen availability—"the changes that you see in the brain are exceedingly small—they represent a small incremental cost to the system." What other activity, as yet unseen, consumes the rest of the brain's "energy budget?"

Physiologists have long known that the human brain has an outsize appetite for energy—while it accounts for only 2 percent of body weight, it consumes a hefty 20 percent of the body's energy.

Most imaging studies that have emerged since the discovery of computed tomography in 1972, the development of PET in 1974 and the refinements of functional magnetic resonance imaging first pioneered in 1992 are based on "evoked" activity. In other words, someone in a white coat measures brain activity in response to some kind of stimulus—a word, a sound, a blink. Before and after images show the brain's response. What Raichle has found is that the areas that "light up" offering evidence of some activity cost the brain very little compared to so-called "dark" areas. Furthermore, viewed as an economic model, more of the brain's energy is spent on intrinsic rather than evoked activity.

"Evoked changes in neural activity represent a small fraction (less than 10 percent) of functionally relevant, ongoing brain activity as measured in terms of brain energy consumption," Raichle notes, on his lab's web page, "while intrinsic functional activity consumes more than 50 percent of the brain's energy budget. Thus, intrinsic functional activity must be at least as important to an understanding of brain function as the task-related or evoked responses that have been traditionally studied."

Raichle says "the brain is always on—it doesn't get turned on." PHOTOS: BILL BRANSON

He continues, "This perspective has shifted our view of the brain from that of a system simply responding to changing contingencies to one operating on its own, intrinsically, with sensory information modulating rather than determining the operation of the system, a view which has both historical and experimental support."

"The images showing changes in activity within the brain can be deceptive," warned Raichle in his NIH talk. "We think that what is 'subtracted' is of greater interest than what is shown."

Images yield "only part of the agenda" of what the brain is actually up to while devoted to a task, he said.

"Most of the [burgeoning] scientific literature is about task...but how do you interrogate the state of the brain when the mind is wandering and the patient is just laying there?" he asked. It isn't known, he said, what the "baseline" physiological state of the brain is.

How to study intrinsic activity? "It's not a trivial problem," said Raichle, who reviewed a host of the scientific challenges involving cell biology and physics. Potential payoffs are enormous, however, ranging from how to treat cognitive and performance deficits associated with a range of diseases to managing the growing number of head injuries sustained during blasts in the Iraq war, he said.

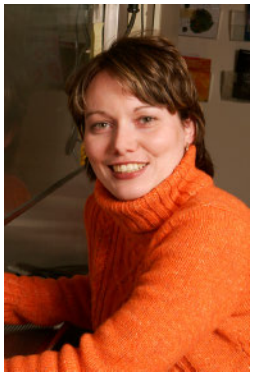
"We are also interested in the brain's fundamental organizational structure—to know that would be very helpful. We also might discover how the brain works.

"I am convinced," he concluded, "that the brain's intrinsic activity will more than equal task-evoked activity in importance, when all is known."

Musing on the brain's fundamental nature during Q and A at the end of his talk, Raichle noted the importance of memory and reminiscence, and stated, "I would submit that the brain is in the prediction business," which confers an obvious survival benefit. "The thing to remember is that the brain is always on—it doesn't get turned on."

NIEHS in Top Ten for Postdocs' 'Best Places to Work'

The Scientist announced recently that NIEHS has again ranked high in the publication's annual "Best Places to Work for Postdocs" survey. The survey asks postdoctoral fellows to rate their institutions in 11 categories, including mentoring, communication and opportunities for networking and career development.


Amy Inselman

The institute ranked seventh this year after ranking number five in 2006 and number three in 2004 and 2005. NIEHS was the only NIH institute ranked in the top 10.

The Scientist article featured the comments of NIEHS fellow Amy Inselman on her experiences. "The people, from the principal investigators to the support staff, are knowledgeable and willing to lend a hand any way they can," she wrote in her survey response. "Collaborations are easy to build and we have a wide array of resources available (from equipment to career guidance) that will help us transition to the next level."

During their typical 2- to 5-year stay at NIEHS, postdoctoral fellows are offered opportunities to participate in professional development activities and explore career options. NIEHS sponsors regular workshops to help fellows improve their presentation, writing and language skills. Their mentors encourage research that leads to publication, often with the fellows as lead authors.—**Eddy Ball**

NIBIB To Hold 5th Anniversary Symposium

The National Institute of Biomedical Imaging and Bioengineering will hold a historic scientific symposium on technological innovation in medicine commemorating the first 5 years of the institute on Friday, June 1. The symposium, titled "Changing the World's Healthcare through Biomedical Technologies," will take place from 8:30 a.m. to 5 p.m. in Lister Hill Center Auditorium, Bldg. 38A.

The symposium will feature many distinguished speakers. The 1964 Nobel laureate in physics Dr. Charles H. Townes will share his "Reflections on the Discovery of the LASER." Magnetic resonance imaging (MRI) pioneer Dr. Waldo S. Hinshaw, a colleague of the late 2003 Nobel laureate and MRI co-developer Dr. Paul Lauterbur, will provide a Commemorative Lecture titled "Reflections on the Development of MRI."

At a dinner reception the evening before the symposium, sponsored by the Coalition for Imaging and Bioengineering Research, the Academy of Radiology Research and the American Institute for Medical and Biological Engineering, former U.S. Surgeon General David Satcher will give the opening address. The keynote speaker at that event will be former Apollo astronaut and former U.S. Sen. Harrison Schmitt, who was the last man to walk on the moon. In addition, the first NIBIB Landmark Achievement Award will be made to Lauterbur. Due to his recent unexpected death, his wife Dr. M. Joan Dawson will accept the award in his honor.

