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The Second Best Thing About Payday

nih record

ABOVE • *Cherry Blossom Festival royalty tours NIH. See story, p. 16.*

features

departments

The NIH Record is recyclable as office white paper.

Offering 'Many Dividends Over Time'

NIH Business System Enters Key Phase

On June 4, the NIH Business System launches a major new phase. Sure, you've already seen bits and pieces of its new look and new functions—preparing NIH'ers to travel on business changed several years ago, for example. The next NBS rollout—acquisitions, property and even more financial capabilities—is bigger and better. Shortly following will be the debut of nVision, a robust companion reporting system that will provide advanced features and ad hoc capabilities.

In 2000, you first met NBS as the "campus's major unseen construction project." It's grown a lot since then. Now, it's ready for a mega ribbon-cutting.

"Changing major business information sytems is, in my experience, one of the most difficult tasks for any large organization," says NIH director Dr. Elias Zerhouni. "With its growth and the increasing complexity of science, NIH has entered a new era in which biomedical research and its management have changed in dramatic ways. Modernizing our older systems and the ways we conduct and support research has become a necessity for our agency."

NBS—Way Beyond the ADB

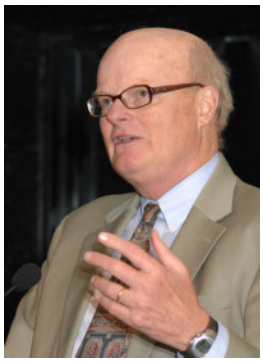
NBS began as a comprehensive strategy to replace the slowly aging "ADB," or administrative database. ADB, the process NIH'ers use to buy supplies, account for equip-

SEE **NBS TO LAUNCH**, PAGE 6

'Mark of an Expert'

'Great Teacher' Tierney Tackles Mysteries at CC Grand Rounds

By Carla Garnett



He's Lt. Columbo without the wrinkled rain coat. He's Dr. House absent the cranky attitude. He's a little bit of all your favorite TV detectives and doctors past and present, only he's better: He solves multiple mysteries in less than an hour. He is Dr. Lawrence Tierney, Jr., of the University of California at San Francisco, the latest medical sleuth to take on "mysterious cases" during a recent Clinical Center Grand Rounds.

"This is another rendition of 'Stump the Chump,'" Tierney joked, referring to a Q&A game played on NPR's show *Car Talk*.

A UCSF professor of medicine, the associate

SEE **MYSTERIES**, PAGE 8

The 800-Pound Gorilla as Patient

Wildlife Vet Calls For Global Partnerships

By Belle Waring

Dr. William Karesh is a different breed of vet. Although his home office is at the Bronx Zoo, he isn't there a lot. As head of the Field Veterinary Program of the Wildlife Conservation Society (WCS), Karesh tracks diseases from the forests of central Africa to the steppes of Mongolia. He recently touched down at NIH to speak on "Wildlife Surveillance: An Early Warning System for Ebola, Avian Flu and Other Disease Outbreaks."

"We think distinctions between human health, livestock and wild animals are completely artificial," he told the crowd in Bldg. 50's conference room. "There is only one world, only one health."

While his mission rhymes with that of NIH,

SEE **WILDLIFE**, PAGE 4

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briefs

NIH Director's Awards Ceremony, June 13

All employees are invited to the 2007 NIH Director's Awards ceremony on Wednesday, June 13 at noon in the Natcher Bldg. main auditorium. Awards will be presented in five categories: Director's Award, Mentoring Award, Director's Award for the NIH Roadmap for Medical Research, Commissioned Corps awards and EEO awards. Seating is on a first-come, first-served basis. Sign language interpreters will be provided. A reception will be held after the ceremony in the Natcher cafeteria. Individuals with disabilities who need reasonable accommodation to participate in the event should contact (301) 435-1619 or wlc@od.nih.gov.

Two Ways To Write to the *Record*

In addition to simple emails, there are two ways for readers to let us know what is on their minds. Our Letters to the Editor column accepts "signed" submissions (in other words, the author agrees to be identified in print) and has been open for business since 1996. But it has been little used since 2004, partly because we have not adequately publicized its availability. Letters to the editor should be relatively brief and about topics relevant to employment at NIH.

Another way to make your thoughts known to us is via our web site's new Feedback box. This allows readers to post comments to us without having to identify themselves. We are hoping that the *Record* audience uses this tool to suggest story ideas and topics for our reporting. We also hope this tool becomes a fertile source of frank talk about issues the *Record* could tackle.

We created the Feedback box in response to last fall's readership survey. We want to widen our news-catching net, be more relevant and responsive to readers and reduce obstacles to learning about the issues that concern you as employees. We look forward to hearing from you.

ORWH Women's Health Seminars Continue

The ORWH women's health seminar series continues with "The Health of Girls and Women Across the Lifespan: Adolescents," on Tuesday, June 5 from 2 to 4 p.m. in Lipsett Amphitheater, Bldg. 10. Speakers and topics include Dr. Vivian Pinn, NIH associate director for research on women's health, overview; Dr. Christine Bachrach, chief, NICHD Demographic and Behavioral Sciences Branch, "Update on ADD Health Research Project"; Dr. Ronald Dahl, University of Pittsburgh, "Sleep Behaviors and Adolescents"; Dr. Russell Pate, University of South Carolina, "Physical Activity in Children and Youth"; Dr. June Stevens, University of North Carolina-Chapel Hill, "Health Risks of Obesity"; and Dr. Donald R. Vereen, special assistant to the NIDA director, "Addiction and Adolescents." The event is open to the public. No registration is required.

Sons of Italy Seek New Members

The Order Sons of Italy in America (OSIA) is the largest and oldest national organization for men and women of Italian heritage in the United States. Its purpose is to research Italian-American culture and history, promote the study of Italian in the U.S., provide scholarships for young Italian Americans and educators, raise money for worthy causes and support cultural, diplomatic and research exchanges between the U.S. and Italy. Currently, OSIA has more than 600,000 members and supporters and a network of more than 700 lodges nationwide. NIH Lodge 2547 was established in October 1983. It seeks to expand its membership, which is open to all individuals; non-NIH employees are also welcome. For 2007, Lodge 2547 has participated in local festivals, raised money for NIH-related causes and scholarships, and, of course, sampled Italian restaurants. For more information on the lodge or if you are interested in joining, contact Cathy Battistone, (301) 594-1088; Diana Jeffery, (301) 435-4540; or Nina Baccanari, (301) 963-4268.

NIAID's Wellems Named to NAS

Dr. Thomas E. Wellems, chief of the Laboratory of Malaria and Vector Research, NIAID, is one of 72 new members and 18 foreign associates from 12 countries named to the National Academy of Sciences in recognition of their distinguished and continuing achievements in original research. The election was held at the 144th annual meeting of the academy on May 1. Those elected bring the total number of active members to 2,025.

The National Academy of Sciences is a private organization of scientists and engineers dedicated to the furtherance of science and its use for the general welfare. It was established in 1863 by a congressional act of incorporation signed by Abraham Lincoln that calls on NAS to act as an official adviser to the federal government, upon request, in any matter of science or technology.

