

# nih record



**ABOVE** • Passing judgment on a two-step? CFC 2007 asks NIH'ers to rate something other than science. See story, p. 16.

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### Meeting the Requirements of HSPD-12

## NIH Badging Effort Works to Accommodate Crowds

By Rich McManus

Last spring, NIH committed to an enormous task: provide new identification cards by the end of October to more than 5,500 employees, both new hires and old hands, plus a constant flow of contractors, fellows, summer students, tenants, volunteers, special guests and others who need the cards to enter campus every day.



Queue forms for new badges in Bldg. 31.

Complicating the challenge has been NIH's need to comply with Homeland Security Presidential Directive (HSPD) 12, which mandates—for all federal workers, contractors and affiliates—background investigations, regardless of how long you have worked for the federal government, fingerprinting and

SEE BADGING EFFORT, PAGE 6

### NIH Treatment a Family Affair for Burlings

By Rich McManus

On Friday, Sept. 14, the first anniversary of his initial visit to NIH, Patrick Burling of Newtown Square, Pa., was hale and hearty, so confident of his beloved Philadelphia Eagles' chances of success in the following Monday evening's clash with the Redskins that he presented the fiercely partisan hometown fans who staff the Clinical Center's department of transfusion medicine (DTM) with genuine Eagles jerseys.

No one was happier to witness the good-natured trash-talking than Patrick's mother Maureen, who for the past year has accompanied her son on bimonthly trips to the Blood Bank, where both manage a common genetic disease—hereditary hemochromatosis (HH), or excess iron in the blood—with a simple therapy: phlebotomy, or blood donation.

The Burlings learned the hard way about HH, a disorder that, according to Dr. Susan Leitman, chief of DTM's blood services section, is one of the most common single-gene hereditary diseases in the United States, affecting 1 in 200 Caucasians of northern European descent. Leitman thinks every teenager in the U.S. ought to be screened for it, and Patrick's story tells why.

SEE BURLINGS, PAGE 4



NIAID director Dr. Anthony Fauci (l) accepts Lasker Award from Nobel laureate Dr. Joseph Goldstein. (Photo: Joe Vericker, PhotoBureau, Inc.)

### Fauci Wins 2007 Lasker Award for Public Service

NIAID director Dr. Anthony Fauci has received the 2007 Mary Woodard Lasker Award for Public Service for his role in developing two major U.S. public health programs, in AIDS and biodefense. The award was presented on Sept. 28 during a luncheon ceremony in New York City.

Fauci was honored for his role in helping develop the President's Emergency Plan for

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## briefs

### **Forum on Monitoring of Clinical Trials, Nov. 20**

The staff training in extramural programs (STEP) committee will present an Administrative Strategies forum on the topic, "Someone to Watch Over Me: Data and Safety Monitoring of NIH-Supported Clinical Trials," on Tuesday, Nov. 20 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A.

NIH requires that clinical trial investigators implement appropriate oversight and monitoring to ensure both the safety of participants and the validity and integrity of the data. The broad scope of research funded by NIH results in an equally broad and variable degree of implementation of NIH data and safety monitoring policies and guidelines. Experienced staff members and NIH-funded clinical investigators will discuss: the goals of data and safety monitoring; the approaches to developing monitoring plans; and the roles and responsibilities of NIH review, program and grants management staff members. Case studies illustrating data and safety monitoring issues and lessons from NIH-funded clinical trials will be presented.

### **String Quartet Plays Free Series in Bldg. 10**

The 19th season of performances by the Manchester String Quartet is under way. The concerts are free and begin at 12:30 p.m. in Masur Auditorium, Bldg. 10. Remaining dates in the series, all on Monday afternoons, include Nov. 19, Dec. 17, Jan. 14, 2008, Mar. 3, Mar. 31, Apr. 28 and May 19.

The series is made possible by a grant from the Merck Company Foundation. For reasonable accommodation needs, contact Sharon Greenwell, NIH Visitor Information Center, (301) 496-4713 or email [sg115f@nih.gov](mailto:sg115f@nih.gov).

### **FAES Holds Insurance Open Season**

The FAES Health Insurance Program is conducting Open Season from Nov. 1-21, and 26-30. The program is open to those who work for or at NIH in full-time positions but are not eligible for government plans. This includes NIH fellows, special volunteers, guest researchers, contractors and full-time temporary personnel. The minimum enrollment period is 3 months. Benefits along with changes to coverage take effect Jan. 1, 2008.

Open Season is for those who did not enroll when first eligible and for current subscribers to make changes. Appointments are required to make changes to medical coverage but not for

dental enrollment. FAES offers CareFirst BlueCross/BlueShield PPO and a voluntary HMO/PPO dental plan through Cigna.

More information may be obtained from the FAES web site at [www.faes.org](http://www.faes.org) or from the FAES business office, Bldg. 10, Rm. B1C18. To schedule an appointment, call (301) 496-8063. FAES is open Monday-Friday from 8:30 a.m. to 4 p.m.

### **Use or Lose Reminder**

Don't forget to officially schedule your "use or lose" annual leave no later than Saturday, Nov. 24. Questions about "use or lose" leave should be directed to your administrative officer.

### **Institute of Medicine Elects Five from NIH**

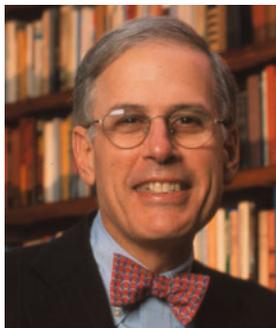
Five NIH scientists are among 65 newly elected members of the Institute of Medicine (IOM), raising its total active membership to 1,538. They include: Dr. Bruce J. Baum, chief, gene transfer section, NIDCR; Dr. Leighton Chan, chief, rehabilitation medicine department, Clinical Center; Dr. James M. Ostell, chief, Information Engineering Branch, National Center for Biotechnology Information, NLM; NIBIB director Dr. Roderic Pettigrew; and Dr. Roberto Romero, chief, Perinatology Research Branch and program director for obstetrics and perinatology, NICHD.

"It is a great pleasure to welcome these distinguished and influential individuals to the Institute of Medicine," said IOM president Dr. Harvey Fineberg. "Members are elected through a highly selective process that recognizes people who have made major contributions to the advancement of the medical sciences, health care, and public health. Election is considered one of the highest honors in the fields of medicine and health."

Established in 1970 by the National Academy of Sciences, IOM has become recognized as a national resource for independent, scientifically informed analysis and recommendations on human health issues. With their election, members make a commitment to devote a significant amount of volunteer time as members of IOM committees, which engage in a broad range of studies on health policy issues.

### **NIH Library Classes Feature EndNote, Quosa, Other Favorites**

Optimize your information retrieval with a free class from the NIH Library. Quosa, EndNote, Reference Manager, Web of Science and PubMed are featured resources in the NIH Library fall class schedule. Register now for the November and December hands-on training. For details on all classes, visit [nihlibrary.nih.gov/ResourceTraining/](http://nihlibrary.nih.gov/ResourceTraining/).



### Astute Clinician Lecture Addresses Coronary Artery Disease

“From the Rivers of Babylon to the Coronary Blood Stream” will be the topic of the 2007 Astute Clinician Lecture on

Wednesday, Nov. 7 at 3 p.m. in Masur Auditorium, Bldg. 10.

The speaker will be Dr. Barry Collier, David Rockefeller professor of medicine, head of the laboratory of blood and vascular biology and physician-in-chief of Rockefeller University Hospital. He is also vice president for medical affairs at Rockefeller University.

A graduate of Columbia College and New York University School of Medicine, Collier studies hemostasis, thrombosis and platelet physiology. He and his colleagues examine patients with the platelet disorder Glanzmann thrombasthenia, which affects about one person in a million and involves lifelong excessive bleeding. Their clinical observations helped them develop therapeutic and diagnostic strategies for coronary artery disease, one of the most common causes of death in the world.

