



ABOVE • NCI's Larry Chloupek completed a relay lap on crutches. See coverage below.

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The Second Best Thing About Payday

nih record

'Maximum Freedom, Minimum Hassle'

Pioneer, New Innovator Awards Announced

By Rich McManus

Calling it "one of the best days of the year for me," NIH director Dr. Elias Zerhouni announced winners of the 2008 NIH Director's Pioneer Award and New Innovator Awards on Sept. 22. This year, 16 scientists—the largest cohort ever—won Pioneer awards, which Zerhouni defined as "loose-guide research, which extends the boundaries of knowledge." Another 31 scientists won New Innovator Awards, for a total of 47 honorees and an NIH funding commitment of some \$138 million over 5 years.

The Pioneer Awards, this year supported by nine institutes and centers, "provide ample resources and total freedom," said Zerhouni. "You don't have to follow the script written in your application—you can follow your instincts. This award offers the maximum free-



NIH director Dr. Elias Zerhouni

SEE PIONEER, PAGE 8



Never know who'll compete in the Challenge Relay. Dr. David Robinson (l) is chased by Buddy the Elf.

Challenge Relay Celebrates Its 25th Run

By Carla Garnett

On May 24, 1978, at approximately high noon, the "NIMH Shrinks" took 11 minutes and 59 seconds to race around Bldg. 1 and into NIH lore as the first team to finish the inaugural Institute Challenge Relay. More than 30 years and several thousand miles later, the relay marked its 25th run on Sept. 18, 2008.

"It was then, and is still today, held to encourage friendly competition," explains an early NIH Health's Angels Jogging Club member, Jerry Moore. Now an NIH regulations offi-

Commissioned Corps NIH'ers Help Hurricane Victims

By Belle Waring

They hit the ground running—and caring.

In response to back-to-back natural disasters, 78 Commissioned Corps officers in 14 institutes and centers recently deployed to help victims of Hurricanes Gustav, Hanna and Ike.

"It's an enormous operation," says Capt. Doris Ravenell-Brown, NIH Commissioned Corps liaison. "These compassionate caregivers are America's health responders."

The three powerful storms of September hit the Atlantic and Gulf coasts, forcing millions to flee. In the U.S., Hanna caused 7 deaths; Gustav, with landfall of category 2, killed 43. Ike, with landfall winds of 110 m.p.h. (1 m.p.h. shy of category 3), killed 71. Together, the storms wreaked billions of dollars of damage.

HHS Secretary Mike Leavitt rapidly activated the entire Commissioned Corps, which serves throughout HHS and is led by the Surgeon

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briefs

American Indian and Alaska Native Heritage Month Observance, Nov. 5

The 8th annual NIH American Indian and Alaska Native Heritage Month Observance will be held on Wednesday, Nov. 5 from 11:30 a.m. to 12:30 p.m. at the Natcher Conference Center, with a poster session to follow.

This year's program will feature two speakers. Dr. Jeffrey A. Henderson will share results of the Stop Atherosclerosis in Native Diabetics Study (SANDS) funded by the National Heart, Lung, and Blood Institute. Henderson is president and CEO of the Black Hills Center for American Indian Health in Rapid City, South Dakota. He is a member of the Cheyenne River Sioux Tribe.

As in years past, the program will feature Kevin Locke of the Lakota and Anishinabe Tribes. He has performed all over the world as a speaker, Native dancer and flute player. He will address the impact of culture on improving the physical and mental health of American Indians. He will also perform the Hoop Dance as part of the interactive presentation. Ethnic food samplings will immediately follow the program.

The observance is co-sponsored by the NIH American Indian/Alaska Native Employee Council, the Office of Equal Opportunity and Diversity Management and the Fogarty International Center.

The scientific poster session will be held from 1 to 3 p.m. in Natcher F1/F2 and G1/G2. It will feature research projects from the Native American Research Centers for Health program, funded by the Indian Health Service in collaboration with NIH.

