



**ABOVE** • (Red) jacket required. NIH director Dr. Elias Zerhouni makes good on his CFC pledge. See more on p. 7.

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The Second Best Thing About Payday

# nih record

*Results Support, Surprise and Stump*

## Survey of NIH Postdocs in Pursuit of Tenure Provides Answers, More Questions

By Carla Garnett

When it comes to child-rearing and family, many women have to—or choose to—sacrifice their science careers, and for the most part, men don't. That may explain at least in part why women comprise less than 20 percent of NIH's intramural senior investigators, but make up about 45 percent of NIH's postdoctoral population. Some time between completing their postdoc training and starting on the tenure track, more women than men stop pursuing their independent scientist careers. NIH—and the entire scientific community—want to know why. Last summer, the agency finished the first of 4 surveys designed to provide answers. Results alternately supported, surprised and stumped theorists.

"The confidence issue is the thing that surprised us the most," said Dr. Joan Schwartz, assistant director of NIH's Office of Intramural Research, which cofunded the study with the Office of Science Policy and the Office of Research on Women's Health. "Our women postdocs feel so much less confident than the men."

The survey found that "more than 59 percent of men, but only 40 percent of women, were highly confident that they would achieve tenure." The disparity between gen-

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## NIH Makes Plans to Cope with Changes BRAC Will Bring

By Rich McManus

For more than a year, NIH has been considering ways of coping with the increased volume of local traffic and other impacts projected to occur as the National Naval Medical Center expands—due to Base Realignment and Closure (BRAC) legislation—to become Walter Reed National Military Medical Center.

In January 2007, Dan Wheeland, director of NIH's Office of Research Facilities Development and Operations, provided NIH input to a scoping study that initiated the Navy's EIS (environmental impact statement) preparation effort. He recently gave a presentation to NIH's facilities working group that concluded: NIH employees and patients will be adversely affected by the BRAC move; NIH's ability to attract and retain a high-quality workforce will be diminished; and NIH needs to take external and internal measures to mitigate the impact of BRAC, both short- and long-term.

## NCCAM Welcomes Briggs as New Director

Dr. Josephine Briggs, an accomplished researcher and physician, has been named director of the National Center for Complementary and Alternative Medicine.

"I am honored to be selected to lead NCCAM and welcome the opportunity to develop further the NIH investment in this exciting field of biomedical investigation," said Briggs. "Alternative approaches to health and wellness are of enormous public interest, and we need a strong portfolio of science in this area."

Briggs brings a focus on translational research to the study of complementary and alternative medicine to help build a fuller understanding



PHOTO COURTESY HHMI/PAUL FETTERS

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## briefs

### NIH-Duke Training in Clinical Research

Applications for the 2008-2009 NIH-Duke Training Program in Clinical Research are now available in the Clinical Center, Office of Clinical Research Training and Medical Education, Bldg. 10, Rm. B1L403.

The NIH-Duke program, implemented in 1998, is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research. The program is offered via videoconference at the CC. Academic credit earned by participating in this program may be applied toward satisfying the degree requirement for a master of health sciences in clinical research from Duke School of Medicine.

For more information about course work and tuition costs, visit <http://tpcr.mc.duke.edu>. Email queries about the program may be addressed to [tpcr@mc.duke.edu](mailto:tpcr@mc.duke.edu). The deadline for applying is Mar. 1. Applicants who have been accepted into the program will be notified by July 1.

### Meet BTRIS, Feb. 26

It's not CRIS, CRIS 2, or even the daughter of CRIS, the Clinical Research Information System. BTRIS—Biomedical Translational Research Information System—will be a new resource that investigators can use to help identify promising new avenues for research and foster data-sharing across institutes and with extramural collaborators. Learn more about how BTRIS will be developed, opportunities for investigators to participate in its design and the project's ultimate goals in a BTRIS town hall meeting Tuesday, Feb. 26 2-3 p.m. in Lipsett Amphitheater, Bldg. 10. Presenting is Dr. James Cimino, chief of the Clinical Center's new Laboratory for Informatics Development, who will oversee the BTRIS project. The town hall meeting will be videocast at <http://videocast.nih.gov>.

### Science Fair Judges Needed

ScienceMONTGOMERY, the volunteer organization sponsoring Montgomery County, Md.'s annual junior-senior science fair, invites NIH staff to sign up to judge on Saturday, Mar. 15 between 8 a.m. and 5 p.m. at the Reckord Armory at the University of Maryland, College Park. For judging categories, other details and to sign up, visit [www.ScienceMONTGOMERY.org](http://www.ScienceMONTGOMERY.org). The fair presents the top projects of the county's middle and high school students.

### NIH Sailing Association Spring Open House

The NIH Sailing Association invites everyone to its open house on Thursday, Feb. 28 from 5 to 8 p.m. at the FAES House at the corner of Old Georgetown Rd. and Cedar Ln. Would you like to learn to sail? Can you imagine being part of a group of skilled sailing instructors, enthusiasts and boat owners? The club offers instruction, sailboats for charter, racing, cruises, parties and fun. Open house is \$5 at the door and includes pizza and sodas; cash bar for beer and wine, \$2 each. Look for NIHSA posters and flyers around campus. For more information visit [www.recgov.org/sail](http://www.recgov.org/sail).