Collier studied a defect in these patients' platelets that affects the platelets' ability to aggregate. Based on this knowledge, his laboratory developed an antibody that blocks the ability of normal platelets to aggregate. A derivative of that antibody (abciximab) received FDA approval in 1994 and has been used to treat more than 2 million patients worldwide to prevent complications of coronary interventions such as angioplasty and stent insertion. Treatment with abciximab prevents clots from forming in stents used to open the diseased arteries in patients with heart attacks. A recipient or co-recipient of 13 U.S. patents, Collier also developed an assay to assess platelet function and has received FDA approval to monitor antiplatelet therapy with aspirin and other agents.

Collier has received numerous awards, including the American Society of Hematology's Henry M. Stratton Medal and the Robert J. and Claire Pasarow Foundation Award for Cardiovascular Research in 2005.

Collier is a member of the Association of American Physicians, the Institute of Medicine of the National Academies and the National Academy of Sciences. He has served as a member of NHLBI's board of extramural advisors and

co-chair of NIH's advisory board for clinical research. He also worked at the Clinical Center from 1972 to 1976 in the clinical pathology department.

The Astute Clinician Lecture was established through a gift from the late Dr. Robert W. Miller and his wife, Haruko. It honors a U.S. scientist who has observed an unusual clinical occurrence, and by investigating it, has opened a new avenue of research. For information and accommodations, contact Gloria Hairston, (301) 594-6747.

### NIH Grantees Win 2007 Nobel Prize

The 2007 Nobel Prize in physiology or medicine is shared by two long-time NIH grantees, Dr. Mario R. Capecchi of the University of Utah School of Medicine and Dr. Oliver Smithies of the University of North Carolina at Chapel Hill. The two researchers are honored, along with Sir Martin J. Evans of Cardiff University, for developing the powerful technology known as “gene targeting.”

Mice developed with this technology are used for a wide range of medical research, from basic studies of biological processes to investigations of cancer, heart disease, cystic fibrosis and other conditions. The technique enables scientists to breed mice with specific diseases and use them to test new treatments.

“Capecchi, Smithies and Evans have produced powerful tools for biomedical research that have had a profound impact on laboratories around the world,” said NIH director Dr. Elias Zerhouni. “These tools let us explore human and other genomes in new ways and deepen our understanding of health and disease.”

The National Institute of General Medical Sciences began supporting the work of Capecchi in 1968 and Smithies in 1973. Over the years, NIGMS has provided nearly \$20 million to support the two scientists. In addition, the National Heart, Lung, and Blood Institute has provided more than \$19 million to support research done by Smithies. He has also received support from the National Institute of Diabetes and Digestive and Kidney Diseases and the National Cancer Institute. The National Institute of Child Health and Human Development has provided more than \$5 million to support Capecchi's research.

“This work has dramatically reshaped the research landscape and shows how basic research can stimulate progress in the treatment and cure of disease through an understanding of fundamental biological processes,” noted NIGMS director Dr. Jeremy Berg.

### Baquet To Give WALs Talk on Health Disparities, Nov. 14

Dr. Claudia Baquet, professor of medicine and associate dean for policy and planning at the University of Maryland School of Medicine, will speak at the Wednesday Afternoon Lecture Series on Wednesday, Nov. 14, at 3 p.m. in Masur Auditorium, Bldg. 10. Her lecture, “Translating Research into Practice: Addressing Health Disparities in Tobacco-related Diseases,” will emphasize that the best science comes from protocols that encompass many communities.



## BURLINGS

CONTINUED FROM PAGE 1

### Top, l:

*Patrick Burling (l) and his brother Christopher have been enrolled in an NIH study of hereditary hemochromatosis (HH) for the past year.*

### Top, r:

*Maureen and Ronald Burling are also enrolled in the HH study because their genes indicate that they have a milder form of the disorder than Patrick or Christopher.*

“One year ago, Patrick was incapacitated with hip pain and debilitating fatigue, exhaustion and depression,” Leitman recalls. “He had an ashen grey, sickly complexion. He had to take a leave of absence from his job due to pain and disability.

“One year and 51 blood unit donations later [all of which were used to benefit CC patients],” she continues, “he is a new person—golfing, walking, full of energy, depression gone and his complexion is rosy pink—that happens after we remove the excess iron which deposits in the skin.”

Because HH is a genetic disorder, the entire Burling family has been evaluated here. Joining Maureen and her husband Ronald on the CC protocol are two of their six sons, Patrick and Christopher, who share the strongest genetic susceptibility.

Patrick, now 36, had been a four-sport high school athlete, and was the kicker on Villanova’s football team from 1989 to 1993. When not working as a counselor at the Vanguard School, a facility for special-needs children in Malvern, Pa., he taught kickboxing and aerobics.

During the summer of 2006, he began experiencing deep fatigue that would send him straight to his recliner after work and to bed as early as 7 p.m. He also suffered chronic hip pain that prompted him to take heavy doses of Advil and Tylenol. “I was wondering, geez, why do I feel so bad?” Patrick recalls. “Why is my body falling apart?”

At his mom’s urging, he got a physical, which turned up unusually high levels of iron and elevated liver enzymes, the latter most likely due to overmedication with painkillers.

In hindsight, the symptoms of yet-undetected

HH were clear, including the hip pain which, Leitman reports, is a consequence of iron overload. The Burlings had attributed Patrick’s tiredness to a stressful job, his aches and pains to a strenuous athletic career and his weathered complexion to the fact that, as a teacher, Patrick has summers off and is outdoors often—he proudly notes that he caddies at Aronimink Golf Club, ranked 31st in the nation’s top 100 golf courses.

His local doctor ran genetic tests and diagnosed HH, but by then Patrick’s hip pain was so severe that total hip replacement was scheduled.

Patrick’s mother, an occupational therapist, had never heard of hemochromatosis and immediately set about doing Internet research on the disease. “I looked online and found a Hemochromatosis Society somewhere in South Carolina. They advised me that, if I lived anywhere near NIH, I should go there.”

Looking up NIH on the web, she quickly found a study on HH that was recruiting new patients. Maureen phoned Yu Ying Yau, a DTM clinical research nurse, and reported Patrick’s iron levels. “She said, ‘Wow, that’s really high—let’s get him in here.’”

Maureen was worried that this new thing called HH would complicate Patrick’s hip replacement, which took place only 5 days after he first visited NIH. But DTM caregivers advised her that the diagnosis would not preclude successful surgery and further assured her that Patrick’s red-cell donations would be used to benefit other CC patients, not discarded, as is common at some other medical centers.

Patrick says it took about 3 months for phlebotomy therapy to take noticeable effect, but now he feels more energetic, experiences normal, rather than extreme, fatigue and feels far better, overall, than he did a year ago.

“We have been so happy with the results, and the care and the people at NIH,” Maureen said recently. “I can’t say enough about the care we

have received. It's a good mix of people, personalities and medical care...it's been such a good experience."

She thinks nothing of the 3-hour drive between Philly and Bethesda, joking that she once ran out of gas. She admits some embarrassment about sometimes accompanying an adult son on the trips, but worries that Patrick will be tired after his donations, which are actually double red-cell apheresis, in which two units of red cells are removed and his plasma is returned.

"I was worried about him driving, especially after his hip surgery," says Maureen, adding that she would miss NIH if she didn't continue to visit; her donation schedule is not as frequent as Patrick's. "I feel like everybody [at the Blood Bank] is my friend."

Patrick, too, knows he could donate red cells at a hospital closer to home, but has grown accustomed to the faces at DTM. "I've developed a relationship with the girls in the Blood Bank," he says. "Everybody from the guards at the gate to people you run into in the hall are personable, happy people. I've never felt like a guinea pig or a rat."

DTM's Leitman calls Patrick "a walking advertisement for why we should screen all Americans in their late teens for high iron levels. Most of what happened to him would have been preventable if he had started phlebotomy therapy at age 18 instead of 35.