Others slated to speak at the symposium include Dr. Harvey Fineberg, president of the Institute of Medicine; Dr. Shirley A. Jackson, president of Rensselaer Polytechnic Institute and past president of the American Association for the Advancement of Science; Dr. Anthony Atala, director of the Institute for Regenerative Medicine, Wake Forest University; Dr. Ralph Weissleder, director, molecular imaging research, Harvard University; Dr. Dennis Spencer, chair of the department of neurosurgery, Yale University, and a member of the first team to receive a NIBIB grant; and Dr. Elias Zerhouni, NIH director.

Preregistration is required. To view the full program or to preregister, visit www.NIBIBmeetings.org/Symposium. Sign language interpreters will be provided. For other reasonable accommodation, contact Michelle Murray at (301) 986-1891, ext. 130 or the Federal Relay Service at 1-800-877-8339.

REUNION

CONTINUED FROM PAGE 1

Members of the 2005-2006 class meet NIH director Dr. Elias Zerhouni (c). Shown are (from l) Alison Rager; Bryan Traughber; Ezinma Achebe; Mehrdad Alemozaffar; CRTP director Dr. Frederick Ognibene; Tony Wang; Obinna Emechebe-Kennedy; Lan Chang; Clint Allen; Frank Hwang; Richard Robison and Veronique Nussenblatt.

PHOTOS: BILL BRANSON

According to Zerhouni, the CRTP's strengths include creating friendships and networks that will last a lifetime, uniting "like minds with like values coming together for something greater than themselves," and providing a "thinking space" with mentors and facilities to encourage scientific innovation. He advised the group to "remember key mentors" and to have the courage to take risks to follow their dreams. "You never know what turns your life will take, if you're willing to take a path that no one else will take."

Earlier in the day, the group heard updates on the clinical and translational research agendas from the directors of the CC, NIAID, NIDDK, NHGRI, NIMH and NCRR. "Opportunities shape your career as much as your planning," said Dr. Anthony Fauci, NIAID director, describing how he could not have predicted his future involvement in emerging infectious disease threats, such as HIV/AIDS, when he first came to NIH.

Numerous CRTP alumni took to heart the quote NHGRI director Dr. Francis Collins shared at the conclusion of his presentation: "As for the future, your task is not to foresee, but to enable it," he said, citing Antoine de Saint-Exupery.

Reflecting on how things have changed since the first class came to campus, Dr. John Gallin, CC director, traced Clinical Center accomplishments that have occurred since the birth of the CRTP 10 years ago, noting "this has been an era of extraordinary growth and transition." Milestones include celebration of the CC's 50th anniversary in 2003, opening of the Mark O. Hatfield Clinical Research Center in 2004, responses to the Katrina disaster in 2005 and opening the metabolic clinical research unit earlier this year.

During the reunion weekend's alumni panel on career development post-CRTP, several panelists echoed Fauci's emphasis on opportunities the program offers for professional growth. Dr. Lynn Henry (1999-2000) said she came to the program thinking she wanted to work in infectious diseases. Exposure to various clinical and translational research opportunities as a fellow led her in a different direction. She's now a hematology/oncology fellow at the University of Michigan Comprehensive Cancer Center.

"I don't think I could have planned a more perfect route, and 9 years ago I wouldn't have guessed that this would be my research," said Dr. Stacy Suskauer (1998-1999), pediatric rehabilitation fellow at the Kennedy Krieger Institute and Johns Hopkins School of Medicine.

"At some point, you have to bring up the younger generation of clinical researchers, which is why we have this fabulous program," said Dr. Stefan Weiss (1999-2000), senior medical director at Connetics Corp. He described his "alternative track," beginning with work as a CRTP fellow with Dr. Ezekiel Emanuel, chief of the CC clinical bioethics department, followed by specialization in dermatology and learning business development in the pharmaceutical industry.

Nine former CRTP fellows have returned or will return to NIH for additional fellowship programs or post-residency training in NCI, NINDS, NIAID and the CC. Dr. Michael Dimyan

(2000-2001), currently a clinical fellow in neuro-rehabilitation at the NINDS human cortical physiology section, recently submitted a paper based on work begun during his CRTP experience. Dr. Porcia Bradford (2003-2004), who will return to NIH in July as a fellow in NCI's Division of Cancer Epidemiology and Genetics, said she particularly enjoyed touring the new hospital and reuniting with medical school colleagues and NIH mentors.

Several fellows credited CRTP with helping create contacts and networks that are still fruitful today. Dr. Jonathan Samuels (1997-1998), assistant attending physician and clinical instructor in medicine for the division of rheumatology at New York University Hospital for Joint Diseases, described a current collaboration with a colleague he met at NIH who is now in Oklahoma. Dr. Uri Lopatin (1997-1998), associate director, hepatology branch, Schering-Plough, called CRTP a "great learning experience with fabulous role models and mentors that creates a network of people," many of whom remain in contact years later. The experience is "very enabling for those who begin a very long, difficult road. It's an invaluable resource to have a community of peers. It's a wide, wide world full of really smart people who all have something to offer the clinical endeavor."

During informal discussions throughout the reunion, alumni from the early days offered advice about what to consider before and after fellowships and residencies. Discussions also focused on how NIH might expand the CRTP for future generations, including the possibility of longer "tune-up" sessions to deconstruct clinical projects or focus on grant-writing skills, continued mentoring and improved mechanisms to support the transition from fellowship to an independently funded investigator.