From parking lot to CRU: *The new facility will be a modular structure adjacent to the main NIEHS building, giving clinical researchers easy access to laboratory resources.* PHOTO: STEVE MCCAW

NIEHS Readies Site for New Clinical Research Unit

By Eddy Ball

By the middle of this summer, NIEHS will take its translational research to the next level when it opens an 11,500-square-foot clinical research unit (CRU) on its Research Triangle Park, N.C., campus.

Along with pulmonary health studies, the physician-scientists who will be using the new facility have proposed a research portfolio that includes epigenetics, cardiovascular disease risk and reproductive health studies. The CRU will accommodate outpatient research only and will offer routine patient evaluation, fluoroscopy, x-ray and ultrasound imaging and sample collection and processing. It will also feature specialized diagnostic and analytical capabilities such as inhalation exposure measurement and bronchoscopy with bronchial sampling.

Last year, Dr. William Martin, director of translational research, became the first clinician recruited by NIEHS specifically for development of an on-site clinical research facility. He joined director of clinical research Dr. Perry Blackshear, who will oversee operation of the CRU. The two have been recruiting new clinicians and calling upon the talents of physicians and scientists already employed by the institute.

Previously, NIEHS research involving human tissue sampling or functional assessment could not be done on the main campus. The facility is situated adjacent to the main laboratory and will permit investigators to do studies that involve on-site sample collection, pulmonary function assessment and laboratory analysis.

In addition to helping NIEHS researchers overcome the difficulties of off-site clinical research in Bethesda and at collaborators' institutions, the CRU also represents a shift in NIEHS research focus. According to Martin, the CRU will encourage NIEHS scientists and grantees to develop protocols that promote interdisciplinary research at various levels.

Martin sees the CRU as a "metaphor for the changes that are happening within the institute." He predicts that "we'll see the portfolio evolve even more dramatically than it has already. Five years from now, our research may be going in directions we never envisioned initially."

As the outpatient unit progresses, the NIEHS advisory council will oversee clinical research efforts and help address questions about the future direction of an inpatient facility, which is planned for some time around 2012 if construction funding becomes available.

Big Check, Big Talent, Big Hearts

Members of the R&W Association-sponsored NIH Community Orchestra recently donated a check for $4,600—their total earnings from FY 2007 performances—to R&W. The gift will be distributed by R&W Foundation charities. On hand are (from l) Steve Soroka, president of NIHCO; Jonathan Binstock, NIHCO publicity chair; Gary Daum, NIHCO musical director and principal conductor; NCI's Dr. Harold Seifried, NIHCO incoming president; Jerry Gordon, making an additional donation on behalf of the Masons; and Randy Schools, president of the NIH R&W. For more information about the NIH Community Orchestra visit http://www.nihco.org.

National Prayer Day Observance Draws Crowd

This year's National Day of Prayer observance "was the best year ever," said NCI's Renee Gamborg, who helped organize the event. Held on May 3, the ceremony drew almost 100 NIH'ers for a program of dance, music and guest speakers. Two recording artists were also on hand—Brian Lenair of Washington, D.C., and Nathan Nyrienda of Zambia, Africa. "What a joy to have these young men come to NIH to lift our spirits as we lift up our leaders in prayer. See you next year for bigger and better!" said Gamborg.

WILDLIFE

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it calls for a different focus. As a conservationist, Karesh's practice isn't about zoonoses—diseases transmitted from animals to humans. Yet his work dovetails with public health and so connects him with the emergency preparedness and biodefense interest group, his campus host.

Karesh heads the Field Veterinary Program of the Wildlife Conservation Society.

PHOTOS: BILL BRANSON

"We use a matrix: find a disease with a common concern," he says, "and use it as a tool to bring people together, to work together." Karesh surveils "sentinel animals" such as wild swans, which are particularly sensitive to a highly pathogenic strain of bird flu. He builds interdisciplinary teams of veterinarians, biologists, public health and conservation professionals and local people, engaging them to build capacity, do research and advocate for smarter policies and guidelines.

Here's how it works. "The traditional approach in Ebola was to wait for people to start dying," he explains. "These areas [in central Africa] are really remote; there are no phones. So we pushed forward to have intervention and education before outbreaks."

Enter the animals. Gorillas are very susceptible to human diseases such as salmonellosis and tuberculosis, as well as Ebola and measles, to which they have no immunity. "There are only 600 mountain gorillas left," says Karesh. "Even a respiratory infection can lead quickly to death. We wanted to protect them—but how?"

The WCS started the first comprehensive preventive health program for gorillas in central Africa, where Karesh's teams taught local people to do simple lab tests, trained them in record-keeping and urged them to stay alert to animals around them. He found that because hunting is a way of life there, the bushmeat trade drives disease. But once WCS staff convinced hunters to think about contact rates as a way to protect their families, they started to listen. A pattern emerged: a month or two before a human Ebola outbreak, hunters would notice animal carcasses; but now, if they spotted a dead gorilla, they knew not to touch it and would instead notify officials.

Result: "We came up with a link to Ebola from the consumption of apes and we couldn't have done that without having trained the [national] park guards and raised awareness of local people." WCS vets and collaborating scientists were able to respond quickly to the crisis. Karesh's staff remains on-site year round, ensuring that conservation becomes part of disease education in central Africa, as well as in over 300 field projects in 60 countries around the world. "Now we have a new partner in conservation," he says, "and they have a new partner in health." WCS also has a wide range of public/private partners among non-government organizations and government agencies, including NIH and the Centers for Disease Control and Prevention.

Karesh also surveils poultry and wild birds, which can be reservoirs for the H5N1 bird flu virus. "We already know what's going on in animals," he says. "It has to do with human behavior and how we live our lives, and it's not hard to know how diseases cross species lines." He pointed to a letter published in *The Lancet*; its writer, a British scientist, proposed that the SARS virus was brought to Earth on a comet or meteorite. SARS is severe acute respiratory syndrome, a human illness caused by a coronavirus.

"You don't need to send a virus from outer space," Karesh says wryly. "You don't need to send it on dry ice—it's easier to send it in an animal." The bird trade in Asia is huge, with China moving 2 billion ducks per year, he notes, and there's a lot of money involved in these markets where "there's no sanitation, no control, no quarantine." Cockfighting, crowding and humans co-habiting with birds offer plenty of chances to swap viruses. And given that domestic mallard ducks are used to control snails in rice fields, where their stools shed H5N1, "there's a system in place for contamination by the duck production system."

Still, ducks aren't as susceptible to H5N1 as are wild swans, so Karesh traveled to Mongolia to gather environmental and census data on what birds were there: "What has been missing are sound epidemiological investigations to understand how wild birds fit into the H5N1 story. In the process, we were able to collect H5N1 samples from a dead swan and send them to USDA, CDC and WHO, who selected the isolate as a potential human vaccine candidate. It only took 3 weeks because people had already agreed to work together and we served as a neutral, non-governmental facilitator."

Swans were fitted with satellite tags. Since they nest thousands of miles from where they spend the winter, Karesh's team was able to map their flight and observe a vivid correlation: the swans flew over poultry outbreaks from China to South Korea. With support of USAID, CDC, USDA and others internationally, WCS has begun rolling out wildlife

disease surveillance around the world.