### S. Gottesman To Lecture, Mar. 4

Dr. Susan Gottesman will speak on "Stress Adaptation via Regulatory RNAs" on Tuesday, Mar. 4 at 1:30 p.m. in Lipsett Amphitheater, Bldg. 10. This is the fourth lecture in the Anita B. Roberts Lecture Series: Distinguished Women Scientists at NIH. The series highlights outstanding research achievements of women scientists in the intramural research program. Gottesman is chief of the biochemical genetics section in NCI's Laboratory of Molecular Biology.

The series is dedicated to the memory of Roberts, chief of the Laboratory of Cell Regulation and Carcinogenesis at NCI from 1995 to 2006. She was a pioneer in the field of carcinogenesis, autoimmune disease and wound healing.

The lecture is open to the public. Sign language interpreters will be provided on request. Anyone needing reasonable accommodation to participate should contact Deirdre Andrews at (301) 496-3891 and/or the Federal Relay, 1-800-877-8339, 5 days before the lecture.

### R&W Has Tickets to Circus

Ringling Bros. and Barnum & Bailey and R&W invite children of all ages to see the 137th edition of The Greatest Show on Earth! This is the 11th year R&W has hosted "premiere night" as a fundraiser for the NIH Charities. It takes place Wednesday, Mar. 26 at 7 p.m., with a pre-show starting at 6 p.m. Tickets are on sale now at the R&W activities desk in Bldg. 31, Rm. B1W30 or by calling (301) 496-4600. Ticket orders can also be placed at any R&W store. Tickets are \$70 (reg. \$95) Circus Celebrity—front row interactive seats; \$45 (reg. \$65) front row seats; \$35 (reg. \$50) first 5-10 rows; and \$20 (reg. \$28) 100 level.



## NLM Marks African-American History Month

By Shana Potash

A Maryland man who made history helped the National Library of Medicine open two special exhibitions celebrating African-American History Month.

Charles Herbert Flowers, an original Tuskegee Airman, participated in the Feb. 4 opening.



Attending the NLM African-American History Month exhibition opening were (from l) Mary Lindberg, wife of NLM director Dr. Donald Lindberg; NLM Education and Outreach Liaison David Nash; Barnett Memorial Exhibit creator Dr. Patrice Yarbough; special guest Charles Flowers; and NLM director Lindberg.

"When I talk with him, it's like talking with history," said Pierre McCannon, an NLM service support specialist and one of many employees who spoke with Flowers.

In 1941, Flowers signed up to become one of America's first black military airmen. He was first in his class to fly solo and was the first African-American military-trained flight instructor at Tuskegee. Decades later, when Prince George's County named a school after him, Flowers became the first living person to receive that honor.

NLM director Dr. Donald Lindberg and Education and Outreach Liaison David Nash presented Flowers with a certificate of appreciation for his service to the country and his participation in the library's celebration.

One of the exhibitions celebrates the accomplishments of another Tuskegee Airman who went on to break the medical school color barrier in Texas. Dr. Herman A. Barnett III was the first black graduate of a Texas medical school, the first African-American member of the Texas state board of medical examiners and the first African American elected president of the Houston Independent School District board of trustees.

Barnett graduated from the University of Texas Medical Branch in 1953. Dr. Patrice Yarbough of UTMB created the Barnett memorial exhibition and spoke at the NLM opening. "Dr. Barnett had fortitude," she said. "His life is an example of what men and women of character can accomplish." Yarbough says the exhibition is intended to encourage students to pursue careers in science and medicine. The display travels to schools and libraries.

The other special exhibition is "Harlem: the Vision of Morgan and Marvin Smith." It celebrates the work of identical twin photographers who portrayed life in Harlem from the 1930s through the 1950s. The array of photographs includes shots of Maya Angelou during her days as a professional dancer, the wedding of Nat King Cole and Maria Ellington, and Jackie Robinson and his son. The collection is part of the traveling exhibition program of the Schomburg Center for Research in Black Culture, which is a research library of the New York Public Library.

Both exhibitions will be on display in the lobby of the Lister Hill Center, Bldg. 38A, through Feb. 29. 📍



## Young Cancer Patients Treated to Winter Weekend

Fifty-three teen and young adult patients who are being treated for cancer at local hospitals recently enjoyed a learn-to-ski weekend at Bryce Resort, in Basye, Va. The trip was sponsored by R&W and its Ski Club, in collaboration with Special Love/Camp Fantastic. Shown with the kids slopeside is R&W President Randy Schools (seated, c).

PHOTO: BRUCE STEAKLEY

## BRAC

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*“Over 40 percent of the jobs in the county are located in North Bethesda. It’s a regional problem. We’re prepared to work with whomever we need to. We can’t solve the traffic problem alone. But even if we manage our traffic better, it’s not going to solve the problem.”—Ron Wilson, ORFDO*

The new Walter Reed taking shape across the Pike from NIH anticipates about 3 million square feet of facility and parking lot construction, demolition and renovation; up to 2,500 additional staff; and almost 2,000 added outpatient appointments and other visitors per day

by 2011. This is on top of a road system that already earns failing grades of E and F for congestion. “We’re already at the high end of the congestion scale even before the new traffic arrives,” said Dennis Coleman, director of NIH’s Office of

Community Liaison (OCL). “According to the county’s annual Highway Mobility Report, 4 of the 10 worst intersections in the county are within a mile of NIH.”