At the keynote dinner, former Rep. John E. Porter, vice chair of the board of directors for the Foundation for NIH, acknowledged the "risks and real sacrifices" made by the fellows to pursue their vocation of helping patients. "The Foundation for NIH takes pride in your persistence and the excellence of your work," he said, adding that scientists have the utmost of America's respect. Pfizer chief medical officer Dr. Joseph Feczko praised the endurance and expansion of CRTP. "Seeing the success of this—where you've all ended up or are going—is a tremendous credit to you and to this program," he said.

FNIH and Pfizer Inc. sponsored the reunion. Seventy CRTP alumni attended, along with most participants in the current class of 30.

CRTP History at a Glance

One hundred and ninety medical and dental students have participated in the Clinical Research Training Program since it was established in 1997. Former NIH director Dr. Harold Varmus initiated the program to provide creative, research-oriented students with an opportunity to become involved in clinical research early in their careers. According to Dr. Frederick Ognibene, director of the CC Office of Clinical Research Training and Medical Education and of CRTP, "During the CRTP year, the students learn the principles of clinical research and conduct either clinical or translational research alongside energetic NIH investigators who serve as mentors. It's truly a life-changing experience that would be hard to replicate elsewhere."

CC director Dr. John Gallin chairs the 30-member board of tutors, NIH principal investigators who assist in the review, interview process and selection of candidates and serve as advisors for students during their research year. Support from Pfizer Inc. allowed the program to grow to 15 students annually starting with the 1998-1999 class. The company renewed its commitment four times; most recently in late 2006 for another 3-year cycle.

"The partnership between Pfizer and the Foundation for NIH extends back to 1998—nearly to the birth of the Foundation—and includes contributions, pledges and in-kind gifts totaling $38.9 million, including $7.4 million in support of CRTP," said Amy McGuire, executive director of FNIH.

In 2004, the NIH Roadmap provided additional funds and allowed the program to increase in size from 15 to 30 students. The current class is the third to include 30 students.

***Top**:*
Members of the 1997-1998 founding class (from l) Drs. Amin Azzam, Eric Eskioglu, David Robbins, Uri Lopatin and Jonathan Samuels stand before their poster at a dinner for CRTP alumni sponsored by the Foundation for NIH and Pfizer Inc.

***Bottom**:*
Returning CRTP classmates from 2004-2005 are (from l): Drs. Tien Peng, Chris Keh, Carolee Cutler, Stefan Kachala, Rohan Wijewickrama and Dave Roy.

GWAC

CONTINUED FROM PAGE 1

The program here—managed by the NIH Information Technology Acquisition and Assessment Center (NITAAC)—started more than a decade ago after Congress passed the Clinger-Cohen Act. It gave the director of the Office of Management and Budget authority to designate executive agencies as "executive agents" that can provide government-wide IT. This means that government agencies no longer have to go to GSA to obtain the authority to acquire IT as they did prior to the Act, streamlining the process, Frasier explained.

When NIH first got involved, the plan was simply to provide contracts within the agency. "The contracts were let to meet NIH needs," Frasier said. But through word-of-mouth and what she calls "innovative marketing," NIH now has multiple customers throughout government.

It's a rigorous process...Only three agencies besides NIH can say they've been through this process and can officially provide GWACs.

GWACs have several benefits for government organizations. For one, speed of service: In the old system, Frasier noted, a customer would place an order and it could take up to a year ("6 months if you were lucky") for the contract to be awarded. Delivery of the product could be up to a year after that. Hence "delivery could be 2 years after the request," she said. "You can imagine that kind of delivery in today's [tech] environment." Now, products can be delivered in a matter of months—or less.

Not just anyone can provide GWACs. In 1996, before the contracts first started being offered, "there was a lot of concern on the Hill about the authority that had been placed in the hands of all of these federal agencies," Frasier explained. Therefore, a framework was put in place to ensure everything would be managed appropriately.

"It's a rigorous process," said NITAAC Program Director Victor Powers. "You really have to make a business case that you have the infrastructure...to manage these types of contracts effectively."

Only three agencies besides NIH can say they've been through this process and can officially provide GWACs: NASA, GSA and the Department of Commerce. Unfortunately, some agencies provide contracts that are confused with GWACs, but aren't as carefully scrutinized; this has caused some organizations to be wary of them. In fact, according to a recent story in *Federal Times*, sales on GWACs decreased 30 percent last year.

People should know there is a difference between GWACs and other vehicles, Frasier said, and that "we have to go through a lot of scrutiny...there are more safeguards in our process. So the thought that you could just place anything, make any award under our vehicles is [wrong]."

She explained that through GWACs, customers can be certain they are receiving high-quality technology and services. The vendors who work for NITAAC have already survived a competitive process to provide services, "so their proposals have been evaluated and [customers] know they can provide the services or equipment that's needed," Frasier said.

In addition, NITAAC keeps up to date with technology through the help of its industry advisory committee. "They have their hands right on technology because they're living with it every day," said Powers. "So they keep us abreast of how things are changing and what their customers are asking for."

NITAAC currently offers three kinds of GWACs:

• A Chief Information Officer Solutions and Partners 2 Innovations contract that provides infrastructure and information assurance, IT operations and maintenance and CIO support, among other services.

• An ImageWorld 2 New Dimensions contract, offering all necessary imaging technology for business, medical sciences and geographic information systems.

• An Electronic Commodities Store III (ECS III) contract, providing software and hardware, software documentation, hardware maintenance, warranty services and peripherals.

This gives customers a lot of variety, Powers explained, "for whatever they need."

NITAAC also makes its contracts both competitive and user-friendly by providing tools not offered by other GWACs. With the ECS III contract, for instance, NITAAC has created an electronic Request for Quote system that will allow agencies to post and receive contract bids electronically for best-value determinations.