"As people do these investigations, they can share data even before they do the lab work," says Karesh. "Avian influenza is a good model to get people to work together—we're not waiting to publish."

For more information on the Global Avian Influenza Network for Surveillance, visit http://www.gains.org/.

NCI's Chattoraj Honored

Dr. Dhruba K. Chattoraj, senior investigator and head, control of DNA replication section, National Cancer Institute, has been elected to fellowship in the American Academy of Microbiology. Fellows are elected annually through a highly selective, peer-reviewed process, based on their records of scientific achievement and original contributions that have advanced microbiology. Chattoraj's scientific contributions have been in the field of plasmid replication. Using plasmid P1 as a model system, he defined the sites and proteins involved in origin control and its mechanism using genetic, biochemical and electron microscopy analysis. He received his Ph.D. from Calcutta University, India. There are now over 2,500 fellows representing all subspecialties of microbiology, including basic and applied research, teaching, public health, industry and government service.

Fall-Dickson Wins PHS Research Initiative Award

National Institute of Nursing Research intramural researcher Dr. Jane Fall-Dickson was honored recently with the 2007 Hasselmeyer Award for Research Initiatives, from the Public Health Service. The award recognizes "exemplary leadership resulting in noteworthy accomplishments in conducting nursing research and clinical investigation which stimulates the development of new knowledge and practice in nursing and/or health professions." Fall-Dickson, a tenure-track investigator and director of NINR's mucosal injury unit laboratory, was recognized for her outstanding accomplishments in establishing an interdisciplinary program of bio-behavioral research. Her work focuses on the oral complications of cancer treatment, specifically stomatitis, a severe inflammation of the mucous membranes of the mouth.

NIH Products Win National Communication Honors

The National Association of Government Communicators recently announced 2007 winners of its annual awards competition recognizing the best in government communication. Several NIH products received honors.

Blue Pencil Awards go to publications. NIH winners are listed below (category, place, product-IC, contributor):

National magazine, award of excellence, *NCRR Reporter*, Joyce McDonald and Victoria Contie, Ann Puderbaugh

Feature article, 2nd place, *Viral Voyages*-NIGMS, Alisa Zapp Machalek and Alison Davis, Ann Dieffenbach

Soft-cover book, award of excellence, *Your Guide to Physical Activity and Your Heart*-NHLBI, Karen Donato

Brochures/booklets (category 8), award of excellence, *21st Century Scientists: Research and Training Opportunities for Underrepresented Minorities*-NIGMS, Susan Athey and Ann Dieffenbach

Brochures/booklets (category 9), 2nd place, *National Center for Research Resources Brochure*, Ann Puderbaugh and Joyce McDonald

External newsletter, 1st place, *NCRR Reporter*, Joyce McDonald and Victoria Contie, Ann Puderbaugh; award of excellence, *NIH News in Health*-OD/OCPL, Harrison Wein and Margaret Georgiann, Bryan Ewsichek

Most-improved publication, award of excellence, *National Center for Research Resources Brochure*, Ann Puderbaugh and Joyce McDonald

Gold Screen Awards recognize video and multimedia products. Below are this year's NIH honorees.

Public service announcement, 1st place, Text Message PSA-NIDA

Public service announcement campaign, 1st place, Learn the Link Campaign-NIDA

Public affairs or educational program, 2nd place, *Stay in Circulation: Take Steps to Learn*-NHLBI, Susan Shero and Amy Pianalto

Web site I, 2nd place, ADEAR web site www.alzheimers.nia.nih.gov-NIA, NIA and JBS International, Inc.; award of excellence, College Drinking Prevention, NIAAA, Fred Donodeo and Lisa Brown

Web site II, award of excellence, National Institute of Allergy and Infectious Diseases web site, Tori Matthews and Jake Jester

E-newsletter, 1st place, *Biomedical Beat*-NIGMS, Emily Carlson and NIGMS Office of Communications and Public Liaison.

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ment and take official trips, has been around since 1978. Times have changed. The desktop computer concept was barely a twinkle in IBM's eye in 1978. NIH administrative systems had to move into the next century and get up to speed with current federal financial standards.

After exhaustive research, an exploratory team of administrators and scientists concluded that state-of-the-art commercial software was needed to make NIH's administrative infrastructure equal to its scientific stature. Enter NBS, "today's technology for tomorrow's science."

"It's very likely there will be difficulties at the beginning. No system is perfect the first day...This is a challenging task, but when accomplished it will pay many dividends over time."

"The ADB is a homegrown system that has served the NIH well for almost 30 years," says Colleen Barros, NIH deputy director for management. "It has been an administrative workhorse, but mainframe computers and COBOL programming are technologically obsolete, cumbersome and expensive to maintain. A world-class biomedical research organization must rely on quantitative data and business intelligence to advance its scientific agenda in the 21st century. The time has come to pass the torch to the next generation of administrative computing systems."

For NBS, NIH has chosen Enterprise Resource Planning software packages. Long-term NBS and nVision goals include:

- Improving overall administrative information flow
- Standardizing processes and integrating functions
- Gaining more reliable data
- Staying compliant with regulations
- Allowing greater flexibility in financial reporting.

Since 1999—when NBS planning actually began—hundreds of members of NIH's administrative and scientific communities have dedicated time, in addition to their regular jobs, to participate in developing the new system. Already, the following business functions have successfully moved from ADB to NBS, and from the data warehouse to nVision:

General Ledger. Released October 2001, it now includes supplementary financial management software.

Travel System. Since September 2003, NIH has used state-of the-art technology to prepare, route and sign travel documents electronically.

Supply and replenishment. In February 2007, the system began including warehouse stock orders and warehouse restocking.

What to Expect on June 4

The "mega" expansion on June 4 adds several functions:

- Acquisitions - Users may see changes in purchase cards, small purchases, station support contracts and research and development contracts.
- Property
- More financials
- New reporting capability will become available within the next few weeks through nVision.

While NBS improves the way NIH manages operations, Barros notes, such a large-scale automation effort will impose significant change on our administrative community.

"We anticipate a 'stabilization period' for the system and the employees," she advises. "During this time, there will be a decline in administrative productivity, such as procurement delays and decreased service levels, as 3,500 new users acclimate to the NBS. Also, software 'bugs' will inevitably surface, so bear with us as our support team works through the issues. nVision presents additional challenges because the new reporting capabilities are different. We ask for your patience and understanding as our employees adapt to the new way of conducting business transactions and reporting."

Leaders Can Ease the Path

IC directors and scientific directors are aware of the transition ahead. Executive officers participated in an NBS/nVision Leadership Forum to discuss the role of leaders during this sea change. "Leadership can reduce the depth and duration of the 'performance dip,'" said forum keynote speaker Michael B. Mann, former program director for a similar change at NASA. "Leaders must personally engage, provide direction and resources, and constantly and consistently focus on system-level benefits."

NIH has conducted a large training effort and provided on-site support to help ICs with individual needs.