ORFDO’s Wheeland says NIH is preparing for BRAC in three ways: “We are trying to encourage the Department of Defense to do what they can, especially in terms of their transportation demand management and improving ingress/egress of vehicles and pedestrians. We’re trying to get the state, county and Metro transportation folks to expedite the projects that would improve roads and mass transit. And we’ll try to do more here at NIH in terms of transportation demand management [TDM] and teleworking.”

NIH’s TDM guru is Tom Hayden, acting director of ORS’s Division of Amenities and Transportation Services. He says some 41 percent of NIH’ers (not including pedestrians, who are too hard to count) currently use alternative modes of transportation, and that NIH’s goal is to continue to increase that figure.

Starting this summer, at about the same time construction begins at Navy, ORS—with its director Dr. Alfred Johnson leading the charge—will launch a campaign to boost the number of employees who use car/vanpools, bicycles and Transhare (Metro bus and rail subsidies), Hayden reported. NIH currently spends between \$500,000 and \$600,000 per month on Transhare incentives, he said, and there’s no ceiling on how many can take advantage of the offer.

NIH is also encouraging some relatively inex-

pensive roadway improvements. The first priority is the intersection of South Drive and Rockville Pike, which most people know as the Medical Center Metro intersection. “That was designed in the late 1970s and is now outmoded,” Hayden said. “There are too many buses—we’ve got to widen that throat at South Drive.”

He said the opening of NIH’s new Gateway Center, just south of the Metro escalators, will take visitor traffic off of South Dr. The Center is expected to open later this year.

“We are studying every entrance to campus to determine if there are areas where we can increase queueing capacity,” Hayden said. “Where possible, we need to widen or add lanes to keep cars off the Pike.”

State and county authorities estimate that infrastructure improvements of at least \$231 million are needed to mitigate BRAC transportation impact on Bethesda. Short term (3-5 year) projects total about \$70 million, but thus far only \$45 million has been committed for such improvements.

Not all of the new traffic is Navy or NIH-related, noted Ron Wilson, director of the Division of Facilities Planning, ORFDO. “You’ve got new condos going up in Bethesda, new schools opening, new development in Friendship Heights. Suburban Hospital is planning a \$160 million expansion. Over 40 percent of the jobs in the county are located in North Bethesda. It’s a regional problem. We’re prepared to work with whomever we need to. We can’t solve the traffic problem alone. But even if we manage our traffic better, it’s not going to solve the problem.”

Wilson noted that NIH supports expansion of Metro’s Medical Center Station to include either above-ground or below-street access to the Navy side of the Pike. Heavy pedestrian traffic at this intersection only complicates the congestion problem.

NIH is also encouraging more employees to telework via computers from home, which reduces car trips to campus. “That’s another tool in the toolbox,” said Hayden.

He said it is likely that NIH will solicit transportation solutions from employees at some point, and may hold a town hall meeting on the topic. Sought are creative incentives to use alternatives to single-occupancy car trips, such as the preferential parking carpoolers get ‘til 9:30 each morning in NIH lots. More employees might bike to work if more showers were available, Hayden added. “We will be working closely with our NIH Bicycle Commuter Club on ideas and suggestions on who we can partner

with to promote increased participation. Additionally, and to the extent that people can, we will encourage walking to campus.”

The next BRAC milestone is April, when the final EIS is planned to be issued. A month after that, Navy will issue a Record of Decision (ROD) itemizing how it intends to address issues raised by the EIS. Construction is set to begin in June and conclude in fall 2010. New staff and patients will begin to ramp up between then and fall 2011, when the new Walter Reed is expected to be fully operational.

“NIH would like a chance to work with the Navy on solutions before the ROD phase,” said Wilson.

Already, NIH is involved with a welter of external bodies coping with BRAC. In addition to participating in the EIS process, NIH has a seat on the Montgomery County BRAC implementation committee and works with the county planning board and the Medical Center Metro transportation working group, which also has input from the county, Navy and Suburban. Further, NIH’s Office of Legislative Policy and Analysis is working to ensure that Congress is kept abreast of BRAC impacts on the area.

Internally, in addition to encouraging alternative modes of travel, more telework and increased use of alternative work schedules (AWS), which stagger arrival/exit times, NIH will continue to rely on remote parking lots and shuttling employees to campus, according to ORS. NIH is also encouraging new recruits to the Bethesda campus to find housing near work or near mass transit hubs.

OCL’s Coleman notes that NIH’s posture with respect to BRAC is not oppositional, but accommodative. A veteran of municipal government (he was once mayor of Half Moon Bay, Calif.), he predicts there will be a gap of several years between when BRAC impact begins and when mitigation takes place. “It’s all going to work out okay eventually, but there will likely be a bumpy transition period.” 🗨️



## Mass General’s Woolf To Inaugurate NIDCR Seminar Series

On Monday, Mar. 3, NIDCR will launch a new seminar series that highlights advances in basic and applied research most likely to benefit medical practice in the future. The series, titled “From Basic Research to Therapy—The Latest Frontier,” will focus on research topics of broad interest to the NIH community.

Dr. Clifford J. Woolf, who holds the Richard Kitz chair of anesthesia research at Massachusetts General Hospital and Harvard Medical School, will inaugurate the series when he speaks on “Pain-Specific Blockade—Targeting Analgesics Only to Where it Hurts,” at 2 p.m. in Lipsett Amphitheater, Bldg. 10.