"We wanted to make it easier for our customers and easier for us—it's a win on both sides,"

Powers said. "The customer can order and see things in the system and it guides them through the process. It's more efficient all the way around."

Frasier also believes that providing these contracts helps NIH. Certainly, she said, "it helps us get our own IT quicker." It also provides NIH with technologies and services that are specific to the work done here. ImageWorld, for example, provides any kind of image-related technology—from document-imaging to MRIs.

"These contracts specifically support the NIH medical research mission," said Powers.

NITAAC does a lot of outreach to spread the word, both externally and on campus. The group saw a lot of interest at the recent NIH Technology Expo at the Clinical Center, Powers said. "They are really impressed with the breadth of services and equipment we're offering," Frasier added.

Are people surprised to hear about it? "Some people were surprised in the very beginning that NIH had done this," she said. "But last year we celebrated our tenth anniversary with a program that's worth approximately $15 billion. I think we have a pretty good track record."

Handley Named NIAID Associate Director For International Research Affairs

F. Gray Handley joins NIAID as associate director for international research affairs and acting director, Office of Global Research. He will coordinate and facilitate international research activities for NIAID, assuring the institute has a well integrated, scientifically productive program of international research cooperation. Handley will give special attention to research opportunities and the strengthening of research capacity in resource-poor countries. He joins NIAID after having served since 2002 as the U.S. Embassy health attaché and HHS Southern Africa regional representative in Pretoria, South Africa. Prior to that, his career has included many global health and biomedical research management positions, including serving as associate director for prevention research and international programs at NICHD; U.S. science attaché and HHS South Asian representative in New Delhi, India; associate director for international relations at FIC; and public health advisor for the U.S. Department of State. Handley received his M.S.P.H. from the University of North Carolina, Chapel Hill.

NCI Student Intern Nabs Science Honor, Plays Key Role in Cancer Lab

By Jan Ehrman

High school intern Alex Ray (c) is flanked by mentors Dr. Denise Whitby and Tom Parks.

Look out Dr. Fauci and Dr. Collins—there's a new kid in town.

The town is Frederick and the new "kid" is Alex Ray, a high school senior who since last summer has been interning in the lab of Dr. Denise Whitby, chief of the viral oncology section, AIDS Vaccine Program, SAIC-Frederick, National Cancer Institute.

Ray, a senior at South Hagerstown High School, recently won first place in a regional high school science fair held in Frostburg. As a result, he has received an all-expense paid excursion to display his research at the Intel International Science and Engineering Fair, in Albuquerque, N.M., May 13-19. The event will host some 1,500 high school science students from all 50 states and 47 countries, territories and regions.

The award-winning science project entered by Ray, with which he bested some 200 other science students, reflects his work in Whitby's lab, under the direct mentorship of Tom Parks. The research focuses on the establishment of a novel, cancer virus-hunting method that Ray had a major hand in developing.

The youth's enthusiasm and desire to succeed in a scientific setting are more than apparent to his collaborators and mentors. "When Alex started with us last summer, his scientific knowledge was fairly rudimentary," said Whitby. "But since then, I must say that I've really been stunned to witness just how much he has progressed in our lab, using sophisticated techniques and devising new tools to meticulously investigate cancer-causing viruses."

Ray's current slot in the NIH/NCI-Frederick Werner Kirsten High School Internship Program didn't entirely evolve by happenstance. His grandmother, Beverly Jelks, was a secretary in the Office of the NIH Director working for Dr. Vida Beaven (who held top posts at NIH) years ago. And "my mother is an R.N., and she's really been inspirational to me. We've always discussed various health topics and I've always liked science, so I guess those have been influential factors in my being where I am today," Ray noted.

His associates like where he is today and what he is achieving. "Alex has an aptitude for everything that goes on in the lab. He's been a great asset to us," said Parks, who has been in Whitby's lab since August 2001. "And his level of independence has been phenomenal. He really knows how to implement his knowledge of scientific methods into his work. We are indeed fortunate to have him with us."

Ray's level of interest and desire to succeed can apparently be matched only by his love of swimming. When not in the lab, he can often be seen practicing dives or doing the backstroke in his local pool, an activity he's pursued since he was in first grade. "He goes from the lab right to the pool nearly every day," noted Whitby.

While leaning towards Rutgers University, Ray has not decided yet where he'll go to college next year, but plans on majoring in biochemistry.

Parks is optimistic about Ray's future. "Alex can go anywhere he wants—both in college and in life. I'm sure he's going to be a success," he concluded.

digest

Of Man and Monkey

Because the rhesus macaque serves as a strong model for studying human infectious diseases, especially HIV, the sequencing of the rhesus genome—recently announced by a consortium of researchers supported in part by NHGRI—is a powerful tool. By aligning this genome sequence with those of both humans and chimpanzees, the research, published in the Apr. 13 issue of *Science*, shows these three primate species share 93 percent of their DNA, but also have some significant differences that could advance our knowledge of human biology. In addition to assisting with infectious disease research, the rhesus genome will be helpful in neuroscience, behavioral biology, reproductive physiology, endocrinology and cardiovascular studies. It's the first of the Old World monkeys to have its DNA deciphered.

Rhesus macaques lounge at the NIH Animal Center in Poolesville.

Breast Cancer Rate Related to Hormone Therapy Drop

A recent reduction in the rate of new breast cancer cases may be related to a national decline in the use of hormone replacement therapy (HRT), according to a report published in the Apr. 19 issue of the *New England Journal of Medicine* that used data from NCI's Surveillance, Epidemiology and End Results program. The research showed that age-adjusted breast cancer incidence rates in women in the United States fell 6.7 percent in 2003, a time when prescriptions for HRT also declined rapidly. The reduction in HRT use followed reports on a Women's Health Initiative study showing increased risk of breast cancer, heart disease, stroke, blood clots and urinary incontinence among postmenopausal women using HRT that included both estrogen and progestin.