"It's very likely there will be difficulties at the beginning," Zerhouni concludes. "No system is perfect the first day, nor is it easy to adapt to a new way of doing things. But NIH'ers are the best at adapting. This is a challenging task, but when accomplished it will pay many dividends

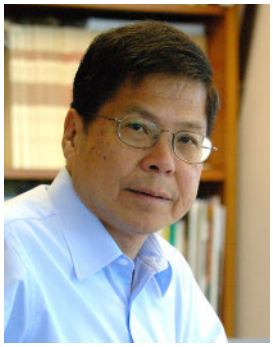
over time. Patience is needed in the early going and keeping communication lines open is key."

Support has been established between ICs, the NIH Help Desk and the NBS Management Center. Each IC has identified help points of contact to be the first line of defense for user issues. Contacts have been specially trained for this role, and will have on-going support from the management center after launch. NBS will also be providing on-site support, coaching/lab sessions and user meetings during the next few months to help users adjust to the new system.

If you have questions about the launch or would like to provide feedback, email NBS Change Management, nbscmt@mail.nih.gov, or the nVision Support Center, nVisionSupport@nih.gov.

Sieving Receives Health Care Leadership Award

NEI director Dr. Paul Sieving was recently awarded the American Optometric Association's Health Care Leadership Award. Dr. David Cockrell of the AOA board of trustees presented him with a plaque and praised him for his dedication and achievements in the area of eye and vision health. In his acceptance speech, Sieving highlighted recent advances in vision research. Each May, the Health Care Leadership Award is presented during AOA's Congressional Advocacy Conference. Recipients of the award include members of Congress and the administration who are chosen based on their involvement in health care issues.



Yu Named ASA Fellow

Dr. Kai Fun Yu, chief of the Biometry and Mathematical Statistics Branch in NICHD's Division of Epidemiology, Statistics and Prevention research, was recently named a fellow of the American Statistical Association. The honorary title recognizes members who have made significant contributions in statistical work. In its award citation, the association recognized Yu "for outstanding contributions to mathematical statistics, sequential analysis, longitudinal data analysis and other quantitative methods in biomedical research" as well as for his leadership in the field. ASA notes that the yearly award is limited to no more than one-third of 1 percent of its membership.

Six Join NINDS Advisory Council

Six new members recently joined the National Advisory Neurological Disorders and Stroke Council:

Susan Axelrod is president and founder of Citizens United for Research in Epilepsy (CURE), a non-profit organization founded by mothers of children with severe epilepsy. She recently helped organize and co-sponsor the NIH conference, "Curing Epilepsy 2007: Translating Discoveries into Therapies."

With NINDS director Dr. Story Landis and NINDS deputy director Dr. Walter J. Koroshetz (c) are new advisory council members (from l) Susan Axelrod, and Drs. Edgar J. Kenton III, Caroline M. Tanner, Lucie Bruijin and Ralph G. Dacey, Jr. Not shown is Dr. Gary Westbrook.

Dr. Lucie Bruijin is science director and vice president of the Amyotrophic Lateral Sclerosis Association, a national non-profit organization and the largest private source of funding for ALS research in the world. She has developed and characterized various model systems of neurodegenerative diseases, including a mouse model of ALS.

Dr. Ralph G. Dacey, Jr., is the Henry G. and Edith R. Schwartz professor and chairman of the department of neurological surgery at Washington University School of Medicine, St. Louis. A leader in the field of cerebrovascular neurosurgery, he also serves as neurosurgeon-in-chief at Barnes-Jewish Hospital.

Dr. Edgar J. Kenton, III, is an expert in stroke and neurological disease. He is former director of the Stroke Prevention Intervention Research Program at Morehouse School of Medicine in Atlanta and currently serves on the board of directors of the American Board of Medical Specialties and the Accreditation Council of Continuing Medical Education.

Dr. Caroline M. Tanner is director of clinical research at the Parkinson's Institute in Sunnyvale, Calif. An epidemiologist and biostatistician, she serves on the editorial board of the journal *Neuroepidemiology* and on the scientific advisory board of the Michael J. Fox Foundation.

Dr. Gary Westbrook is co-director of the Vollum Institute, a privately endowed research unit of the Oregon Health and Science University. He is also a professor of neurology at the university's school of medicine and editor-in-chief of the *Journal of Neuroscience*.

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chief of the medical service at San Francisco VA Medical Center and a physician respected by peers and students alike who has captured a teaching award nearly every year for the past couple of decades, Tierney is far from being "the chump" he joked about. And, in fact, he never seemed to be stumped during the hour-long session in which two NIH clinicians, Dr. Michael Sneller and Dr. Tara Palmore, presented cases featuring slides of symptoms, test results and medical histories from actual patients.

Master medical detective Tierney (second from r) poses with those who tried to stump him: (from l) Dr. Michael Sneller, Dr. Jeffrey Cohen, chair of Rounds' Great Teachers lecture series, and Dr. Tara Palmore.

PHOTOS: BILL BRANSON

Preparation for the exercise started several weeks earlier when Dr. Jeffrey Cohen, head of the medical virology section in NIAID's Laboratory of Clinical Infectious Diseases and chair of Rounds' Great Teachers lecture series, solicited several NIH physicians for their best head-scratchers—ailments that had proved challenging to diagnose.

"I chose cases that were relatively common diseases—but often with unusual or less obvious signs or symptoms—that I thought would be good for teaching," Cohen said. "Often there are one or two clues that if one can tease out from the rest of the data, provide the key to the diagnosis. This is the mark of an expert diagnostician like Dr. Tierney."

Sneller explained, "I supplied 3 or 4 cases I had seen over the past few years that I thought were interesting…They had stumped the physicians who referred the cases to me, but we were able to come up with the correct diagnosis in a day or two after the patient arrived here."

The only rules were that Tierney would not know the cases ahead of time, and that the answers would be fairly routine diseases. While master detective Tierney did meet Sneller and Palmore beforehand, Cohen said, "we did not tell him what their medical specialty was or even what institute they were from. [Tierney] was very curious about this, as is a good detective, but neither revealed their background until after grand rounds."

The first case, titled "Disease of the Flesh," featured a 46-year-old male bus driver with skin ulcers on his lower legs and feet. After just a few details were presented, Tierney suggested several potential diagnoses for the audience's consideration.

"You have a disorder which is sub-acute, and not specific in its presentation…he has what sounds like purpura, but you never know unless you examine such a patient," ventured Tierney. "[The rash] being on the feet and lower legs makes you wonder about vasculitis. Hepatitis C really leaps to mind…Hmm, the lesions become more numerous. This is where it gets a little tricky, because we usually don't think of cryo hep C as causing painful ulcerations."

Throughout the hour, he kept up a constant conversation with himself, allowing attendees to hear how a medical detective's mind nudges and prods at each aspect of a new problem.

"We picked cases that we thought he would have difficulty with," Cohen explained. "Of course he got the first case after reading only the first slide. We started with a 'softball' to warm him up, and saved the hardballs for later."

At several times during the presentations, Tierney anticipated data or asked for a test that the next slide would show. He was often a step or two ahead in the game, methodically whittling down disease suspects until only a few remained. "Why abandon the fungal infection?" an audience member called out to Tierney. "Well, I didn't entirely," he volleyed back, further explaining his mental gymnastics aloud.

The culprit plaguing the bus driver turned out to be hepatitis C-associated mixed cryoglobulinemia—"cryo hep C"—a suggestion Tierney had indeed pitched almost immediately. He averaged less than 15 minutes to solve each case.