"By the way, even in a great medical city such as Philadelphia, expert care for HH subjects is not available," Leitman continues. "Incredible but true. Medical understanding and interest in HH is still at a fairly primitive level in many places."

So thorough was the family's medical evaluation at NIH that Maureen's mother was eventually diagnosed—following blood work at DTM that raised questions—with multiple myeloma and is now receiving treatment.

"I'm the biggest advocate for NIH," boasts Maureen, who has been recruiting not only family members but also others to get tested for HH. "At NIH we have been treated with the utmost care, concern and kindness by all of the staff. The medical care is beyond our expectations. We have been made to feel comfortable and part of the family. When we began this journey into the unknown world of HH, we fortunately found the best facility for care. We are not only getting the treatment we need but are also able to help others by having our blood donations used for the care and treatment of others." 🗨️



### HHS Secretary Leavitt Visits NIH, Receives Briefing on Research

Health and Human Services Secretary Mike Leavitt visited the NIH campus on Oct. 10. He received updates on the latest advances in obesity research and in neuroscience imaging research, then toured NIDDK's metabolic clinical research unit and the Nuclear Magnetic Resonance Center. He also stopped by the NIMH/NINDS 3T functional MRI Facility within the In Vivo NMR Research Center, which supplies state-of-the-art functional brain magnetic resonance imaging to more than 35 research projects and their associated principal investigators from six institutes (NINDS, NIMH, NIAAA, NIDCD, NICHD and NCI).

Leavitt also met with NIH senior staff and others for a Q&A session in Wilson Hall, where he told the audience, "I've enjoyed enormously the science I've learned about today."

#### *Above:*

*HHS Secretary Mike Leavitt (c) is shown around a few of NIH's research facilities by NIH director Dr. Elias Zerhouni (r), as Dr. Van Hubbard of NIDDK (l) observes.*

#### *Below:*

*Visiting the NIMH/NINDS 3T functional MRI Facility within NIH's In Vivo NMR Research Center, Leavitt looks at a functional MRI map being generated in real time from a healthy volunteer who is completing a visual processing task in the MRI scanner. Leavitt is pointing to signal changes that are being measured from the visual cortex as the task is being performed.*



## BADGING EFFORT

CONTINUED FROM PAGE 1

sometimes credit checks, depending on the sensitivity of the individual's job.

The onus has fallen on the Division of Personnel Security and Access Control (DPSAC), part of the Office of Research Services, to complete a far more rigorous badging process than any generation of NIH'ers has ever known.

"It's a difficult, daunting task," says Dr. Alfred Johnson, ORS director. "We are doing our best to implement the new requirement, but it's going to take some patience from the community."



*Lines for new and renewal ID badges in Bldg. 31 can reach 90 people deep and take 2 hours to clear, but the process should become smoother soon.*

Whereas in the past, getting a new or renewal ID was as simple as filling out a form and posing for a quick Polaroid, HSPD-12 has a minimum of three steps, and sometimes more.

"First of all, you have to be able to prove you are who you say you are," explains Richard Taffet, the new HSPD-12 program manager, who recently left a job as director of the Office of Human Resources'

Client Services Division to aid DPSAC. "Then you have to prove that you have the right suitability (clearance) for the job." The last step is to "prove that you're here for a purpose, that you are sponsored," he said.

The good news is that the new badges will be accepted anywhere within the federal government, not just at NIH. "It's a smart card, it has a chip in it," Taffet says.

The new smart cards, which won't be available until sometime in 2008, will include the individual's photo, fingerprints, a 4-digit PIN number, an agency identifier and an access control code that will regulate which facilities you are cleared to enter. (There may come a day when logging on to your computer will require your card and PIN).

The initial bolus of 5,500 new and renewing badge holders will not be given the new "PIV-2" card yet; rather, they are getting cards very similar to the existing ones, which temporarily permit them access to campus while background investigations—conducted by the

Office of Personnel Management, at a cost to NIH—take place.

Theoretically, by the end of October 2008, the approximately 35,000 people who have a reason for being on campus or other NIH facilities will have been issued the PIV-2, or "smart" card. "It's a very noble, lofty goal," offers Taffet.

Meanwhile, here is why you see lines, sometimes 90 people deep on late Wednesday afternoons, outside the DPSAC badge center on the first floor of Bldg. 31's B-wing—and how you can avoid them:

The process begins with making an appointment with DPSAC, which recommends doing so at least 45 days before your current badge expires (email alerts, automatically generated by the NIH Enterprise Directory, or NED, are supposed to offer advance warnings to schedule the appointment). Once you arrive, fill out the badge-request form and get fingerprinted. Within days you will receive electronic "e-QIP" paperwork, which, among other things, authorizes OPM to begin a background check.

Three to 5 days after the appointment, the applicant also receives an email indicating that he or she can get a fresh ID card. Print that email and take it to DPSAC (Bldg. 31, Rm. 1B03), which issues the card. It can take anywhere from 90 days to a year for OPM to finish the background check, but an interim card is issued anyway.

"OPM is doing the background investigations for all federal agencies, not just NIH," Taffet said, adding, "These suitability checks are nothing new. They have been around for more than 50 years, ever since Executive Order 10450 was issued in the mid-1950s. What's new are the interoperable badge and the suitability check prior to badging."

Sometime in 2008, all who have begun the HSPD-12 process will have to return for the sophisticated new card and a new photo. But by then, if all goes according to schedule, NIH will have acquired 17 new badge-activating machines (there are currently only 4), and the smart cards should be issued fairly rapidly.

More than 90 percent of individuals will require the lowest of five levels of clearance or the lowest level plus a credit check, Taffet said. The lowest level of clearance involves checking an individual's name and fingerprints with other federal agencies, as well as checking an individ-

ual's history for the last 5 years with current and past employers, schools attended, references and local law enforcement authorities.

It was acting DPSAC chief Candelario Zapata's idea to offer applicants a wider menu of ways to get a badge, including the option to sign up before 7 a.m. for same-day service, provided the applicant returns sometime between 2 and 4 p.m. to complete the process.

Adds Zapata, "This is a very stressful job. We're trying to accommodate people, and to meet the demand. We're trying to help, so bear with us. We're as customer-friendly as we can be—we're trying to meet people halfway."

Says Taffet, "It's not like NIH chose to do this. But when you think about it, it does make sense to do suitability checks. We have select agents here [pathogens that could cause disease if

*"We're trying to accommodate people, and to meet the demand. We're trying to help, so bear with us. We're as customer-friendly as we can be—we're trying to meet people halfway."*

Like Taffet, he was recruited from an entirely different job to revitalize the badging effort. Unlike Taffet, Zapata, who came to DPSAC last June, still holds his old job—director of the Division of International Services, ORS. "Candelario has been innovative," said Taffet, "offering evening hours, same-day service and a number of different ways to make an appointment."

To DPSAC, the long lines you see in the B-wing on Wednesday evenings when they offer open enrollment—which can take 2 hours to clear—are a sign of extended service, not of shame.

But no one foresaw the sheer demand. "Every other Monday is an EOD day," Taffet explains, using personnel lingo for Entrance on Duty, or start date, "so you've got crowds then. On top of that, there are contractors coming on board every day. The long lines you see in the hall are mostly contractors and fellows."

Echoes Johnson, "The turnover at NIH is so great—that's why the lines have persisted. We expected there would be lines at first, but we didn't think it would last. We didn't expect the volume."

To address the tedium of standing in long lines for hours at a time, ORS opened up the cafeteria in Bldg. 31 on Wednesdays. After "taking a number," individuals now have a place to sit down and relax until their number is called.

Johnson says DPSAC, which is largely staffed by contractors, is also planning to open a second site that will permit employees not directly involved in processing the throngs to work away from staff who are actually moving folks through the process. A mobile badging unit, also, has been visiting NIH's facilities in Baltimore weekly, and will process employees in Frederick as well.