Measured Reactions

How can one person with an allergic reaction simply sneeze while another develops a severe, life-threatening response known as anaphylaxis? A recent NIAMS study published in the journal *Immunity* sheds some light on immune system differences. Researchers, including scientists from NIDDK, found that mice with high levels of a molecule called sphingosine-1-phosphate (S1P) in their blood were very susceptible to anaphylaxis. Since humans also have S1P, varying in levels from person to person, researchers can now study it in people who have a history of anaphylactic shock. If levels of the molecule can predict who is at risk for anaphylaxis, S1P could eventually serve as a diagnostic tool.

Looking Earlier for Heart Disease Risk

People with elevated risk factors for heart disease between the ages of 18 and 30 can have two to three times greater risk of developing coronary calcium, a strong predictor of heart disease. These findings, in a study by NHLBI recently published in the *Journal of the American College of Cardiology*, show that risk factors like smoking, having an elevated body mass index or having above-optimal levels of blood pressure in early adulthood are linked to the development of calcium deposits in heart arteries 15 years later. Amounts of coronary calcium have already proven to be related to the likelihood of developing heart disease in the future. The study clearly points to the need for early assessment of heart disease risk: if young adults modify these risk factors they can improve their chances of a heart-healthy middle age.

Tai Chi Intervention

As for older adults, a study supported by NIA and NCCAM shows that practicing Tai Chi, a traditional Chinese form of exercise, can boost immunity to the virus that causes shingles. Published in the *Journal of the American Geriatrics Society* in April, the study is the first rigorous clinical trial to suggest that a behavioral intervention can help protect older adults from varicella-zoster virus; it also shows that the exercise can improve the immune response to varicella vaccine. Not bad for an ancient practice that, according to this study, can also improve physical functioning, reduce bodily pain, boost vitality and lead to significant declines in the severity of depression symptoms.—**compiled by Sarah Schmelling**

May Is Healthy Vision Month

By Linda Huss

Each May, the National Eye Institute and the National Eye Health Education Program Partnership sponsor Healthy Vision Month (HVM), a national eye health observance promoting the vision objectives in Healthy People 2010. This May, HVM is dedicated to increasing awareness of glaucoma, a silent disease that is taking away the sight of millions of Americans.

NEI director Dr. Paul Sieving said, "NEI-funded research has shown that treatment during the early stages of glaucoma can control the disease and prevent future vision loss and blindness. This is why NEI encourages people at higher risk for glaucoma to get a comprehensive dilated eye exam every 1 to 2 years."

More than four million Americans have glaucoma, an eye disease that damages the optic nerve and destroys eyesight. However, nearly half of those with glaucoma are not even aware they have it. With its painless and gradual loss of vision, glaucoma comes with no early warning signs, but it can be detected during a comprehensive dilated eye exam. Those at higher risk for developing glaucoma include everyone over age 60, especially Mexican Americans; African Americans over age 40; and anyone with a family history of glaucoma.

"A dilated eye examination is essential to protecting the vision of those at higher risk for glaucoma," noted Dr. Anne L. Coleman, Frances and Ray Stark professor of ophthalmology at UCLA's Jules Stein Eye Institute and chair of the glaucoma subcommittee for the eye health education program. "High pressure inside the eye, which may be associated with glaucoma, does not by itself mean that you have glaucoma. Only a dilated eye exam and evaluation of the optic nerve can tell you that."

This year's HVM web site provides material in both English and Spanish on early detection, treatment and follow-up care for glaucoma. Site users can also spread the word to people they care about by sending e-cards or postcards designed with information about glaucoma and the importance of dilated eye exams. Also on the site is a variety of education materials, including an interactive glaucoma Eye-Q Test.

For more information on HVM 2007 and to help spread the word about glaucoma, visit www.healthyvision2010.org/hvm.

NIAMS at 20

The Intramural Program

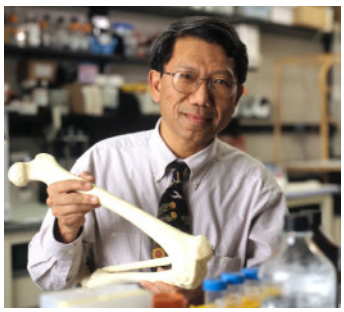
By Dr. Stephen I. Katz, NIAMS director

When the NIAMS Intramural Research Program (IRP) began 20 years ago, it consisted of only two components—the Arthritis and Rheumatism Branch and the Laboratory of Physical Biology—and an ambitious agenda. Today, that number has expanded to six branches, four laboratories and several offices encompassing basic, clinical and translational research in a variety of rheumatic, autoimmune, inflammatory, joint, skin and muscle diseases. Its collaborations now extend worldwide, and its extensive intellectual and material resources, stable funding and long-term and even high-risk projects offer unique training experiences to a diverse population of junior and senior scientists.

IRP researchers are proud of such accomplishments as:

- Developing immunosuppressive drug therapy to prevent or delay kidney failure due to nephritis in people with lupus
- Establishing the NIAMS Health Partnership Program and its Community Health Center in Washington, D.C.
- Cloning the IgE receptor and elucidating its mechanism of signaling
- Defining and treating periodic fever syndromes
- Providing new insights into 1) immune and metabolic muscle diseases and novel treatments, 2) gene regulation in muscles, and 3) possible therapies for muscular dystrophy
- Discovering that the protein JAK3 is critical for the cell-signaling process that results in infection-fighting white blood cells
- Developing initiatives in tissue engineering and regeneration
- Implementing the NIH Pediatric Rheumatology Clinic
- Investigating the mechanisms of immunity and autoimmunity
- Advancing structural virology through advanced imaging techniques.