"Dr. Tierney demonstrated the ideal diagnostic process, thinking through the problem systematically in the way I think we should all be doing it," noted NIAID's Palmore, days after the session. Associate program director of the Infectious Diseases Training Program, she offered "two cases that had been presented at infectious diseases grand rounds, and had not particularly stumped some of our infectious diseases experts. We wanted cases with classic features that could be recognized by a non-infectious diseases specialist."

Although she said her cases were not overly challenging, she admitted it can sometimes take a while to hone in on one disorder. "I see patients who are often referred for second opinions or as diagnostic mysteries without definitive diagnoses," she concluded. "It can take days to weeks to make a diagnosis. [Tierney]

did an amazing job! [One] case was harder for him because he is from a part of the country in which histoplasma is not endemic."

Tierney took full advantage of his time here. He met with several NIH-Howard Hughes scholars and M.D./Ph.D. students for breakfast, went on ward rounds later in the morning, held forth at Grand Rounds at noon and then had dinner with the Clinical Research Training Program fellows that evening.

In addition to being an artful and engaging model, Tierney was able to offer vital instruction about recognizing an illness. The most important lessons he demonstrated were to "keep an open mind about the cases and not fixate on a single diagnosis," Cohen concluded. "Integrate all of the information. Two of our cases had two separate, independent diagnoses and he recognized all of them."

AWIS Honors OTT's Haak

Dr. Laurel Haak (l) accepts the Association for Women in Science (AWIS) Bethesda chapter's annual Award for Excellence in Mentoring from Dr. Crina Frincu, a protégé at NCI. The award is given in recognition and appreciation of outstanding mentoring of young women and men in science. Haak is currently a program manager with Discovery Logic, Inc., and a contractor in NIH's Office of Technology Transfer. According to AWIS, "Whether at the National Academies, where she mentored and guided dozens of science policy fellows, or in the National Postdoctoral Association, she has put to good use her energy, wisdom, intelligence, and charm, being instrumental in shaping a new, friendlier environment for women and men at an early stage in their careers." The local AWIS chapter is supported in part by the Office of Research on Women's Health, the Office of Community Liaison and the National Library of Medicine.

PHOTO: EDITH MILES

'Let's Stand, Not Grandstand'

Zerhouni Delivers First Talk in 2007 Diversity Seminar Series

By Glenda Keen

NIH director Dr. Elias Zerhouni was the keynote speaker Apr. 4 for the first lecture in the 2007 NIH Diversity Seminar Series, which is sponsored by the Office of Equal Opportunity and Diversity Management.

Stand, don't grandstand, Zerhouni said, issuing a challenge to NIH'ers. He suggested that there are two camps, one where organizations make speeches about diversity—grandstanding—and another where organizations take action and implement strategies to build on diversity's strength. Diversity doesn't happen overnight, he said, but forums that bring individuals together to discuss diversity in order to change the culture of organizations are important.

The greatest challenge for NIH is transforming medicine from a curative to a pre-emptive medicine paradigm, declared Zerhouni. Much of the disparity in health lies in chronic diseases. A diverse cadre of researchers, physicians and other medical professionals is needed to address these gaps. Diversity must be present in all phases of the process, from scientists to clinicians to those served.

Equal opportunity and affirmative action are tools we use, but they are not enough, he concluded. We must identify best practices. Zerhouni said the best approach to finding solutions may be to gather a diverse group of individuals who are independent thinkers, outspoken and not beholden to a group-think agenda, as postulated by author James Surowiecki in *The Wisdom of Crowds*.

For more information on the seminar series, call Sherrie Davis at (301) 451-0745.

milestones

NIAMS Deputy Director Hausman Retires

Dr. Steven J. Hausman, the first and only deputy director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, retired recently after more than 31 years of federal service. He also was first director of the NIAMS Extramural Program.

NIAMS deputy director Dr. Steven Hausman (r) accepts a parting gift from institute director Dr. Stephen Katz.

A crowd of friends and colleagues gathered recently to celebrate his long career and bid him adieu. Among the many accolades was one from NIH director Dr. Elias Zerhouni, who wrote, "Your steady efforts and leadership at the NIAMS have been vital to the success of the institute's research, training and health information activities."

Hausman graduated with a B.A. from the University of Pennsylvania in 1967 and received his Ph.D. from Penn in 1972 in immunogenetics and transplantation biology.

After completing a postdoctoral fellowship at the Institute for Cancer Research in Philadelphia in 1975, he joined NIH as a staff fellow in the intramural research program of the National Institute on Aging. In 1977, he became special assistant to the associate director for arthritis, bone and skin diseases of the then-named National Institute of Arthritis, Metabolism and Digestive Diseases.

In 1978, when he assumed leadership of the Arthritis Centers Program, he became the youngest program director in the same institute and in 1986 was appointed deputy director of the Division of Arthritis and Musculoskeletal and Skin Diseases. When NIAMS was established in 1987, he became deputy director of the Extramural Program. In 1990, he was appointed deputy director of NIAMS. He concurrently served as director of the Extramural Program from 1995-2002.

Hausman has received numerous honors including the NIH Director's Award. He is also cited in *American Men and Women of Science*, *Who's Who in Science and Engineering* and *Who's Who in Medicine and Healthcare*. He also received a certificate for meritorious service from Montgomery County for his efforts on the agricultural advisory committee.

Since 1995, he has served as deputy ethics counselor for NIAMS. In 2002, he co-organized and chaired a national NIH Conference on Institutional Conflict of Interest.

Hausman also has a passion for information technology. After successfully leading the NIH effort to convert all incoming paper grant applications to electronic images, he assumed the role of NIH advocate for advanced technologies. He became organizer of the NIH advanced technologies scientific interest group, made up of individuals with an interest in nanotechnology, robotics and biomedical applications of new technologies. Hausman also took a leadership role in implementing the first stage of the NIH Enterprise Ethics System by which all ethics activities will be conducted in the future.

Throughout his career he fostered participation of minorities and persons with disabilities in NIH activities. In September 2003, he was appointed to the NIH Diversity Council. He was elected as vice chair of the council in November 2003 and chair in September 2004.

He is a member of the American Association for the Advancement of Science, American Association of Immunologists, American Chemical Society, American Society for Cell Biology and the Transplantation Society.

Hausman is quick to point out that—as a recent news article put it—he is "downshifting" rather than retiring. He continues to work with NIAMS as a contractor on ethics issues and has accepted an appointment to the board of ethics of the Washington Suburban Sanitary Commission. He has established his own technology education and consulting company, HausmanTech, and has even had a child's rhyme published.

"The only constant is change," noted Hausman, who as extramural program director often began staff meetings with such quotes as food for thought.

NEI's Associate Director for Communication Stein Retires

By Arthur Stone

Judith A. Stein, NEI associate director for communication, health education and public liaison, recently retired after nearly 25 years at NIH, the last 19 at NEI. Before joining NEI, she was project officer for NCI's Cancer Information Service (CIS).

Before coming to NIH, she directed a contract at the University of Miami School of Medicine to operate the CIS for Florida and Georgia.