Woolf will discuss a novel strategy—recently developed by his laboratory—that allows highly selective blockage of electrical signaling in pain-sensing neurons without affecting signaling by other types of neurons. Unlike conventional anesthesia, this new strategy allows a pain-specific local anesthesia or analgesia without producing paralysis or general numbness.

Woolf has made numerous contributions to the field of pain research, particularly in the understanding of pain mechanisms and in therapeutic approaches to pain. His work has revealed new targets for the development of novel analgesics and new diagnostics for predicting the risk of developing pain.

He earned his M.D. and Ph.D. from the University of the Witwatersrand in Johannesburg, South Africa. He then joined University College London where he was subsequently appointed professor of neurobiology. Woolf also served as an honorary consultant at University College London Hospitals. In 1997, he established the neural plasticity research group in the department of anesthesia and critical care at Mass General.

The new seminar series provides a forum for identifying gaps in knowledge as well as critical questions that need to be addressed to enable the best transition from basic research to therapy. Five seminars are scheduled in 2008. For information about future seminars, visit [www.nidcr.nih.gov/NewsAndReports/NewsReleases/NIDCRSeminarSeries.htm](http://www.nidcr.nih.gov/NewsAndReports/NewsReleases/NIDCRSeminarSeries.htm).

Sign language interpretation will be provided. For more information, or for reasonable accommodation, contact Mary Daum, (301) 594-7559, and/or the Federal Relay (1-800-877-8339).



## WOMEN IN SCIENCE

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ders increased among U.S. fellows.

"I have to say that the confidence part was somewhat depressing," said NIDDK senior investigator Dr. Orna Cohen-Fix, coauthor of the study, which was published in *EMBO Reports*, a publication of the European Molecular Biology Organization. "If they had said, 'The system was against us,' we could deal with that, but identifying and addressing the causes for this lack of confidence will be very difficult."

"Or if they had said they didn't feel as well trained," Schwartz added. "The fact that they were equally well-trained by self perception

in all those different skill sets and then still weren't as confident [is puzzling]."

More than 1,300 intramural postdoctoral fellows responded to the web-based survey. Women accounted for 43 percent of respon-

dents. NIH has more than 2,400 postdocs on staff. The study is part of an ongoing initiative on the topic by OIR, which convened the 2nd task force on the status of NIH intramural women scientists in 2003. The first task force was established in 1991 to identify and address concerns of intramural women scientists. Since then, NIH has deployed various groups to find ways to recruit, promote and retain women in science, both intramurally and as grantees.

The recent study was conducted at NIH because the agency's population of postdocs—43 percent women, 57 percent men—reflects the nation's gender distribution of fellows working in biological science fields.

In results that may mirror cultural or societal realities, the survey also found that "31 percent of married women said they would make changes to accommodate their husband's job, whereas only 21 percent of the men reported they would do the same for their wife's career." U.S. men were only half as likely as non-U.S. men to change their careers in favor of their wife's job. About 30 percent of men expected their wives to make changes; 15 percent of women had that expectation. "Therefore," study authors concluded, "it appears that women fellows face family challenges not equally shared by men."

So basically, traditional gender roles contin-

ue—particularly for Americans: Husband is perceived to be the main (if not sole) breadwinner. Add children and women's choices become more complex.

"Some women," Cohen-Fix explained, "don't pursue a PI position not because they have the freedom to choose between staying in academia and staying at home, but because they have no choice but to take care of the kids full time, for example, because their husband takes no part in child care, and as a result it's impossible for them to have a career."

Study findings also highlighted contrasts between U.S. women and those from other countries.

"The other thing that surprised me," said Cohen-Fix, "was the difference between U.S. and foreign postdocs. Foreign postdocs who come here have to overcome more than U.S. postdocs [do]. It seemed that the level of dedication and commitment was somewhat higher among [foreign] women postdocs. And the confidence was higher. The postdocs that manage to get themselves here may be a very select group."

Schwartz agreed, summarizing more study results. "The foreign women were as confident as both the American men and the foreign men," she said. "They were all equivalent. It was only the American women who were lower in confidence."

"It could be because [foreign women postdocs] had to go through more hoops to get here," Cohen-Fix suggested. "Also there could be a cultural difference in terms of the expectations as a parent. I grew up in Israel and there was no such thing as a stay-at-home mom, so it never occurred to me to be that. I'm sure that's true as well for a lot of Chinese postdocs and many European postdocs—they never thought they'd be stay-at-home moms, so it never crosses your mind not to have a career. Whereas a lot of American women at least in part feel guilty for not doing that because there is some society pressure to spend a significant amount of time at home."

The value of women scientists is undisputed. How then do we clone the 20 percent who are making it work? The recent study shows that boosting the number and broadening the impact of female principal investigators remain elusive goals that require more than offers of gender-equal education, training, mentoring,

*The recent study shows that boosting the number and broadening the impact of female principal investigators remain elusive goals that require more than offers of gender-equal education, training, mentoring, resources and salary.*

resources and salary. While more family-friendly work policies and flexible schedules could help, other less tangible factors come into play.

"It's a culture that we need to figure out how to change," concluded Schwartz, a senior scientist who is married to a senior scientist. "Some of us don't have children. Some of us have supportive husbands. [My husband and I] said from the minute we got married that every time we have to move, we'll sit down and figure out what's the best for both of us. We're not going to move because one of us got a fantastic offer and the other one is going to trail along and find something. But people don't have that discussion. It's clear that women are not having that discussion."