The NIAMS Intramural Research Program is a place of transformation: ideas become reality, trainees become seasoned investigators and basic discoveries become clinical successes. We look forward to the challenges that lie ahead.



"Tissue engineering and regeneration represents one of the brightest future prospects in medical research."
—Dr. Rocky Tuan, chief, NIAMS Cartilage Biology and Orthopaedics Branch

NIDA Fellowships Offer Unique Experience To World's Drug Abuse Researchers

By Dale Weiss

When the National Institute on Drug Abuse International Program holds its annual orientation for INVEST and Hubert H. Humphrey Drug Abuse Research Fellows, it introduces a diverse group of researchers, policymakers and treatment providers to NIH and the public health perspective on drug abuse. The 19 fellows who recently visited NIH were no exception: Participants included an Irish ethnographer, a pair of South Korean neuropsychiatrists, a Vietnamese policymaker and a Kenyan clinician.

Humphrey fellow Dr. Violet Okech, a psychiatrist and HIV counselor from Kenya, said visits to NIH "have inspired me to believe that research can be successfully put into practice to improve people's lives and health…I believe that I will return to Kenya equipped not only with new skills and knowledge in public mental health and women's health, but also as a more compassionate physician."

The research training fellowships bring two different types of professionals to the United States. INVEST fellowships are 12-month, postdoctoral appointments with NIDA grantees for promising young investigators. The 10-month Humphrey fellowships provide academic and research experience for mid-career professionals from low-income and transitional countries. Five INVEST fellows and 13 Humphrey fellows visited NIDA, along with NIDA visiting scientist Dr. Michiel de Ruiter of The Netherlands.

"It was striking to see how diverse the backgrounds, professions and research projects were," said de Ruiter, "and it was a good reminder that the ultimate goal of my own [basic science] research is to advance prevention and treatment of drug abuse and dependence."

The fellows met with NIDA program officers to learn about the institute's research priorities, structuring future research projects and potential collaborators. Duc Cuu Nguyen, a Humphrey fellow from Vietnam, said the fellowship helped him establish many professional contacts and that the program "not only enriches professional and social knowledge, but also broadens the relationship between countries in the field of drug abuse." Another Humphrey fellow, Amani Msami Kisanga, a pharmacist from Tanzania, agreed. "I have gained a wider understanding of the political system and the culture of America and established many professional contacts that will enhance my collaboration with the U.S.," Kisanga said. "The program has enriched me professionally and broadened my perspectives, particularly in the area of drug abuse prevention and treatment, which will enable me to provide significant contributions to the establishment of drug treatment centers and effective drug and HIV prevention programs in Tanzania."

The fellowships increase research capacity to address addiction and related health issues around the world. Humphrey fellow Dr. Mehboob Singh from India predicts that the combination of academic, research and professional development activities will help him "to build a cost-effective and sustainable program for substance abuse prevention and treatment and to do relevant research in my country."

For Humphrey fellow Dr. Kevin Goulbourne, a Jamaican psychiatrist, it's the collegiality that's especially important. "Interaction with colleagues from developing countries provides a good forum where we can initiate discussion on how we plan to adapt and implement evidence-based drug abuse policy, prevention, treatment and research in our respective countries," he explained.

For more information about the INVEST and Humphrey fellowships, go to http://www.international.drugabuse.gov/fellowships.html#training.

Gillen Named NIAID Special Assistant to Deputy Director for Science Management

William Gillen has joined NIAID as a special assistant to the deputy director for science management. He has almost three decades of experience in management and administration of NIH, PHS and HHS operations. Most recently he was responsible for coordinating the review of NIH programs and activities by the HHS Office of Inspector General and U.S. Government Accountability Office and establishing NIH policies and procedures for the use and protection of classified national security information. Gillen has experience in administrative operations, budget analysis, program evaluation and emergency preparedness planning. He is a graduate of St. Louis University and the University of Arizona and is a member of the first class of Presidential Management Interns.

CSR Opens Its Doors to the Scientific Community

By Don Luckett

The Center for Scientific Review has launched a year-long series of six open-house workshops to solicit input from leaders of the scientific community and other stakeholders. They will help CSR improve its study sections, which review NIH grant applications.

"Peer review is the cornerstone of NIH," said NIH director Dr. Elias Zerhouni at the first workshop on Mar. 2. "It is critical to the integrity and excellence of our science." He thanked participants, who gathered to focus on CSR's neuroscience study sections. "It is a humbling experience to realize that over 31,000 scientists come to NIH every year to serve on study sections, advisory councils and other groups," he said. "They help NIH maintain our adaptability."

CSR director Dr. Toni Scarpa notes that CSR's peer review groups have not been assessed broadly by the scientific community since the NIH panel on scientific boundaries for review released its reorganization plan 7 years ago. "The rapid evolution and expansion of science has made it much more difficult for our peer review groups to keep pace," he said. "The expected input from the open houses will help accelerate needed changes at CSR."

About 200 scientific leaders from professional societies, disease groups and NIH attended the first meeting. To help CSR align its study sections with changes in science, participants met in breakout groups to answer two key questions: Is the science of your discipline appropriately evaluated within the current study section alignment? What will be the most important questions and/or enabling technologies forthcoming in the science of your discipline in the next 10 years? Team leaders later summarized their discussions for the whole group. The meeting concluded with a discussion of ongoing changes at CSR.