Dr. Paul Sieving, NEI director, said, "Judy has provided superb service to NEI for these many years. Her work has been recognized both inside and outside of NIH. We are very grateful to have had her as our ambassador to the general public and to other eye health organizations. We wish her well in her new phase of life."

Stein's tenure at NEI was characterized by many "firsts." Within 6 months of her arrival, she coordinated the institute's first clinical alert for a nationwide clinical trial that found an effective treatment for a blinding disease of premature infants. In her 19 years with NEI, she oversaw dissemination of results from more than 30 nationwide clinical trials. Another first came when NEI received congressional appropriations for development of an education program on glaucoma and diabetic eye disease. This led to establishment of the National Eye Health Education Program (NEHEP) in 1991, the first government-led eye health education program. NEHEP is now celebrating its 16th year.

For NEI's 25th anniversary, Stein directed development of a 2,000-square-foot traveling exhibit called the VISION Exhibit, designed to be housed in science museums nationwide. It has been displayed in 32 museums in 20 states since 1993, and viewed by approximately 7 million visitors. She also developed another traveling exhibit called THE EYE SITE, which has been displayed in shopping malls in 33 states and D.C., and has distributed 60,000 publications. In 2000, Stein and her staff received a creativity award from the Vice President's National Partnership for Reinventing Government for THE EYE SITE.

Stein helped create NEI's Office of Communication, Health Education and Public Liaison in 1997. That year, NEI launched its first web site. Since then, NEI has won 13 awards for web-site design and patient-education guides. The office also has received 20 Blue Pencil awards, three Gold Screen awards—two of which were for first place, nine NIH Plain Language awards for various publications and audiovisual products, and other awards for office products and activities. Her individual awards include an NIH Director's Award in 1991 and NEI Director's Awards in 1994 and 2000.

At a recent retirement celebration, NIH Associate Director for Communications and Public Liaison John Burklow said Stein "actually did the things that most people only talk about. She was a leader among the NIH communication directors and a font of good ideas. She created a model for NIH to follow. She is adventuresome and creative, but practical."

Reflecting on her career at NIH, Stein admitted she had one of the "best jobs in the world. It has always been a pleasure to come to work, and my work has been meaningful, rewarding and, most of all, fun. I have always been given the staff and resources to make things happen, and that has been wonderful and very rare."

In retirement, she and her husband, Arnie Porsch, have relocated to Ormond Beach, Fla. She will continue working as a communications consultant for NIH and will start a new business marketing art in health care and corporate settings. She plans to "generally enjoy life, walking or riding my bicycle on the beach every day."

NIDDK Associate Director Merchant Retires

Barbara Merchant, associate director for management at NIDDK, retired after 30 years of service at NIH. Dr. Griffin Rodgers, NIDDK director, recognized her accomplishments at a retirement luncheon.

Barbara Merchant, associate director for management at NIDDK, has retired after 30 years of service at NIH, the last 12 of which were at NIDDK. Dr. Griffin Rodgers, director of the institute, recognized her accomplishments at a retirement luncheon recently. Merchant spent her first 4 years at NIDDK as chief of the Administrative Management Branch in the Division of Intramural Research, where she assisted with the establishment of the Transplant and Autoimmunity Branch.

As associate director, she worked with the director to develop a workable consolidated acquisition structure to meet HHS objectives, while maintaining a responsive acquisitions program for NIH scientists. Most recently, she implemented succession planning for all NIH administrative positions and championed a new NIH fellowship, the Administrative Fellows Program, to attract recent masters' graduates into training positions as administrative officers, grants management specialists and contract specialists. Throughout her career, Merchant mentored and developed numerous administrative staff into outstanding senior professionals at NIH.

NIH Review Policy Officer Coelho Retires

By Elise Rabin

PHOTO: ELISE RABIN

Dr. Anthony Coelho, Jr., a 15-year NIH veteran, retired in mid-May. As NIH's review policy officer in the Office of Extramural Programs, Office of Extramural Research, he developed and implemented regulations governing NIH extramural review functions and ensured standard approaches to peer review of grants, cooperative agreements and research and development contracts.

An accomplished and engaging public speaker, Coelho skillfully paired his expertise in NIH scientific peer review and grant mechanisms with his ability to entertain and educate. At hundreds of domestic and international conferences, symposia, workshops (and onsite at NIH), he informed scores of audiences about the NIH Small Business Innovation Research/ Small Business Technology Transfer programs, the peer review process, grantsmanship and grant application preparation.

"It was a privilege working at the NIH and serving its community," he said. "It was memorable and pleasurable."

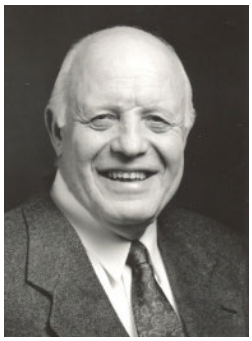
Coelho served as acting director of the NIH Office of Federal Advisory Committee Policy during 2005. For 7 years he was chief of NHLBI's clinical studies and training review section, where he concurrently served as a scientific review administrator.

Prior to joining NIH, Coelho was a scientist in the department of physiology and medicine and a laboratory director at the Southwest Foundation for Biomedical Research in San Antonio. He also held positions in the School of Medicine at the University of Texas Health Science Center in San Antonio. He was a professor in the department of surgery and the department of neurosurgery, an associate professor in the department of pediatrics and an associate professor in the dental school's department of dental diagnostic science.

Coelho received more than 18 years of continuous grant and contract funding from NIH and other federal agencies. This supported his research into the role of diet, exercise and stress on blood pressure regulation, atherosclerosis and cardiovascular disease, and the effects of exposure to electric and magnetic fields on the central nervous system. He also served for 12 years as a peer reviewer of grants and contracts for NIH and various federal agencies. Coelho received his doctoral degree from the University of Texas at Austin.

Dr. Sam Shekar, director of OEP, said, "[Coelho] has made significant contributions to the NIH over the past 15 years, first at NHLBI and then in OER, where he served as the NIH review policy officer for the past 8 years. We wish Anthony well as he returns to his home state of Texas and enjoys the many years ahead."

Long-Time Animal Nutritionist Knapka Dies



Dr. Joseph J. Knapka, a world leader in laboratory animal nutrition, died Apr. 22.

He received his Ph.D. in animal nutrition from the University of Tennessee in 1967, and then served as the NIH laboratory animal nutritionist for 28 years. Knapka will be remembered by the scientific community for the development of "open formula" lab animal diets.

In the early 1970's, he initiated a program to standardize laboratory animal diets at NIH by creating the first "open formula" laboratory animal diets. Since then, the diets have been accepted by the lab animal community and are being used at scientific institutions around the world. Over the years, the diets resulted in significant savings in diet procurement for NIH and improved research by reducing the variation intrinsic in natural-ingredient diets, which facilitated interpretation of results among experiments.

Throughout Knapka's distinguished career, he was involved in basic and applied nutrition research resulting in over 60 publications. Many had a significant impact on lab animal science. His research was diverse including the effects of irradiation on digestibility in burros, the effects of open and closed formula diets on mice, the effects of dietary fat on golden hamsters, the effects of caloric restriction on aging in nonhuman primates, the effects of carbohydrates on hypertension in hypertensive rats, the effects of dietary protein on inbred strains of mice, dietary prevention of cataracts in the RCS rat, the effects of dietary fiber on morbid-

ity in recently imported macaques and effects of dietary intervention on "wasting marmoset syndrome."