"It hasn't been easy," Johnson says. "There have been bumps in the road. But hopefully we'll soon have a smoother process."

released]. We have kids here. We're trying to protect our employees, our patients and our facilities. You would think people would feel safer knowing that the other people here are those who *should* be here."

To stay abreast of changes and improvements in the HSPD-12 effort, you can read the DPSAC News online at [security.nih.gov/PIV/relatedLinks.htm](http://security.nih.gov/PIV/relatedLinks.htm).

### Color-Coding Considered on ID Badges

One of the most controversial issues in NIH's compliance with HSPD-12 has been deciding just how much the new badges should tell people, at a glance. It's a given that your photo will beam out from it—bad hair day or not—and that a digital fingerprint will be encoded somewhere, perhaps within the gold rectangle at the center of the card (which authorities say has not yet been fully designed).

But at a recent monthly meeting of CABS—the community advisory board for security, chaired by NIDCD's Dr. Robert Wenthold—a proposal to mark the badges held by foreign nationals with an instantly recognizable blue stripe arose. The proposal appears in guidance published by the National Institute of Standards and Technology, titled *Federal Information Processing Standards Publication - Personal Identity Verification (PIV) of Federal Employees and Contractors*, or FIPS-201. Officials in Bldg. 1 bristled at an echoing of historic abuses of labeling people by ethnicity, origin or other factors.

"It brings up a lot of bad memories," said Dr. Alfred Johnson, director of the Office of Research Services. He explained that, although the color coding is optional within FIPS-201, the department (HHS) prefers to use it as a secondary security measure. NIH inquired about the color-coding plan and the department is listening to NIH's concerns.

The only color-coding NIH is comfortable with, say officials here, is the thin red band at the bottom of cards held by so-called "federal emergency responders," or key staff who would need instant clearance "at the site of another Hurricane Katrina, or Wilma, or Rita," said Richard Taffet, HSPD-12 program manager for NIH. A green band for contractors, also suggested by FIPS-201, is acceptable here too, authorities say, but not any obvious marking for foreign nationals, which is widely considered odious.

"Important information can be embedded within the chip or placed on the back of the card," said Johnson.



**Top left:**

Dr. Abner Notkins (l), founder of the NIH Research Festival in 1986, and NIH deputy director Dr. Michael Gottesman meet at “a 20th anniversary” of the event.

**Top right:**

Three plenary speakers (from l) Dr. Thomas Ried of NCI, Dr. Gary Felsenfeld of NIDDK and Dr. Shiv Grewal of NCI gather before the program.

**Below:**

NIH director Dr. Elias Zerhouni chats with NIAMS’s Dr. Catherine Kuo (c), co-chair of the job fair subcommittee and Dr. Sharon Milgram, director, Office of Intramural Training and Education.

**Bottom:**

The Natcher Conference Center is host site for the hundreds of tables, posters and other displays that comprise NIH Research Festival.

**NIH Research Festival: 20+ Years of Sharing Science**

By Sarah Schmelling

“We are here to recognize and celebrate the fact that this is a 20th anniversary for us,” said Dr. Michael Gottesman, NIH deputy director for intramural research, while introducing the plenary session of the 2007 NIH Research Festival. But, he added, this requires a little explanation.

“It was 22 years ago that [Dr.] Abner Notkins invented the idea of the Research Festival,” he noted. “That was in 1986, and we had the first one then. Then in 1987, there was a centennial celebration and we did not have a Research Festival. And last year, which would have been the 20<sup>th</sup> anniversary celebration, we were so excited by the science we forgot to celebrate the event. So we’re celebrating this year, and I can see lots of people are here to celebrate with us.”

In fact, about 4,000 scientists and NIH staff attended this year’s festival. Over 4 days, participants joined in 21 concurrent symposia, 600 poster presentations, 25 special exhibits on resources for intramural research, a job fair, a tent show, an awards presentation and, of course, two Festival Food and Music Fairs.

And though this year’s event was much larger—as NIH is itself—than it was in 1986, the event still had the same goal. In founding the festival, Gottesman explained, Notkins “was particularly interested in generating discussions across NIH, not just within the institutes, and in recognizing our early- to mid-career scientists, who frequently were not stars at symposia.”

Notkins believed the then 15 institutes were self-contained and often isolated. Gottesman quoted him as saying that “more than a little of the very good work going on at the institutes was similar or even overlapping, especially at the basic levels, but investigators often had no sense of this common ground because scientists didn’t have much

contact with each other.” Then Gottesman paused. “Sound familiar?”

He said that though many things have changed here since that time, “our core values at NIH have not changed. This is still, I think, the best place there is to do long-term, high-risk biomedical research, be it laboratory or clinical. We still attract and retain world-class talent and our facilities, instrumentation and ability to develop new technologies are first rate.”

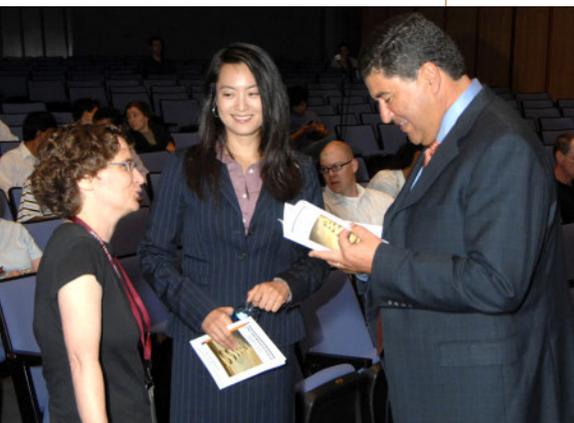
So, said Dr. John Niederhuber, director of NCI, these 4 days still serve as “a tremendous opportunity for us to share, to learn about what one another is doing and to...develop rich collaborations.”

**A Chance for Interaction**

Things got off to a strong start with a plenary session—“Chromosomes in Modern Biology and Medicine”—that attracted a standing-room-only (or, actually, sitting-in-any-seat-or-square-foot-of-floor-possible) crowd at Masur Auditorium. NHGRI director Dr. Francis Collins began the session with an update on the impressive recent progress in genetic research. Some have called 2007 the *annus mirabilis*—or “extraordinary year”—for the genetics of common disease, “because after many years of basically wandering around in the desert, trying to identify variations that were responsible for risks of illnesses that have hereditary contributions but are clearly not inherited in a simple way, we finally have the tools to do that,” he explained. “And those investigations are resulting in an absolute deluge of new information about diabetes and heart disease and mental illness and a long list of other conditions.”

Other plenary speakers discussed chromatin boundaries, heterochromatin and chromosomal cancer research.

Then, it was off to Natcher, where hundreds of scientists had a chance to present their work in posters. Dr. Melissa McKay, one of a select group of winners of a 2008 Fellows Award for Research Excellence (FARE), presented her poster in a rare visit to campus from NCI-Fredrick. “It’s so nice how [the festival] brings the whole NIH together,” she said. “It gives everyone a chance to see what people in the other institutes are doing.”





Above, NHGRI director Dr. Francis Collins offers an update on recent genetic research progress. Below, Dr. John Niederhuber, director of NCI, discusses the importance of sharing among scientists.

Dr. Brajendra Tripathi, NEI, said he loved the chance to share his research. “You can interact with new people, make new contacts and actually get some new ideas.”

Meanwhile, in a list of abstracts featuring mesenchymal progenitors and trypanosomatid parasites, NICHD’s Dr. Oishee Chakrabarti’s poster, another FARE winner, stood out for its title: “How Lack of Coat (Color) Makes a Mouse Crazy!”

“People are attracted to the title, and they’re attracted to the material,” she laughed. “It’s a great mix.”

At lunch, attendees had a chance to sample food from local restaurants like Hard Times Café, the Bean Bag and Ben and Jerry’s, while listening to blues rock—think *Johnny B. Goode* and Elvis’s *Little Sister*—from local musicians.