Cohen-Fix agreed that a shift in societal thinking may be called for and that barriers have to be removed so that all women in science feel they can reach their full potential professionally. All who want to become principal investigators need to see that it definitely can be done, she stressed.

Cohen-Fix also suggested that the nature of conducting research draws the cream to the top.

"Science is very hard," she said. "It's incredibly time-demanding. Often you walk around banging your head against the wall. Sometimes being at home, having a part-time job, raising your children—that's not so bad. Because women legitimately have other options—which are great—the 20 percent of women who do this are really the most motivated, driven women."

"I sometimes say the problem with science is not that there are too few women, but that there are too many men," she concluded. "If you took the same top 20 percent of men that are driven and motivated, you'd have an equal proportion of men and women. For men, after their postdoc, staying home with the kids is not really an option for tons and tons of reasons. So I think because as a society women don't have to force themselves to struggle, a lot of them say, 'We don't like this. It's going to be too hard. I'm just going to do something else.' As a result, the 20 percent who do it, really really love this. They almost can't help themselves. It's like starving artists—you wonder why do you do this if you're going to be starving, but it's not like they have a choice." 🗨️



#### **Zerhouni Fulfills CFC Vow, Dons Red Blazer for Heart Health Month**

*Dr. Elizabeth Nabel, NHLBI director and NIH vice-chair for the 2007 CFC campaign, presents NIH director and NIH CFC chair Dr. Elias Zerhouni with the red blazer he agreed to wear for 2 weeks in February (American Heart Health Month) when NIH successfully surpassed its goal and raised more than \$2.2 million for CFC charities, setting a new NIH record.*

#### **Stetten Museum Installs New Exhibit in Bldg. 31**

After a few decades of walking by the balance display in the main hallway of Bldg. 31, people may be surprised to see something different. A new exhibit heralds the NIH Stetten Museum's plan for smaller, easily changed exhibits that can be rotated among campus buildings.

The first exhibit presents examples of things the museum collects: Dr. Seymour Kety's blood-collecting manifold and a corrosion cast of the ovine arterial system (laboratory research), a cup and saucer from the Pain and Palliative Care Service of the Clinical Center (clinical research and patient care), and a post-Sept. 11 security alert sign (policies). Planned exhibits, changing every 6 to 8 weeks, focus on calculating instruments, Wilton Earle's glassware and gifts to the NIH director. New donations will also be displayed in the case.

As curator Michele Lyons was removing the three balances, people stopped to say they would miss them, but she is hoping the new exhibits become something everyone looks forward to seeing. The Stetten Museum is part of the Office of NIH History.

## BRIGGS

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of the usefulness and safety of CAM practices. She succeeds Dr. Ruth Kirschstein, who has been acting NCCAM director since November 2006, when Dr. Stephen Straus, NCCAM's first director, stepped down for health reasons.

Briggs will lead a center with an annual budget of \$121 million that supports CAM research at more than 260 institutions throughout the country, funds research training and career development and provides science-based information to the public and health professionals.

"The NIH has already taken significant steps to build research programs to explore the potential of CAM," Briggs said. "I look forward to working with scientists and the CAM community as well as my colleagues across the NIH to strengthen our understanding of the potential of CAM and to examine the opportunities for integration of proven CAM approaches into our nation's health care delivery."

Briggs received her A.B. *cum laude* in biology from Harvard-Radcliffe College and her M.D. from Harvard Medical School. She completed her residency training in internal medicine and nephrology at Mt. Sinai School of Medicine, followed by a research fellowship in physiology at Yale School of Medicine. She was a professor of internal medicine and physiology at the University of Michigan from 1993 to 1997. She joined NIH in 1997 as director of the Division of Kidney, Urologic and Hematologic Diseases, NIDDK. In 2000, while at NIDDK, Briggs worked with Straus in leading a meeting on Science of the Placebo: Toward an Interdisciplinary Research Agenda. In 2006, she accepted a position as senior scientific officer at Howard Hughes Medical Institute.

Briggs' research interests include the renin-angiotensin system, diabetic nephropathy, circadian regulation of blood pressure and the effect of antioxidants in kidney disease. She has published more than 130 research articles and has served on the editorial boards of several journals including the *Journal of Laboratory and Clinical Medicine*, *Seminars in Nephrology*, and *Hypertension* and was deputy editor of the *Journal of Clinical Investigation*. She is a member of the American Association of Physicians and

the American Society of Clinical Investigation and a fellow of the American Association for the Advancement of Science.

She is a recipient of many awards and prizes, including the Volhard Prize of the German Nephrological Society, the Alexander von Humboldt Scientific Exchange Award and NIH Director's Awards for her role in the development of the trans-NIH type I diabetes strategic plan and her leadership of the trans-NIH zebrafish committee. ①

## Rhee To Direct NCMHD Office

Dr. Kyu Rhee, a primary care physician and member of the Institute of Medicine (IOM) committee that assessed the NIH plan to eliminate health disparities, has been named director of the

Office of Innovation and Program Coordination at the National Center on Minority Health and Health Disparities.

Reducing the health burdens of the underserved defines Rhee's career. He's been medical director at community health centers serving the poor in Baltimore and Washington, D.C., and was a member of a number of IOM committees setting policy to improve the care of these kinds of patients.