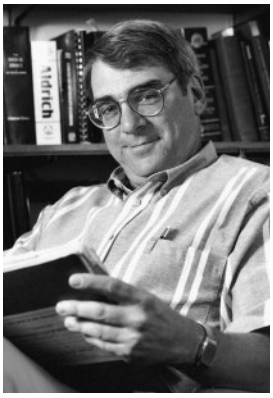
In the late 1980's, Knapka worked with NASA to develop the first diet—"space paste"—for rats flying on board the space shuttle. As a consultant to the Pan American Health Organization, he traveled to Peru to formulate a nutritionally balanced New World Monkey diet based on local ingredients.

Knapka served on 13 advisory committees and three editorial boards, including *Lab Animal*. He was a member of several National Research Council committees and was an active member, serving on several committees, of the American Association for Laboratory Animal Science since 1968.

In 1994, he received a Distinguished Alumni Award from Pennsylvania State University, where he earned his undergraduate degree.

Knapka retired from NIH in 1995. However, he continued to serve as a lab animal nutrition consultant and board member of Taconic Farms. He is remembered as a kind, common sense type of scientist and lab animal science diplomat who befriended everyone with whom he came into contact. He is survived by his mother Helen, his widow Dorothy, his son John, daughter Cynthia and four grandchildren.

NCI Chemist Moschel Mourned



Dr. Robert C. Moschel, a senior investigator at NCI's Center for Cancer Research in Frederick, died at home on Apr. 20 due to complications from pancreatic cancer.

He was born and reared in Cincinnati, received his Ph.D. in biochemistry from Ohio State University in 1973, and conducted postdoctoral research in organic chemistry at the University of Illinois before moving to Frederick, Md., to work in NCI's intramural program. He became head of the carcinogen-modified nucleic acid chemistry section, Laboratory of Comparative Carcinogenesis, in 1992.

"I first met Bob in the mid 1980's soon after my arrival in Frederick. We immediately shared two major interests—science and golf. His work on cancer adjuvants was a brilliant application of organic and biochemistry applied to cancer," said Dr. David Garfinkel, also of NCI.

Moschel and his colleagues developed compounds that can inactivate a human DNA repair protein. The inactivation of this protein can bring about a dramatic improvement in the effectiveness of drugs used to treat brain tumors.

"Scientifically, Bob was my role model, a superb chemist who had long since accomplished what I have set out as my highest and as yet unfulfilled goal at the NCI—to translate basic chemistry research findings into direct benefits for humankind," said Dr. Larry Keefer. "It was always inspirational to see the organ scans of patients whose tumors were regressing—indeed disappearing—after dosage with the combination drug therapy he developed."

"I came to Frederick to work with Bob in 1987. I enjoyed working with him so much I never left," said Dr. Gary Pauly. "He leaves behind a series of compounds which are improving patient therapy as a legacy. As important, he leaves a collection of memories with those who had a chance to know him well."

In lieu of flowers, memorial contributions may be made to the Community Foundation of Frederick County, c/o Mary Ann Moschel Memorial Scholarship Fund, 312 East Church St., Frederick, MD 21701; or the Center for the Inland Bays, 39375 Inlet Rd., Rehoboth Beach, DE 19971.

Keller Is CSR's New Executive Officer

Melanie Keller is the new executive officer at the Center for Scientific Review. In this role, she will oversee staff and contractors who provide critical services to CSR and NIH: administrative, financial management, committee management, information technology, procurement and management analysis services. Each year, CSR receives about 80,000 grant applications, uses nearly 20,000 reviewers and hosts more than 1,600 review meetings, which require over 60,000 hotel rooms and travel reimbursements.

Keller comes to CSR from the NIH Office of Strategic Management Planning, where she was director of the Workforce Development Program, after serving as director of the NIH Training Center. Earlier she worked for the NIH Office of Human Resources, where she was program manager of the Emerging Leader intern program, after serving as training program manager for administrative systems training.

Keller's first job at NIH was as human resource specialist and administrative officer for the Clinical Genetics Branch and the Nutritional Epidemiology Branch at NCI. Before coming to NIH, she held a number of administrative/personnel positions at the Food and Drug Administration.

She serves on the International Public Management Association for Human Resources—eastern region's executive committee and has held a variety of leadership roles in that organization since 1997. Keller holds a B.S. degree in management studies and human resource management from the University of Maryland.

digest

The Power of 'Junk'

Thanks to new genetic findings in marsupials, researchers have learned that most innovations leading to the human genome sequence lie in areas that until recently were labeled "junk" DNA. An international team supported by NHGRI announced in the May 10 issue of *Nature* the publication of the first genome sequence of a marsupial—specifically, one belonging to a South American species of opossum. By comparing the marsupial genome to genomes of non-marsupials, like humans, researchers are able to understand better the way mammalian genomes have evolved over millions of years. The key finding from the comparison: the vast majority of recent genetic innovation in our genome lies not in protein-coding genes, but in regions that don't contain genes at all, leading to their "junk" moniker. Marsupials are the closest living relatives of placental mammals, offering a unique view of our own genome's evolution.

The genome of a South American species of opossum is proving useful in comparative studies with the human genome.

More Testing Needed

Two recent findings from NIH researchers point to worrisome rates in necessary testing and treatment. In an online report in the journal *Cancer*, researchers, led by NCI's Dr. Nancy Breen, showed that after rapid increases in reported use of mammography by women in the U.S. since 1987, the percentage of women 40 and older who reported having a mammogram within the last 2 years slipped from 70 percent in 2000, to 66 percent in 2005. Though this is a relatively small decline, researchers said the drop is still cause for concern because it signals a change in direction. The findings were based on a survey of about 10,000 U.S. women over age 40 conducted by the CDC.

And Treatment, Too

Meanwhile, a recent survey conducted by NIDA and NIAAA showed that only 8 percent of people identified as drug abusers and fewer than 40 percent of those diagnosed with drug dependence have ever had any kind of intervention or treatment. These survey results, published in the May issue of the *Archives of General Psychiatry*, also show that rates of drug abuse and dependence are generally higher among certain populations, including men, respondents ages 18 to 44 years and people who have never married. Researchers said these findings suggest certain groups are more vulnerable and should therefore be targeted for early intervention efforts.

Defining Bipolar Disorder

In the same issue of the *Archives of General Psychiatry*, an NIMH-funded study reported that bipolar disorder may be both inaccurately characterized and improperly treated. Using data from a nationwide survey of mental disorders among 9,282 Americans ages 18 and older, researchers determined that the illness may be more accurately characterized as a "spectrum" disorder because it manifests itself in multiple ways. And while the study showed most respondents with the illness reported receiving treatment of some kind, not everyone received treatment considered optimal for bipolar disorder. Up to 97 percent of those who had some type of bipolar illness said they had coexisting psychiatric conditions—like anxiety, depression or substance abuse disorders—and many received treatment for these conditions instead of for bipolar disorder. The study points to the need for better screening tools and procedures for identifying the disorder, researchers said.