The next five open houses will focus on the behavioral and social sciences study sections, disease-based study sections, integrated biological study sections (two workshops) and biomolecular study sections.

Comments from the workshops will be posted online. All those interested will be encouraged to submit additional input. The resulting reports will be presented to the NIH peer review advisory committee, which will guide CSR as it works to implement changes and address concerns raised at the workshops. More information, reports and registrations can be found on CSR's web site, http://www.csr.nih.gov/openhouse.

NHLBI's Mishoe Promoted to Rear Admiral

Dr. Helena O. Mishoe has been promoted to the rank of rear admiral in the Public Health Service. She is one of only nine individuals currently at the level of flag officer at NIH. She was also selected by the surgeon general to serve as chief professional officer in the scientist category. As chief scientist officer, she is responsible for providing leadership and coordination of PHS scientist professional affairs for the Office of the Surgeon General and the department. She provides guidance and advice to the surgeon general and the scientist professional advisory committee on matters such as recruitment, retention and career development of PHS scientists. Mishoe currently serves as associate director for minority health affairs in the National Heart, Lung, and Blood Institute. In this capacity, she directs the Office of Minority Health Affairs in the Office of the Director. She has a substantial research and research-administration career in molecular biology, hematopoiesis and stem cell transplantation and biology. A promotion ceremony will be held at 1 p.m. on Friday, May 18 in Lipsett Amphitheater, Bldg. 10. A reception will follow. For more information, call Stephanie Smith, (301) 451-5081.

Weidman Joins NIGMS's Office of Scientific Review

Dr. Margaret "Peggy" Weidman recently joined NIGMS as a scientific review administrator in the Office of Scientific Review. Her duties include managing the review of selected research training, Minority Opportunities in Research and center grant applications. Weidman was formerly an associate professor in the department of biochemistry and molecular biology at Saint Louis University School of Medicine in Missouri where she also served as director of the graduate program and trainer for the M.D.-Ph.D. program. Her research focused on understanding how proteins in mammalian cells move in and out of the Golgi complex. She earned a B.S. in chemistry and a Ph.D. in biochemistry from the University of Washington in Seattle. She conducted postdoctoral research at Stanford University and Princeton University.

milestones

Veteran Journalist Strait Named NCMHD Communications Director

By Sibyl Bowie-Paige

Award-winning journalist George A. Strait, Jr., is the new director of communications at the National Center on Minority Health and Health Disparities.

"Mr. Strait brings a multitude of broadcasting, strategic communications and administrative experiences to the NCMHD that will serve the center and the NIH well," said NCMHD director Dr. John Ruffin.

Strait has an extensive and diverse career in communications. He has served as associate vice chancellor for public affairs at the University of California, Berkeley, where he oversaw university communications, media relations, government affairs, Cal parents and visitor services. Before joining UC Berkeley, Strait chaired the board at the Henry J. Kaiser Family Foundation, a private philanthropic foundation for improving the lives of the disadvantaged. At the Dr. Spock Co., an Internet resource for parenting and childcare, he served as vice president of content and media.

Most of Strait's career has been spent in broadcast news. For 22 years he was a correspondent at ABC News where he covered various beats, from the White House to the peaceful transition to democracy in South Africa. In 1983, he became the first medical and health reporter in network television news history. In January 1993, Strait was named correspondent in charge of directing ABC's coverage of the national health care reform debate. He was ABC's chief medical correspondent until he left the network in 1999.

"In many ways I feel my entire career has led me to this post," Strait said. "Dr. Ruffin and I agree that for the NCMHD to fulfill its mission, communications must be an integral part of every aspect of the center's research and outreach operations."

Strait also taught science reporting and broadcast journalism at Columbia, Rutgers and Wesleyan universities. In 1975, he helped found the National Association of Black Journalists. Strait co-anchored, wrote and produced the critically acclaimed "Black in White America," a documentary on race. In addition, he investigated the syphilis experiments on African-American men in Tuskegee, Ala., producing "The Deadly Deception," which aired on the PBS broadcast *NOVA*. His achievements have earned him a number of honors in journalism, including the Overseas Press Club's Edward R. Murrow Award for a 10-part series on health care in the Soviet Union; and two Alfred I. DuPont Awards—one for a ground-breaking series on women's health and another for the first look at HIV among African Americans.

A native of Boston, Strait graduated from Boston University with a B.A. degree in biology and completed an M.S. program in biochemical genetics at Atlanta University. He is married and has two sons.

CSR's David Says So Long

By Don Luckett

"It's amazing what we got accomplished without computers," says Bobbie David, looking back on her 41½ years of federal service. Exactly 1 month out of high school, she started as a grants clerk in the Division of Research Grants, which is now the Center for Scientific Review. "It was a lot of filing and typing," she recalls. "If there was a paragraph left out of a summary statement, we had to cut and paste and copy it on facsimile machines...which produced copies that would crack and crumble over time."

New responsibilities came as did Xerox machines and other welcome innovations, such as Wite-Out. David soon became a grants technical assistant (GTA) and worked one-on-one with a series of scientists who coordinated different application review groups. Dr. Mike Radtke was one of them and remembers her as "a stickler for NIH policy who kept me out of trouble." He explained that "back then, the better GTA you had the better you were, and many of us would request study section assignments based on who the GTA was."

David eventually rose in the ranks of GTAs to become a lead trainer, helping staff learn to use the early computers, such as the Displaywriters, which were called "toasters" because of the 8-inch disks they used. She then became an IRG lead, assisting staff with computer-related duties while helping a chief of one of CSR's integrated review groups. Later, David became a review technology assistant, working with others to develop documentation, train professional and support staff and troubleshoot. She explains that she tackled each new task "like a dog with a bone...if I didn't have the answer I dug until I got one."