"Dr. Rhee has been on the front lines in the fight to eliminate health disparities," said Dr. John Ruffin, NCMHD director. "As NCMHD looks to support the best new research ideas in this area, we feel Dr. Rhee will help identify what can work best."

Rhee and his staff will identify and support innovative ideas to better serve the medically underserved and eliminate health disparities.

"This new office at NCMHD can help bring about the kind of change suggested in the IOM report *Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business*," said Rhee. "To be successful, I feel our work must be transformational, transdisciplinary and translational." ②





# 100 milestones

## NHLBI Biochemist Stadtman Dies

Dr. Earl R. Stadtman, senior investigator and former chief of NHLBI's Laboratory of Biochemistry, prominent biochemist and mentor at NIH, died of a heart attack on Jan. 7. He was 88. He is survived by his wife, Dr. Thressa Stadtman, a senior investigator at NHLBI, who has conducted pioneering research on vitamin B12-metabolism and selenium biochemistry.

"Earl was one of the leading American scientists of his generation," said NHLBI director Dr. Elizabeth Nabel. "He will be remembered for his love of science, his unwavering commitment to his trainees and the twinkle in his eye when he spoke about the NIH. We were truly blessed to have him among us and he will be dearly missed."

Stadtman was among the first recruits to the intramural program of the National Heart Institute when it began in 1950. As a graduate student (with H. A. Barker) and postdoctoral fellow (with Fritz Lipmann), Stadtman had already discovered the role of acyl-CoA derivatives as intermediates in fatty acid synthesis and two-carbon metabolism. Subsequent in-depth studies of glutamine synthase established the enormous power of covalent interconvertible enzyme cascades for regulating metabolic pathways and signal transduction.

Over the last 25 years, Stadtman elucidated the roles of free radicals and reactive oxygen species (ROS) in protein turnover. He contributed substantially to the understanding of the role of free radicals and ROS in disease, aging and cell signaling.

"Earl was one of the pioneers in the intramural program who set the standards of scientific excellence and personal integrity," said Dr. Robert Balaban, NHLBI scientific director. "His insight and standards will be sorely missed by us all."

In acknowledgement of his work in enzymology, Stadtman received many awards, including the National Medal of Science (1979)—the highest honor that can be given a scientist in the United States, election to the National Academy of Sciences (1969), the Robert A. Welch Award in Chemistry with Edwin Krebs (1991), the Paul Lewis Award in Enzyme Chem-

istry of the American Chemical Society (1952), the Merck Award of the American Society of Biochemistry and Biophysics (1983), the Research Award of the American Aging Association (1992) and the Glen Foundation Award (1993). Just as important was the remarkable impact that his trainees have had on biomedical research, including two Nobel Prize winners, 10 members of the National Academy of Sciences and several leaders of industry.

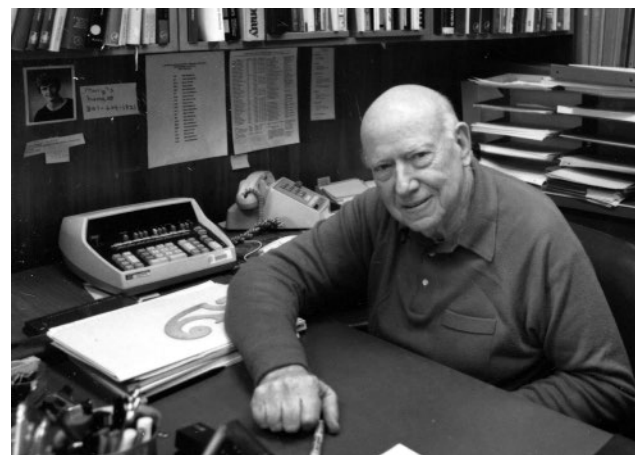
"Earl was a dedicated researcher, colleague and mentor and in the laboratory he stressed the importance of hard work, persistence and rigor," said Dr. Boon Chock, director of the Biochemistry and Biophysics Center at NHLBI and chief of the Laboratory of Biochemistry. "He believed in the adage 'nothing ventured, nothing gained' and because of his devotion and his caring personality, everyone who came through his laboratory considered him or herself a member of his family. Earl's accomplishments as a scientist, a scientific statesman, a teacher and a caring human being are not easily matched and he will be greatly missed."

The Stadtman way of training and conducting research will continue at NHLBI. For an in-depth discussion of that way and both Stadtman's impact on NIH, visit [http://history.nih.gov/exhibits/stadtman/NIH\\_nepotism.htm](http://history.nih.gov/exhibits/stadtman/NIH_nepotism.htm).

Stadtman was author or coauthor of more than 375 scientific publications. He was a past president of the American Society of Biological Chemists and a long-standing member of the National Academy of Sciences and the American Chemical Society, among others. He edited several publications including the *Journal of Biological Chemistry*, *Archives of Biochemistry and Biophysics* and served on the editorial board of the National Academy of Sciences.

He received both his undergraduate and Ph.D. degrees from the University of California, Berkeley. Stadtman is also survived by a brother, Verne Stadtman.

The Foundation for Advanced Education in the Sciences has established the Stadtman Fund. To contribute, make checks payable to FAES with "The Stadtman Fund" written on the memo line. The mailing address is: FAES, One Cloister Court, Suite 230, Bethesda, MD 20814. ☎



### Top:

*Dr. Earl Stadtman in his office, 2001*

### Bottom:

*Stadtman was one of the first recruits to the intramural program of the National Heart Institute when it began in 1950. Here he adjusts a Warburg apparatus.*



According to a new study sponsored by NIDCD, the type of intervention may matter less to children who struggle to learn language than does the intensity and format of the intervention.