However, this month NIMH also reported more positive news for bipolar disorder. Research published online in *Molecular Psychiatry* revealed results from the first genome-wide study of the illness. It showed that the likelihood of developing the disorder depends in part on combined, small effects of variations in many different genes in the brain, none of which is powerful enough to cause the disease by itself. Targeting the enzyme produced by one of these genes, called DGKH, could lead to the development of new, more effective medicines.

Visualizing the 'Claw'

Finally, electron tomography, an advanced imaging technique, has allowed NCI researchers to visualize an "entry claw," a structure formed between the human immunodeficiency virus and the cell that it infects. This ability to see virus-host interaction at the molecular level not only gives researchers insight into how HIV and related viruses interact with proteins on the surface of cells and enter the host cells to integrate their DNA, but also gives clues as to how to improve the design of anti-HIV therapy. Further, it demonstrates that tools like electron tomography have the potential to help scientists see the subcellular effects of many different diseases, including cancer. The findings were published in the May 4 issue of *PLoS Pathogens*.—**compiled by Sarah Schmelling**

volunteers

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.

Healthy Women Needed

The Behavioral Endocrinology Branch, NIMH, is seeking female volunteers ages 18-55 to participate in studies of the effects of menstrual cycle hormones on brain and behavior. Volunteers must have regular menstrual cycles with no changes in mood in relationship to menses, be free of medical illnesses and not taking any hormones or medication on a regular basis. Payment will be in accordance with the duration of each visit and the type of protocol. For more information, call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Healthy Volunteers Needed

Healthy volunteers of all ages are needed for an NIEHS research study to investigate genetic and environmental causes of rheumatic disease (rheumatoid arthritis, lupus, myositis, scleroderma). This study involves a medical evaluation, blood sampling, urine collection and completion of questionnaires relating to environmental exposures. Volunteers may be enrolled into the study through their local health care provider or at NIH in Bethesda. Compensation is provided. Interested individuals should visit http://dir.niehs.nih.gov/direag/ or call Drs. Frederick Miller, Lisa Rider or Mark Gourley at (301) 451-6820 or toll-free at 1-888-271-3207.

Volunteer Drivers Wanted

The Children's Inn at NIH is seeking drivers to provide transportation for its residents. The inn is a private, nonprofit family-centered residence for pediatric outpatients at NIH and their families; the inn's volunteers drive these families to a local grocery store on weekday evenings. The driver and families depart from the inn at 6:30 each evening, with the grocery run lasting approximately 1-1.5 hours. Drivers are required to be at least 21 and may not have any points on their license. Each volunteer must take a 2-hour training session prior to driving for the inn. If you are interested, email Steve Marston at Marstonst@mail.nih.gov.

Five Appointed to NIAMS Council

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

George A. Beach, founder and chairman of Beach Creative Communications headquartered in Philadelphia. Beach, who has received many national and international awards and is active in community leadership roles in Philadelphia, serves nationally on the boards of the Arthritis Foundation and the Alliance for Aging Research.

Dr. Betty A. Diamond, professor at the Albert Einstein College of Medicine in the Bronx, N.Y., and chief of the Center for Autoimmune Diseases at the Feinstein Institute for Medical Research in Manhasset, N.Y. She has had an active career in several specialties: rheumatology, immunology and microbiology and is a national and international leader in those fields.

Dr. Kathleen J. Green, the Joseph L. Mayberry professor of pathology at Northwestern University Medical School. She is also professor of dermatology and associate chair for research and graduate education in pathology.

Dr. Clifford J. Rosen, executive director of the Maine Center for Osteoporosis Research and Education at St. Joseph Hospital in Bangor, Me. He is a senior staff scientist at the Jackson Laboratory in Bar Harbor and a professor of nutrition at the University of Maine in Orono.

Dr. James N. Weinstein, director of the Institute for Informed Patient Choice at Dartmouth Medical School. He is also professor and chair of the department of orthopaedics at Dartmouth-Hitchcock Medical Center.

The new appointees will serve on the council through September 2010.

NIAMS director Dr. Stephen Katz (c) and acting deputy director Dr. Paul Plotz (third from r) welcome new members to the institute's council. Pictured are (from l) Dr. James Weinstein, George A. Beach, Dr. Clifford Rosen, Dr. Betty Diamond and Dr. Kathleen Green.

A Princess Diary: Part Two

By Emily Carlson

Some of you may remember my memoir about being a 2006 Cherry Blossom Princess in last year's May 19 issue.

Wielding my authority before I stepped down as "Illinois Princess," I invited the 2007 princesses to NIH. I hoped the visit would open the young women's eyes to this great land of medical research that I had come to know as a writer at the National Institute of General Medical Sciences.

The night before they arrived, I lost some beauty sleep. I worried about lots of things, but mostly I feared that the 3-hour visit wouldn't begin to capture the depth of NIH research, patient care and outreach.

Escorted by local police through morning gridlock on Wisconsin Ave., the princess motorcade arrived promptly. I met the group of 50 at the Gateway Center. Like them, I wore a light-colored pant suit—a relic from my princess collection.

As indicated on their pink sashes, the princesses hailed from Georgia to Japan. The women served as ambassadors for U.S. state societies and embassies during a week of tours, service projects and receptions. Their visit here on Apr. 11 marked the first time in the 59-year history of the national program that the princesses called on NIH.

The first stop on the NIH circuit: the Visitor Information Center. After a brief video about NIH, NIGMS program director Dr. Irene Eckstrand asked: "Where do you come from?" Through a hands-on exercise, she showed how genetic diversity changed as humans moved out of Africa and what studies of population migration can tell us about health.

The morning then turned to health issues of concern to women. As Office of Research on Women's Health director Dr. Vivian Pinn explained, "It has only been in the last few years that we've begun to pay more attention to women's health." Forty years ago, when Pinn graduated from medical school, "women's health" primarily was thought of as "reproductive health." Today, the concept encompasses many functions related to women's mental and physical well-being at every stage of life.

Heart disease currently tops the list of the major health threats to women. Dr. Ann Taubenheim, who helped spearhead the National Heart, Lung, and Blood Institute's successful Heart Truth campaign, introduced the princesses to risk factors and stressed that it's never too early—or too late—to take action. The Colorado princess, who wants to be a cardiologist, asked about NIH internship opportunities.

With little time remaining before an afternoon cruise, the princesses stopped briefly at the Children's Inn, where they captured the attention of two young boys whose family was checking in. The group drew similar attention at the Clinical Research Center, where their pink sashes stood out among a crowd of white coats worn by visiting nursing students.

"I live right by NIH, and I didn't know much about it," said the reigning National Cherry Blossom Queen. Other local princesses echoed this comment.

By the end of the visit, each princess had fastened the iconic Red Dress pin to her sash. The pin symbolized more than awareness about heart disease. It represented the women's new appreciation of NIH—something that one day could influence their careers as doctors, journalists, politicians and public health advocates.

***Above**:*
Fairytales come true when the princesses visit the Children's Inn.

***Below**:*
The princesses attend morning lectures related to women's health.

PHOTOS: CARL BOUCHARD