“The whole idea is to bring the local community to NIH,” said Randy Schools, president of R&W, who organized the food and music fairs. “It gives everyone—not just the scientists, but staff too—the chance to relax and have a lot of fun. That’s what it’s all about.”

#### Advice for the Future

On the third day of the festival, in an opening address for the job fair, NIH director Dr. Elias Zerhouni provided advice to young scientists, both in speech form and in an opportunity for

researchers to ask him questions personally. “Whatever you think of what your career will be today, let me assure you, there’s a 99-percent certainty that whatever you envision today is not what’s going to happen,” he began.

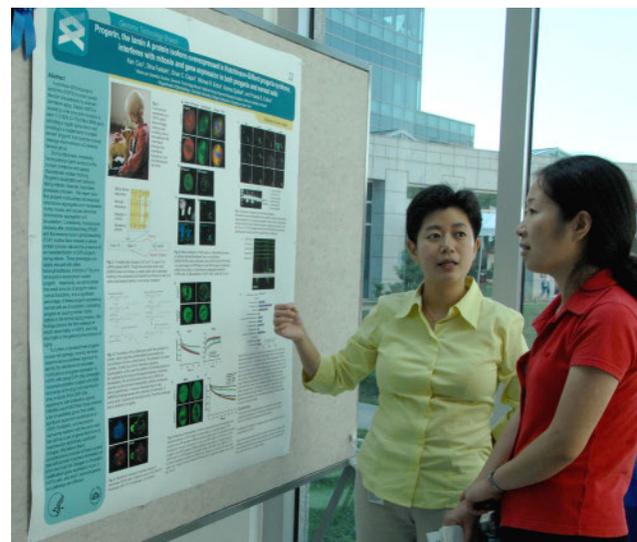
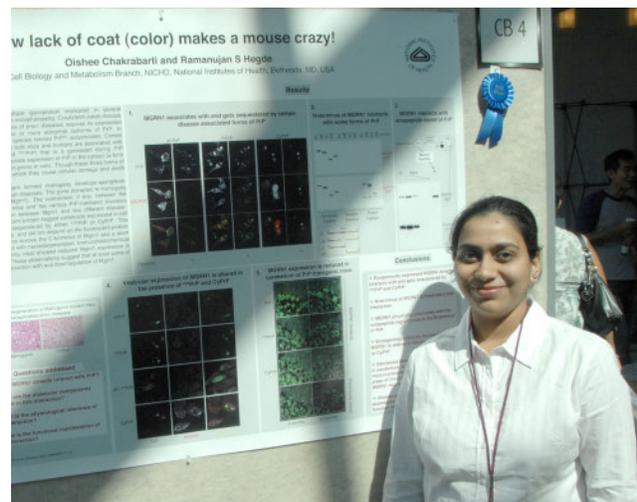
While citing many of his own career experiences, both positive and negative, Zerhouni offered several tips for early-career researchers. “Lesson number one, first and foremost, find a mentor who’s willing to listen to you, and who has the ‘why not?’ philosophy, not the ‘why?’ philosophy,” he said.

He also suggested a multidisciplinary approach. “Lesson number two is to reach out, go out of your way, talk to people who are not biochemists like you or engineers like you and try to really network,” he explained. “People often shy away from that because they are afraid of looking stupid. You look stupid for awhile, but because you did, you’ll learn something that will make you smart in the future.”

His third lesson, he said, is that if you want to make a change in the world, be prepared for a lot of naysaying. “Don’t shy away from controversy,” he advised. “Scientific contest is something you should cherish, because that’s where the truth comes from.”

Zerhouni also made predictions for future trends in research and he left the crowd on a positive note. “I think you are entering an era where the goal is to transfer health and medicine through discovery,” he said. “I don’t think there’s been a more exciting era in science. The opportunities are enormous.”

Then he wished them well on their job search. “Really surprise us with greatness, that’s what we’d like to see.”



**Top:** NICHD’s Dr. Oishee Chakrabarti’s poster, a FARE winner, stood out for its title: “How Lack of Coat (Color) Makes a Mouse Crazy!”

**Bottom:** Dr. Kan Cao of NHGRI explains elements of her poster to a festival patron.

PHOTOS: MIKE SPENCER



## LASKER AWARDS

CONTINUED FROM PAGE 1

AIDS Relief, the largest public health program in history devoted to a single disease, as well as Project Bioshield, designed to accelerate the research, development, purchase and availability of medical countermeasures against the effects of biological, chemical, radiological and nuclear agents.

Earlier this year, Fauci received two other major honors: the George M. Kober Medal of the Association of American Physicians for his work in clinical medicine, and the National Medal of Science, for his research into the pathogenesis of human immunodeficiency virus disease.

"It is fitting to have Tony recognized with a 'trifecta' of awards related to the three fundamental NIH missions: basic research, clinical research, and public service," said NIH director Dr. Elias Zerhouni. "It is hard to think of anyone more deserving of this award."

The Lasker Awards were first presented in 1946, and are administered by the Albert and Mary Lasker Foundation. The late Mary Woodard Lasker is widely recognized for her singular contribution to the growth of NIH and her commitment to government funding of medical research in the hope of curing diseases. Her support for medical research spanned five decades, during which she was the nation's foremost citizen-activist on behalf of medical science. ●



### Kastan Gives Falk Lecture, Nov. 8

*Dr. Michael Kastan will give the 23rd annual Hans L. Falk Memorial Lecture on Nov. 8 at 2 p.m. in NIEHS Rodbell Auditorium in Research Triangle Park, N.C. Kastan is director of the Cancer Center at St. Jude Children's Research Hospital in Memphis. He*

*will speak on "DNA Damage Response Mechanisms: Implications for Human Disease." The lecture series was initiated by scientists and friends of Dr. Falk, the first scientific director at NIEHS, to showcase scientists who have made distinguished contributions to the environmental health sciences.*



*Dr. Joe Harford (l) receives the AMAAC award from former Prime Minister Al Fayed of Jordan.*

### NCI's Harford Recognized for Work in Middle East

Dr. Joe Harford, director of NCI's Office of International Affairs, was recognized recently for his work in the Middle East by the Arab Medical Association Against Cancer (AMAAC).

The award was presented at the Middle East and North Africa Cancer Research Conference held in Amman, Jordan, sponsored by the King Hussein Cancer and Biotechnology Institute, Duke University and NCI. Harford has worked for a decade in the Middle East serving as NCI liaison to the Middle East Cancer Consortium (MECC), which has Cyprus, Egypt, Israel, Jordan, Turkey and the Palestinian Authority as its members. He has focused on establishment and strengthening of cancer registries as well as individual and group training activities for health care workers and cancer researchers from the region. Harford has also worked on building capacity for research and improving patient care.

The citation on the award presented by former Prime Minister Faisal Al Fayed of Jordan reads, "In recognition for his significant contribution to enhance the status of cancer care and cancer research in the region and for his unwavering efforts to support needed infrastructure and create opportunities in cancer education, training and capacity-building to help cancer patients and their families throughout the Arab World."

Harford thanked the AMAAC and acknowledged the support of former and current NCI directors as well as the support of the State Department in his MECC-related endeavors. He also thanked Dr. Samir Khleif of NCI, who served as director general of King Hussein Cancer Center in Amman for 3 years. ●

## feedback

Have a question about some aspect of working at NIH? You can post anonymous queries at <http://nihrecord.od.nih.gov/> (click on the Feedback icon) and we'll try to provide answers.

**Feedback:** When exiting the main campus, there's too much traffic funneled onto Wilson Drive. This results in long back-ups. Why can't we exit on West Cedar Lane?

**Response from Tom Hayden, Office of Research Services:** "During the implementation of the Perimeter Security System, all entrances and exits onto West Cedar Lane were closed for traffic as a result of state and county requirements. The exception is the West Drive gate, which operates with limited hours as a patient entrance only.