### Different Approaches Help Kids with Language Problems

According to a new study sponsored by NIDCD, the type of intervention may matter less to children who struggle to learn language than does the intensity and format of the intervention. Published online in the *Journal of Speech, Language, and Hearing Research*, the study compared four intervention strategies in children who have unusual difficulty using and understanding language. It found all four methods resulted in significant, long-term improvements in the children's language abilities. The interventions were delivered in an intensive, 6-week summer program that also included day camp activities such as arts and crafts, outdoor games and board games. And though the aim of the study was to assess whether children who used a specific software program had greater improvement in skills, it turned out the kids in all four intervention groups demonstrated statistically significant improvement on auditory processing and language measures after the program.

### Subconscious Cues and Drug Addiction

By using brain-imaging technology, NIDA-funded scientists have discovered that cocaine-related images trigger the emotional centers of the brains of patients addicted to drugs, even when the subjects are unaware they've seen anything. The researchers, who published their findings in *PLoS One*, used functional magnetic resonance imaging to study the brains of cocaine patients to whom they showed photos of drug-related cues like crack pipes and chunks of cocaine. The images flashed by in just 33 milliseconds—so quickly the patients were not consciously aware of seeing the photos—but the images stimulated activity in the limbic system, a brain network involved in emotion and reward that has been implicated in drug-seeking and craving. The scientists said the findings will help them as they search for potential new medications that can reduce the brain's sensitivity to conditioned drug cues.

### Gene Variants that Keep Depression at Bay

New research funded by NIMH shows certain variations in a gene that helps regulate response to stress tend to protect adults who were abused in childhood from developing

depression. Adults in the study who had been abused but didn't have the variations in the gene had twice the symptoms of moderate and severe depression compared with those with the protective variations. Almost 15 million adults in the U.S. have major depression. The new report, published in the *Archives of General Psychiatry*, adds to evidence that a combination of gene variations and life experiences promote the disorder, or protect people from it. Researchers said this evidence could help clinicians individualize care for their patients by predicting who may be at risk or by suggesting more precise methods of treatment.

### Diuretics and Metabolic Syndrome

For people with high blood pressure as a part of metabolic syndrome—a cluster of conditions that increases the risk of heart disease—diuretics offer greater protection against cardiovascular disease and are at least as effective for lowering blood pressure as newer, more expensive medications. These findings, published in the *Archives of Internal Medicine*, run counter to current medical practices that favor ACE-inhibitors, alpha-blockers and calcium channel blockers for treatment of high blood pressure in those with metabolic syndrome. The findings came from ALLHAT, or the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial, sponsored by NHLBI.

### Boys with Autism at Risk for Thinner Bones

Results of an early study suggest dairy-free diets and unconventional food preferences could put boys with autism and autism spectrum disorder (ASD) at higher than normal risk for thinner, less dense bones than boys the same age without autism or ASD. The study, funded by NICHD and NCRR, was published online in the *Journal of Autism and Developmental Disorders*. Many children with autism have aversions to certain foods or insist on eating the same foods nearly every day, so while they may consume enough calories to meet their needs, they may lack certain nutrients like calcium and vitamin D. Researchers suggested that as a result of the findings, parents of children with autism may wish to work with dietitians to ensure their kids get a balanced diet.—compiled by Sarah Schmelling



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

### Dry Mouth

Do you have dry mouth after treatment for head and neck cancer? Participate in an NIH clinical research study.

### Coronary Artery Disease

Have you had a heart attack, angioplasty or bypass surgery? Participate in an NIH clinical research study. Compensation is provided.

### Kidney Disease Biomarkers

Do you have diabetes and early kidney disease? Consider participating in an NIH research study to try and improve treatment.

### Diabetes Type 2 in Adolescents

Type 2 diabetes study for adolescents and young adults is recruiting. Compensation will be provided.

### Healthy African Americans, Africans

Healthy African Americans or Africans 18 and older are needed for blood count study at NIH. Compensation is available.

### Allergy Clinic

Does your child have allergies? The NIH Pediatric Allergy and Asthma Clinic is for children 3 months to 18 years of age. All study-related tests and treatments will be provided at no cost. Parental permission and child agreement are required.

### Do You Have PMS?

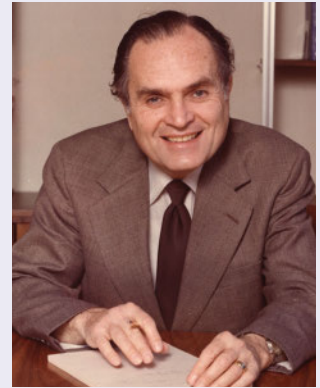
We need women with premenstrual syndrome to participate in research studies. To participate, you should be: experiencing mood changes related to your menstrual cycle; 18-45 years old with regular menstrual cycles; medication-free, including oral contraception. Thorough diagnostic evaluation will be provided. Evening clinic hours are available. Compensation is offered for participation. For information, call Linda Simpson-St. Clair of NIMH at (301) 496-9576 (TTY 1-866-411-1010).