Sign language interpreters will be provided. Those who need reasonable accommodation to participate should contact Sharrell Butler at (301) 402-4157 (voice) or by Federal Relay Service 1-800-877-8339 (TTY).

For program information, contact Dr. Jared Jobe at (301) 435-0407, jobej@nhlbi.nih.gov.

Meeting of the NIH Director's COPR, Oct. 31

The 20th meeting of the NIH Director's Council of Public Representatives (COPR) will be held on Friday, Oct. 31 from 9 a.m. to 5 p.m. in Bldg. 31, 6th floor, Conf. Rm. 6. The meeting is open to the public. To view the agenda, visit <http://copr.nih.gov/meetings.asp>.

Grant Delivers Keller Lecture, Oct. 21

Dr. Kathleen A. Grant will deliver the 2008 Mark Keller Honorary Lecture on Tuesday, Oct. 21 at 1:30 p.m. in Lipsett Amphitheater, Bldg. 10. Grant is professor in the department of behavioral neurosciences at Oregon Health and

Science University. The title of her talk is "The Alcoholic Drinking Phenotype in Non-Human Primates: Who Bellies Up to the Bar?" NIAAA established the lecture series as a tribute to Mark Keller, a pioneer in the field of alcohol research. The Keller lecturers are researchers who have made significant and long-term contributions to our understanding of alcohol's effects and how alcohol problems can be prevented and treated.



Annual Leave: Use It or Lose It

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it. Your bi-weekly Leave and Earnings Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 3, 2009.

In spite of planning, circumstances sometimes arise that prevent you from taking leave that has been scheduled and approved earlier during the leave year. In such cases, you and your supervisor are jointly responsible for ensuring that any "use or lose" leave is officially rescheduled. This year, your "use or lose" leave must be scheduled not later than Saturday, Nov. 22.

If you or your supervisor have questions about "use or lose" leave, contact your administrative officer.

Mider Lecture Set Oct. 22 in Masur

Dr. Elaine Ostrander will deliver this year's G. Burroughs Mider Lecture on Oct. 22. Part of the NIH Director's Wednesday Afternoon Lecture series, the talk will be held at 3 p.m. in Masur Auditorium, Bldg. 10. Ostrander will speak on "Genetics and Shapes of Dogs." She is chief of the Cancer Genetics Branch and head of the comparative genetics section, NHGRI. This lab maps genes responsible for cancer susceptibility in canines and humans, as many canine cancers closely parallel those of human malignancies. Her genomics research also explores the remarkable diversity of dog breed sizes and shapes. The Mider Lecture was created in 1968 to commemorate Mider's distinguished career, which included a term as director of NIH laboratories and clinics.

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Cokie Roberts (r), CFC kickoff emcee, poses with humorist and cancer survivor Roz Trieber, who lifted spirits before vendors served lunch.

Roberts Emcees NIH CFC Kickoff Oct. 2

The weather couldn't have been more perfect for the hundreds of NIH'ers who assembled in the quad between Bldgs. 31C and 33 to begin the Combined Federal Campaign season.

The CFC is the annual fundraising drive conducted by federal employees in their workplaces each fall. With charities set up under a large white tent and food vendors around the outside, the Walter Johnson High School Jazz Band set a celebratory musical tone, right up until the St. John's College High School Color Guard started the program.

Beverly Goodwine of NCI welcomed famed broadcaster and emcee Cokie Roberts, who is no stranger to NIH or the CFC. As a Children's Inn board member, Roberts remembered the year a snafu prevented the inn from being a CFC charity: "The children and the inn were really affected without that funding."

Both NIH director Dr. Elias Zerhouni, a strong CFC supporter, and NCI director Dr. John Niederhuber, the NIH CFC vice-chair, thanked NIH for its generosity over the past 6 years of Zerhouni's directorship. During the era, NIH raised \$10.5 million and always collected more than its goal—so much that "we want to raise more than the \$2.2 million collected last year," said Niederhuber.