At her retirement party, a number of people thanked David for helping them. One former coworker told her how much it meant to his career that she had helped him learn to type. "I had forgotten all about that," she says. "You do things automatically and don't realize how they affect people. There are so many people I wanted to thank, but some are no longer around...

"Don't wait," she advises. "Let someone know when they do something special."

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nih record

volunteers

For all of the recruitment notices below, the numbers for more information are 1-866-444-2214 (TTY 1-866-411-1010) unless otherwise noted.

ADHD Genetics Study

Take part in an NIH study seeking to identify the genes that contribute to ADHD (attention deficit hyperactivity disorder).

Do You Have Pulmonary Sarcoidosis?

Consider participating in an NIH study.

Muscular Leg Pain?

If it is caused by blocked arteries and it occurs with activity but improves with rest, call NIH for more information on a new study.

Have Trouble Swallowing?

Are you 20-90 years old and have problems swallowing? Swallowing studies are being conducted at NIH. Transportation is available.

Anthrax Vaccine Study

NICHD is seeking healthy volunteers, ages 18-45, to participate in an investigational anthrax vaccine study (04-CH-0283) conducted at NIH. Medical tests will determine eligibility. Compensation is provided.

Healthy Women Needed

Healthy women ages 18 through 25 are needed for ovarian function study. Compensation is provided. Refer to study 00-CH-0189.

Group Therapy Study

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. Compensation is provided.

Turner Syndrome Study

For girls and women with Turner Syndrome, comprehensive evaluation (including cardiac, ovarian function) is offered, at no cost to participants.

Lyme Disease Study

Spring and summer bring outdoor fun, but also the risk of tick bites. We are seeking people with the rash of Lyme disease. The rash is usually round or oval and gradually expands. The rash may be all red or have a bull's eye appearance. If you suspect that you have it and would like to participate in a study at NIH, call (301) 435-7175 or (301) 435-7244.

Volunteers Needed for USUHS Study at Navy

Are you between 18 and 25 years of age? In good health? You may be eligible to participate in a study of attention. It requires one 3-hour visit and you will be paid for your time. Visit takes place on the campus of the Naval Medical Center. Parking is available. Call (301) 295-4009 or (301) 319-8204.

NCRR-Funded Exhibit Has Interactive Activities

Whether you are planning family activities or entertaining visitors, the new interactive exhibit on infectious disease at the Marian Koshland Science Museum in Washington, D.C., will provide an afternoon of education and entertainment. The exhibit, Infectious Disease: Evolving Challenges to Human Health, offers an in-depth view of microbes that cause some of the world's most deadly diseases and explores scientific research that has resulted in understanding, treating and preventing infectious diseases.

With nine areas of interactive displays, the museum offers visitors a chance to explore the distribution of microbes both in our bodies and in the environment, see how vaccines are used to control or eradicate disease and learn how bacteria develop resistance to antibiotics. "Everyone has bacteria, viruses, fungi and parasites," said Dr. Ericka Shugart, principal investigator for the exhibit. "The exhibit hopes to show how microbial evolution and global factors create infectious disease challenges and how simple public health measures—such as providing chlorinated water and vaccines—can really improve life expectancy."

The exhibit is funded through a Science Education Partnership Award (SEPA) provided by the National Center for Research Resources. Now in its 16th year, the SEPA program funds science education projects in more than 30 states and Puerto Rico and reaches tens of thousands of people every year. The program's goals are to stimulate the interest of K-12 students in medical careers and to improve understanding of health and biomedical research by supporting projects that increase the scientific literacy of children, young adults and the public.

"SEPA projects at museums and science centers cover a wide range of topics reflecting both the basic and clinical research programs that NIH funds," says Dr. Tony Beck, who oversees NCRR's SEPA program. "These exhibits provide a hands-on interactive experience that engages and educates as well as offer a community forum for discussing topics of high public interest, such as stem cell research, infectious diseases and the biology of aging."

The Marian Koshland Science Museum is located at the corner of 6th and E Sts., NW and is open daily (except for Tuesdays) from 10 a.m. to 5 p.m. All museum tours are self-guided and usually require an hour to complete. More information can be found at http://www.koshlandscience.org/ or by calling (202) 334-1201.—**Shelly Pollard**

seen

CMS Health Bus Makes Stop at NIH

To help kick off the "A Healthier US Starts Here!" Centers for Medicare and Medicaid Services Prevention and Wellness Initiative, a bus that will travel the country stopped by NIH on the morning of Apr. 18. Leaders from across NIH—including Dr. Elias Zerhouni (below, l), who took a turn behind the wheel—were able to get a sneak peek of the colorful bus that will tour across 48 states this spring and summer as part of an effort to promote awareness of the prevention benefits available to Medicare beneficiaries.

Decked out in bright photos and booming out buoyant songs like U2's "Beautiful Day" and Frank Sinatra's "You Make Me Feel So Young," the bus was poised for an official launch by HHS Secretary Michael Leavitt on Apr. 20. The CMS initiative aims to increase awareness and utilization of preventive benefits, to encourage beneficiaries to speak to their health care providers about the preventive benefits available to them and to encourage beneficiaries to enroll and use the web site www.mymedicare.gov.

In the group photo above are (from l) NIH deputy director Dr. Raynard Kington, NIGMS director Dr. Jeremy Berg, Zerhouni, NIAID director Dr. Anthony Fauci, NIH deputy director for OPASI Dr. Alan Krensky, NIH Budget Director John Bartrum and NINR director Dr. Patricia Grady. They were joined by many members of the Commissioned Corps, in the photos at bottom.

PHOTOS: MIKE SPENCER