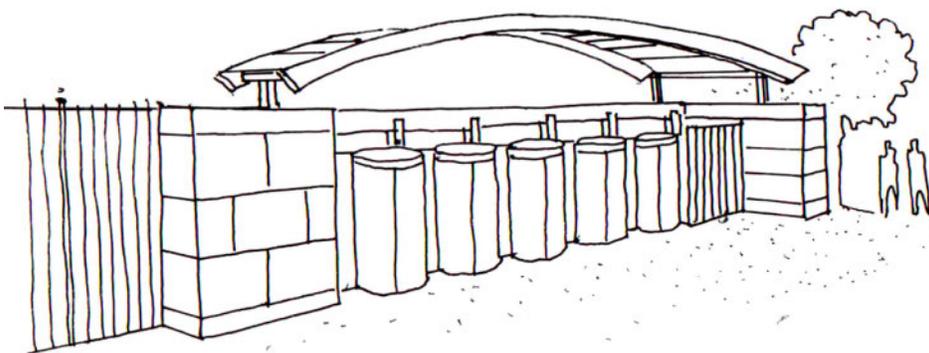
"We continue to work with the Maryland State Highway Administration (MD SHA) and county agencies regarding the traffic signalization along Rockville Pike to maximize the length of the green traffic cycle. The MD SHA currently has scheduled several interchange and signalization upgrades, which in the longer-term should assist with exiting onto Rockville Pike. Motorists should also consider the vehicle exits located along the Old Georgetown Road side when leaving the campus."

**Feedback:** What was the reason behind the shutdown of the Bldg. 31 cafeteria for a week recently? Also, is it true that the cafeteria workers were furloughed without pay during the shutdown?

**Response from ORS:** The Bldg. 31 cafeteria was shut down due to emergency facility repairs including the repair of an inoperable dishwashing machine and several leaks from a mechanical room above the kitchen causing the cafeteria to be unable to wash and sanitize dishes safely.

The first day the cafeteria closed, the personnel were called at home and told to remain home. After that initial day, all employees who wanted to work were placed in other operations around campus.

**Feedback:** I am wondering why, when the pedestrian gates at the Metro entrance break, it takes weeks for them to be fixed? The right-hand-most gate has been blocked for several weeks now, reducing the number of entrances to two. When someone exits the campus, we are reduced to single-file. This is painful first thing in the morning when everyone is arriving at the same time!



**Response from Lou Klepich, director, Division of Physical Security Management, ORS:** "We are aware of the problem and apologize for the inconvenience. The existing turnstile mentioned was out of service for welding repairs [and] has taken longer than normal to return to service. The existing turnstiles, despite being specified and designed as 'heavy duty,' have been unable to stand up to the heavy volume of use by NIH pedestrian traffic. The repaired turnstile was just returned from welding and is currently being installed.

"To address this problem long term, we are currently finalizing the design and implementation planning for a new improved main pedestrian entrance that will utilize a greater number of full-height, high-volume revolving entrance gates. The gates permit bi-directional use and will also incorporate small 'traffic light' indicators to assist with pedestrian flow.

"The new design of the main pedestrian entrance incorporates a roof canopy to protect the equipment and employees from the elements. We hope to have this finished by early winter and anticipate favorable acceptance from the NIH population who have been patiently using the existing turnstiles."

**Feedback:** Years ago we had vendors come to NIH selling local produce—you know, the kind of food we tell everyone to eat. Can we get them back? I can't believe NIH considers local farmers a security threat? Are we that paranoid?

**Response from ORS:** Although security was a consideration when the farmer's markets were initially asked to move off campus, there is no prohibition on vendors selling their produce on campus today.

However, the markets have relocated to other places in Bethesda on Tuesdays and Saturdays. See [www.montgomerycountymd.gov/agstmpl.asp?url=/Content/DED/AgServices/agfarmers-markets.asp](http://www.montgomerycountymd.gov/agstmpl.asp?url=/Content/DED/AgServices/agfarmers-markets.asp). ●

*The new design of the main pedestrian entrance incorporates a roof canopy to protect the equipment and employees from the elements.*

# 100 milestones

**Right:**

From left are acting Surgeon General Kenneth Moritsugu, newly promoted Capt. Vien Vanderhoof, William Current-Garcia and NIH director Dr. Elias Zerhouni.

**Below:**

At the Commissioned Corps ceremony are (first row, from l) Rear Admiral Richard Wyatt, Lcdr. Chekesha Shani Clingman, Lcdr. Felecia Annetta Bailey, Lcdr. Carol Ann Corbie, Lcdr. Margarita Rocio Velarde, Cdr. Lisa Ann Marunycz, Lcdr. Nicole Dawniel Plass, Cdr. Twanda Denene Scales, Cdr. Kelly Duane Richards, Lcdr. Allison Adams-McLean, Cdr. Jeasmine E. Aizvera, Lcdr. Jeffrey Licudine Basilio; (second row) Rear Admiral Mike Milner, Rear Admiral Carol Romano, Lcdr. Luke Sunghyun Park, Lcdr. Jeene Darrin Bailey, Capt. Terri Ruth Clark, Lcdr. Jennifer Paulette Pope, acting Surgeon General Kenneth Moritsugu, Lcdr. Sally Hongyu Hu, Capt. Vien H. Vanderhoof, Lcdr. Ruby Katherine Lerner, Lcdr. Sara Joan Anderson, Cdr. Felicia A. Andrews, Lcdr. Laura Christine Wall, Capt. David Rutstein, Capt. Karen Siegel, Capt. Brent Morse and Rear Admiral Robert Pittman.

## Commissioned Corps Holds Promotion Ceremony

Thirty-five Public Health Service Commissioned Corps officers who work at NIH were honored at the fifth annual PHS Commissioned Officer Promotion Ceremony held recently in Masur Auditorium. NIH director Dr. Elias Zerhouni and acting Surgeon General Kenneth Moritsugu gave keynote remarks. They placed the promotion boards for each officer as Rear Admiral Richard Wyatt read the officers' personal statements describing rewarding aspects of their professions; family members and coworkers participated in the ceremony. Lcdr. Brent Bonfiglio read the "call to orders" for each rank.

Also officiating were the chief professional officers for the nine categories, including Rear Admiral Carol Romano, chief nurse officer; Rear Admiral Helena Mishoe, chief scientist officer; and Capt. Karen Siegel, chief therapist officer, who are currently stationed at NIH.

Zerhouni recognized Wyatt and Moritsugu, who are both retiring this year, having each served as PHS officers for more than 36 years. Zerhouni also stated his continued support of "readiness and transformation" of the PHS.

Moritsugu thanked Zerhouni for his longstanding and steadfast support of the PHS. The acting surgeon general also recognized



contributions by NIH officers to the PHS mission "to promote, protect and advance the health and safety of the nation." In recognition of his longstanding PHS service, Wyatt presented Moritsugu with a framed copy of the PHS March, emphasizing the lyrics that describe NIH well: "In research and in treatment, no equal can be found."

In closing, officers who retired during the past year were recognized and 24 new officers were welcomed into the PHS.

Officers honored included nurse officers Capt. Vien H. Vanderhoof, Cdr. Felicia A. Andrews, Cdr. Janice E. Davis, Cdr. Lisa Ann Marunycz, Cdr. Kelly Duane Richards, Cdr. Twanda Denene Scales, Lcdr. Tamika E. Allen, Lcdr. Sara Joan Anderson, Lcdr. Felecia Annetta Bailey, Lcdr. Jeene Darrin Bailey, Lcdr. Carol Ann Corbie, Lcdr. Christopher Joseph Howard, Lcdr. Aldrin Joe Jaranilla, Lcdr. Ruby Katherine Lerner, Lcdr. Allison Adams-McLean, Lcdr. Nicole Dawniel Plass, Lcdr. Jennifer Paulette Pope, Lcdr. Hyejeong Root, Lcdr. Megan Janette Sosa, Lcdr. Margarita Rocio Velarde, Lcdr. Laura Christine Wall; medical officers Capt. Stephen G. Kaler, Cdr. Darrell Eugene Singer; health services officers Capt. Brian E. Richmond, Cdr.