### Asthma Clinical Research Study

Patients with asthma who are taking inhaled corticosteroids may be eligible to participate in a study at the Clinical Research Center. The purpose of this study is to determine if a widely used agent for diabetes can improve asthma. Eligible patients will receive a comprehensive evaluation. There is no cost for participating in the study. For more information, call toll-free 1-877-NIH-LUNG (1-877-644-5864), extension 2 or send email to LungStudy@nhlbi.nih.gov. You may also contact the NIH Patient Recruitment and Public Liaison Office via TTY 1-866-411-1010.

### Pollin, Former NIDA Director, Dies

Dr. William Pollin, noted psychiatrist and former NIDA director, passed away on Jan. 25 at the age of 85. Over his long career, Pollin made many notable contributions to psychiatry and to drug control policy. He was the second director of NIDA, from 1975 to 1985 and on staff at NIMH from 1956 to 1971. At NIMH he contributed to early studies that examined pairs of twins to determine the connection between development of schizophrenia and obstetrical complications and various other neurological abnormalities. At NIDA he was one of the key researchers who changed the medical view of tobacco smoking from an unhealthy habit to a diagnosable drug addiction—after which cigarette makers nicknamed him “Doctor Death” to the tobacco industry.



### Former Research Project Coordinator Lavrin Is Mourned

Dr. David H. Lavrin, a former research project coordinator for the National Cancer Institute and the National Institute on Aging, died on Jan. 12.

Born in England, the son of literary critic Janko Lavrin and visual artist Nora Fry, he graduated from the University of Nottingham in England. Lavrin earned a Ph.D. in biochemistry from the University of California, Berkeley, in 1963, receiving a Damon Runyon cancer research fellowship that year. He had also worked as a cancer research scientist at the bacteriology, immunology and cancer research genetics laboratory, UC-Berkeley, the University of Illinois Medical School in Chicago and Litton Bionetics in Maryland.

He is survived by his wife, Asunción Lavrin, his children Cecilia and Andrew Lavrin, grandchildren Erik and Nora Hauge, and his brother John Lavrin.







*CC pharmacist Dr. Frank Nice (l) prepares to fill prescriptions in a pharmacy in Haiti with Haitian pharmacists, technicians and nurses.*

## CC's Nice Gets President's Award for Humanitarian Work

By Jenny Haliski

Clinical Center inpatient pharmacist Dr. Frank Nice, on the birthday of Dr. Martin Luther King, Jr., was awarded the President's Call to Service Lifetime Award for his volunteer humanitarian work in Haiti. The award, presented at HHS headquarters, cites Nice's "commitment to strengthening his community and the nation through dedicated volunteer service."

Nice completed his 10th medical mission to Léon, Haiti, last October. Many of the 50,000 Haitians who live there had never seen a doctor or pharmacist before he arrived. Due to the prevalence of death from curable diseases and birth deformities, the average Haitian lifespan is slightly more than 50 years; many children do not live more than 5 years.

Nice first traveled to the region 12 years ago through a program that paired his church with a community in Léon. He had just emerged from some personal financial difficulties that gave him a new appreciation for others in need. "I thought my talents as a pharmacist were a means to a comfortable lifestyle. Later I realized I was given those talents so I could use them to help people. I went from having nothing myself to being able to give to others," he said.

As a result of his efforts, two or more teams travel there every February, June and October. They treat about 10,000 patients and fill more than 40,000 prescriptions each year, all with medications and supplies purchased with donations. Each team checks 1 ton of supplies as baggage and team members live out of what they can carry onto the plane. "Seeing about a dozen people each trip who would have died without an intervention, you become very humbled," he said.

By concentrating their efforts on one town, Nice and his fellow volunteers were able to

make and witness large changes. Although it took nearly a decade, the region's citizens can now receive health care and education with dignity and respect. Nice purchased land and built a school for orphaned, destitute children and volunteers built a second school. Volunteers also repaired the medical clinic building, replaced infected river water with running mountain spring water and started vaccination and tuberculosis treatment programs.

After seeing the lack of health-care infrastructure in Haiti, Nice appreciates the resources he has to work with at NIH. For example, Haitian patients must secure all their medications and supplies for a surgery from free clinics and bring them to those who will provide the care. He has known of very ill grandmothers who walk 24 hours over mountain passes to reach a clinic. "Our complaints are made out of our excesses," he said. "Theirs are made out of their needs. But people will deal with a tremendous amount of pain if they have hope that something might help their condition."

Nice can recount several success stories from the clinic, but it is the people they could not help who haunt him. Sometimes the group can only provide palliative care, knowing that if the condition had been treated earlier, a life might have been saved.

"In the U.S., people can choose to postpone seeing a doctor. In Haiti, they don't have a choice. People walk around with treatable diseases until they either get better or die," he said.

Despite political upheaval and customs hassles, Nice said he will return to Haiti every year to volunteer for the rest of his life. The eyes of the people who walk into the pharmacy and clinic keep him coming back. According to Nice, "those eyes pierce your heart and penetrate your soul. No matter what condition the person has, it's like they're saying, 'You are my only hope. If you don't help me, no one will help me.' I can't stop from going back to look into those eyes." 🙏



## Hoping for an Early Spring? Not So Fast.

*Punxsutawney Phil was right: Looks like 6 more weeks of cold. A wintry mix Feb. 12-13 may have iced over the campus, but the good news is that the vernal equinox—the first day of spring—is just a few weeks away. Let the countdown begin!*

PHOTO: BELLE WARING