Jeasmine E. Aizvera, Cdr. George L. Carter, Lcdr. Jeffrey Licudine Basilio; veterinary officers Capt. Terri Ruth Clark, Capt. Kim D. Taylor; scientist officers Lcdr. Chekesha Shani Clingman, Lcdr. Sally Hongyu Hu; dental officer Cdr. Paul Anthony Wong; dietitian officer Lcdr. Merel Kozlosky; pharmacy officer Lcdr. Luke Sunghyun Park; and therapist officer Lcdr. Ivy Fondy Chan. —JoAnn Micah



## Extraordinary Reviewer Speer Inspires Annual CSR Award

By Don Luckett

There are many stars in the universe of NIH peer review. Among the 31,000 scientists from across the globe who examine the 80,000



grant applications NIH receives every year, one bright star recently moved many at NIH by her heroic commitment: Not only did Dr. Marcy Speer continue to review grants during treatment for breast cancer, but also she extended her term as a regular member of CSR's genetics of health and disease study section to make up for meetings she missed during chemotherapy. She even served as a temporary reviewer for NHGRI and NIEHS. Amazingly, she further agreed to be nominated to serve a full 4-year term on NIEHS's environmental health sciences review committee.

When her cancer returned and treatments proved no match for the disease, Speer worried about the applications she had to return right before an NHGRI review meeting. Two weeks later, on Aug. 4, she died at Duke Hospital after a 2-year battle with the disease.

"Marcy's unwavering passion and commitment to science and NIH peer review were astounding," said CSR director Dr. Toni Scarpa. "She has been an inspiration to us all... We were so moved, we established an annual award in her name to honor scientists who excel in their service to science and humanity as a CSR reviewer."

Members of Speer's family have been invited to accept the first Marcy Speer Outstanding CSR Reviewer Award at the next meeting of the study section. Speer is survived by her husband of 24 years, Dr. Kevin P. Speer; daughters Kira Carlson Speer and Casey Carlson Speer; mother Marsha Carlson; and brothers Ned, Eric and Kris Carlson.

During the last 10 years, Speer participated in more than 50 study section meetings for NIH—over 30 for CSR and more than 20 for other NIH institutes. Cheryl Corsaro, the scientific review officer for the study section, said all those who worked with Speer will remember her for her "bubbly spirit, love of life and enthusiasm for science."

Speer had been director of the Center for Human Genetics and chief of the division of medical genetics at Duke University Medical Center. Her research focused on uncovering the genetic and environmental contributions to a variety of neurodevelopmental conditions such as spina bifida, anencephaly and Chiari malformations. In addition, she conducted extensive studies of muscular dystrophy.

She received a Ph.D. in zoology from Duke in 1993, an M.S. in human genetics from Sarah Lawrence College in 1983, and a B.A. in mathematics from Indiana University in 1981.

"It was a life so well lived for others," said Scarpa. "She epitomized all that is good about those who serve on NIH review groups."

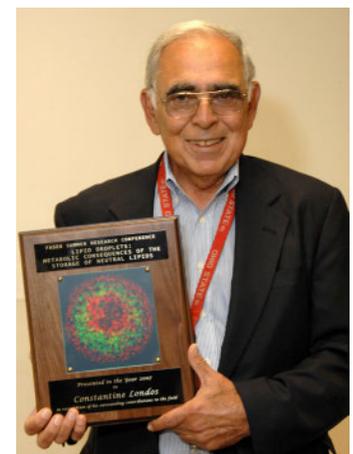
## Espinosa Appointed Hispanic Employment Program Manager

*Richard Edward Espinosa is the new NIH Hispanic Employment Program manager. He joined the NIH Office of Equal Opportunity and Diversity Management on June 25. He brings a broad knowledge base to NIH, with a degree in economics from the University of Texas and experience with local and federal governments as well as the private sector. Espinosa served as the accessibility program manager for the disability resources division, Montgomery County government. He also served as special assistant to the chair of the President's committee on employment of people with disabilities. He has designed public relations, outreach and marketing strategies for the Americans with Disabilities Division of CESSI, which targeted small business and segments of the disability community. In his OEODM role, Espinosa will address NIH efforts to expand outreach to Hispanic communities and organizations and to promote best practices to support diversity throughout the agency.*



## Londos Honored by FASEB

*Dr. Constantine Londos, chief of the membrane regulation section in the NIDDK Laboratory of Cellular and Developmental Biology, was recently honored at the premiere Federation of American Societies for Experimental Biology summer research conference on "Lipid Droplets: Metabolic Consequences of the Storage of Neutral Lipids." Londos was presented with a plaque recognizing his outstanding contributions to research on lipid droplet biology and for the discovery of perilipins in 1990. Perilipins were the first identified lipid droplet-associated proteins and they function to regulate lipolysis of fats stored in adipocytes. By working to understand perilipin function using perilipin knockout mice and cell-culture models, Londos has been instrumental in defining lipid droplets as organelles containing proteins that regulate energy homeostasis of animals.*



### Deciphering Clues for Schizophrenia Development...

Researchers have discovered major clues as to how schizophrenia develops. A study, funded by NIMH and NICHD and published in the *Journal of Neuroscience*, showed that schizophrenia may occur in part because of a problem in an intermittent on/off switch for a gene involved in making a key chemical messenger in the brain. By studying human brain tissue, scientists found that this gene is turned on at increasingly high rates during normal development of the prefrontal cortex, but this normal increase may not occur in people with schizophrenia. Researchers said that being able to identify mechanisms involved in the disease will help point to potential new targets for medication.

### ...And for Rheumatoid Arthritis Risk

Thanks to the relatively new research method of genome-wide association studies—making it possible to analyze between 300,000 and 500,000 small differences in DNA distributed throughout a person's genetic code—researchers in the U.S. and Sweden have identified a genetic region associated with increased risk of rheumatoid arthritis (RA). The result of a collaboration between NIAMS researchers and other organizations, the study, published in the *New England Journal of Medicine*, reported that a region of chromosome 9 contains two genes relevant to chronic inflammation. The hope is that by learning more about the genes and their role in the disease, scientists may find ways to influence the treatment of RA, a chronic and debilitating inflammatory disease of the joints that affects an estimated 2.1 million Americans.

### Getting Past Stress

Results of a new study funded by NIMH may one day help scientists learn how to enhance a naturally occurring mechanism in the brain that promotes resilience to psychological stress. In a study published online in *Cell*, researchers reported that in a mouse model, the ability to adapt to stress is driven by a distinctly different molecular mechanism than is the tendency to be overwhelmed by stress. There are components of similar mechanisms in the human brain, and stress can play a major role in the

development of several mental illnesses. Therefore, understanding why some people succumb to stress and others prevail could help scientists explore ways of increasing stress-resistance in people who might otherwise be overwhelmed.

### The Importance of Small Differences

The International HapMap Consortium has published analyses of its second-generation map of human genetic variation. In two papers published in *Nature*, the consortium describes how the higher-resolution map—with three times as many markers as the initial version unveiled in 2005—offers greater power to detect genetic variants involved in common disease, to explore the structure of human genetic variation and to learn how environmental factors have shaped the human genome. The consortium is a public-private partnership of researchers and funding agencies around the world; the U.S. component is led by NHGRI on behalf of 20 institutes, centers and offices at NIH that contributed funding. Though any two humans are more than 99 percent the same at the genetic level, the small fraction of genetic material that varies among people can explain individual differences in disease susceptibility, response to drugs and reaction to environmental factors.

### Folic Acid and Arsenic

A new NIEHS-funded study conducted in Bangladesh found that folic acid supplements can dramatically lower blood arsenic levels in individuals chronically exposed to the contaminant through drinking water. Water contaminated with arsenic—a toxic element that is naturally present in some soils and water—currently poses a significant public health problem in at least 70 countries, and can be found in parts of the United States. In the study, published in the *American Journal of Clinical Nutrition*, researchers found that treatment with 400 micrograms a day of folic acid, the U.S. Recommended Dietary Allowance, reduced total blood arsenic levels in a Bangladesh study population by 14 percent. Chronic arsenic exposure is associated with risk of skin, liver and bladder cancers; skin lesions; cardiovascular disease and other adverse health outcomes.—**compiled by Sarah Schmelling**



*Results of a new study funded by NIMH may one day help scientists learn how to enhance a naturally occurring mechanism in the brain that promotes resilience to psychological stress.*



# volunteers

The phone numbers for more information about the studies below are 1-866-444-2214 (TTY 1-866-411-1010) unless otherwise noted.

## NIH Pediatric Clinic, Allergy and Asthma Care

This is an allergy and asthma study for children ages 3 months to 19 years.

## Totally Blocked Artery to the Arm or Leg?

Participate in an NIH clinical research study. Compensation is provided.

## Have Enlarged Gums?

Do you have enlarged gums and are you taking dilantin, cyclosporine or calcium channel-blockers? Take part in an NIH study.

## HIV+ Volunteers Needed

HIV+ volunteers off anti-HIV medications, CD4+ count 300 or greater, needed for research study at NIH. Compensation is provided.

## Adults with Neurofibromatosis

Adults with neurofibromatosis type 1 are asked to consider participating in NIH studies. All study-related tests are provided at no cost.

## Do You Have Ankylosing Spondylitis?

Consider volunteering for an NIH research study. Compensation is provided.

## Have Trouble Swallowing?

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

## NIH Turner Syndrome Study

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

## Fibroid Study Seeks Women

Women ages 25-50 suffering with fibroids are asked to consider participating in an NIH study. Compensation is provided. Refer to study 06-CH-0090.

## Are You Nearing the Perimenopause?

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



*NIDA deputy director Dr. Timothy Condon (l) and director Dr. Nora Volkow (c) welcome new members of their council, including (from l) Dr. Louis E. Baxter, Dr. Mary Jane Rotheram-Borus, Dr. Igor Grant, Dr. Daniele Piomelli and Dr. Xiaoyan Zhang. Not shown is Dr. Debra DePrato.*

## NIDA Council Welcomes Six Members

Six new members recently joined the National Advisory Council on Drug Abuse. They are:

Dr. Louis E. Baxter, president and executive medical director, Professional Assistance Program of New Jersey, Inc., Princeton, and medical director, division of addiction services, New Jersey department of health and senior services. He is also instructor in medicine, Thomas Jefferson School of Medicine, Philadelphia.

Dr. Debra K. DePrato is associate professor of clinical public health and preventive medicine, School of Public Health, Louisiana State University Health Sciences Center. She serves as project director for Louisiana Models for Change, a juvenile justice reform initiative grant funded by the MacArthur Foundation.

Dr. Igor Grant is professor of psychiatry and executive vice chairman, department of psychiatry, School of Medicine, University of California, San Diego, and director of the HIV Neurobehavioral Research Center, the California NeuroAIDS Tissue Network and the Center for Medicinal Cannabis Research. His research includes studies to examine neurological change in people with HIV infection and the combined effects of methamphetamine and HIV on the brain.

Dr. Daniele Piomelli is Louise Turner Arnold chair in the neurosciences, University of California at Irvine School of Medicine. His research interests include neuropharmacology, including establishing the role of arachidonic acid as an intracellular second messenger and revealing the molecular mechanisms by which this compound regulates neural activity, elucidating the pathways involved in the formation and inactivation of brain cannabis-like substances and uncovering physiological functions and potential pharmacological uses of these compounds.

Dr. Mary Jane Rotheram-Borus is Bat-Yaacov professor in child psychiatry and biobehavioral sciences, department of psychiatry, Semel Institute for Neuroscience and Human Behavior, University of California at Los Angeles. She directs the UCLA Global Center for Children and Families and is interested in developing, evaluating and disseminating evidence-based interventions for children and families.

Dr. Xiaoyan Zhang is president and CEO, KIT Solutions, Pittsburgh. He is a recognized expert in designing and implementing data systems that measure performance, outcomes and results-based accountability.



## 2007 CFC Dances with the NIH Stars

In the first sign of intramural CFC competition this season, ORS director Dr. Alfred Johnson on Oct. 18 won the first—and possibly last—Combined Federal Campaign dance championship trophy for his rendition of the cowboy boogie. NIH director Dr. Elias Zerhouni took second place and NINDS director Dr. Story Landis came in third. Poised on the stair landings in front of Bldg. 1, about 30 institute and center directors, deputies and administrators donned cowboy hats and step-touched their hearts out in the name of charity.

“I’ve been deputy director for intramural research at NIH for 14 years and this is the first time I can recall the IC directors dancing to a tune coming out of Bldg. 1,” quipped NIH deputy director for intramural research and official dance judge Dr. Michael Gottesman.

He and fellow judges NIH deputy director for extramural research Dr. Norka Ruiz Bravo and *Clinical Center News* editor and former competitive ballroom dancer Jenny Haliski made their decision based on a combination of style and technical expertise shown by the contestants, as well as enthusiastic responses generated by the audience.

The contest consisted of three rounds of dancing: a slow-speed practice, a medium-speed elimination and a slightly-faster final championship starring the top three dancers. Songs—chosen to reflect this year’s CFC theme, “Have a heart, be a star”—included *Achy Breaky Heart* by Billy Ray Cyrus and *Hard on the Ticker* by Tim McGraw.

This year’s CFC kickoff was a star-studded outdoor rally on Oct. 4, featuring former U.S. congressman and actor Fred Grandy and WMAL radio host Andy Parks. The kickoff was hosted by WJLA medical reporter Kathy Fowler.

Grandy, known for his role as Gopher in the long-running TV show *The Love Boat*, inspired the audience with a speech about the importance of charitable giving.

Last year’s CFC was enormously successful, but the campaign for 2007 wants to surpass

even the 2006 record of more than \$2 million. NHLBI director Dr. Elizabeth Nabel, who is vice chair of NIH’s effort, said the 2007 theme intends to convey that “by giving from your heart to help those in need, you bring light into the lives of others. Through your pledges to the CFC, regardless of their size, the world and our community become a bit brighter and you are indeed the stars.”

During a break in the dancing, CFC chair Zerhouni recalled the beard he grew as a campaign pledge for record donations last year and challenged Nabel to negotiate something equally inspiring for NIH’ers to donate in large numbers this year. Beard. Boogie. All for the cause.

### Upcoming NIH CFC events:

- Thursday, Nov. 8, 11:30 a.m.-1 p.m. — NIH’s Own Hollywood Squares Comes to the Rockledge Complex
- Wednesday, Nov. 14, 11:30 a.m.-1 p.m. — Executive Blvd. becomes Hollywood Blvd.

For more information on this year’s CFC campaign, see [cfc.nih.gov/cfc/](http://cfc.nih.gov/cfc/).



**Clockwise from top left:** Judging the Oct. 18 dance contest are (from l) Clinical Center News editor and former competitive ballroom dancer Jenny Haliski; Dr. Norka Ruiz Bravo, NIH deputy director for extramural research; and Dr. Michael Gottesman, NIH deputy director for intramural research.

ORS director Dr. Alfred Johnson (l) accepts his 1st place trophy from NHLBI director and 2007 CFC vice chair Dr. Elizabeth Nabel and CFC chair and runner-up NIH director Dr. Elias Zerhouni, as third place finalist NINDS director Dr. Story Landis (r) applauds.

Dawn Wallerstedt of NCCAM holds the voting pole for NIA deputy director Dr. Judy Salerno.

R&W’s Julie Harris and Randy Schools hold the Applause-O-Meter to scientifically measure cheers for the contestants.

At the Oct. 4 CFC kickoff, WMAL radio host Andy Parks gives remarks, as former U.S. congressman Fred Grandy looks on.