Keeping in mind that CFC is all about the charities and those who benefit from them, the kickoff featured inspirational guest speakers who shared personal stories. Tom and Sheila Baker talked about how a personal experience of loss inspired them to create a non-profit organization, Special Love, and Camp Fantastic, a camp for children and young adults with cancer

where youngsters and their families can enjoy a "normal" life like healthy kids.

Darnell Owens, a Hurricane Katrina survivor, talked about the government, churches and charities that helped him get back on his feet. "Food and Friends brought me meals three times a week, I was able to go to Manna once a month for food and supplies...I received a lot of help...and I still get help today," he said.

Through the end of the year, events across NIH will help raise awareness and provide opportunities to meet CFC charities and to donate at a Caring Station. There will be discounted lunches available, along with opportunities to have fun and win prizes. To keep abreast of the special events, visit <http://cfc.nih.gov>.

AARP Says NIH Among Best Places for Workers Age 50+

Maybe outgoing NIH director Dr. Elias Zerhouni, 57, made his move too soon—the AARP recently named NIH to its list of the 50 Best Employers for Workers over 50. NIH weighed in at number 11, while Cornell University topped the list. NIH is the first federal agency to make the list.

"A diverse group of corporations and not-for-profits are increasingly recognizing the importance of innovative policies as employers seek to retain and recruit experienced workers," said AARP CEO Bill Novelli, who announced the winners on Sept. 24. "Progressive practices lead to more productive workers."

NIH was credited with offering a variety of wellness programs, including fitness centers and classes focusing on such issues as smoking cessation and stress management.

"A lot was given to our [recreational] club system, fitness and to our opportunities for volunteering with the charities," noted Randy Schools, R&W president.

Employers who receive the award must demonstrate policies and practices that meet and address the needs of older workers, according to AARP. Major areas of consideration include recruiting practices, education and career development, job sharing, flexible scheduling, health care and retirement benefits and workplace accommodations.

NIH's application for the AARP honor fell largely to Bekah Geiger, now with the Clinical Center.

"She was a Presidential Management fellow last year when her rotation in the Office of Human Resources was dedicated to achieving this honor for NIH," said Phil Lenowitz, deputy director of the human capital group at NIH. "Bekah worked with people from AARP and with many NIH staff to pull together the NIH submission to AARP. The application was nearly 50 pages. This distinction will be another tool for NIH in our recruiting efforts to attract seasoned professionals to our community."

The U.S. Bureau of Labor Statistics projects that by 2016, one in three workers will be 50+; up from 28 percent of the workforce in 2007. "Employers looking to maintain their competitive edge will have to work hard to catch up if they don't begin appealing to older employees," AARP said.

The Best Employers winners were honored at a dinner on Oct. 7 in Chicago. For a complete list of the top 50 employers, which appears in the November/December issue of *AARP The Magazine*, visit www.aarpmagazine.org.

CORPS RESPONSE

CONTINUED FROM PAGE 1

General.

Its officers have diverse specialties. Some were shifted downtown to HHS headquarters or other administrative posts, but many flew into areas where their billets offered a cot, shared showers and chow that was more grin-and-bear-it than gourmet. Deployments typically lasted 2 weeks, or a bit longer.

It's not easy transforming a sports arena into a Federal Medical Station (FMS). The bleachers are bare; the fans are missing; yet there are heroes. Here are a few of their stories:

Lcdr. Blakeley Denkinger, research dietitian, Clinical Center: "When the patients arrived at our FMS in Alexandria, La., some of them had not had anything to eat or drink in 2 days. One man in a wheelchair had saliva crusted all around his mouth and open wounds on his hands and feet. He could not speak English, so the only thing that he could do was point to one of the water bottles sitting on a nearby table. By the time these patients left our shelter they were clean, well-fed, well-rested and had significantly better blood sugars than they had when they arrived."

Lcdr. Brent Bonfiglio, clinical treatment coordinator, NIAID: "I was deployed [as a registered nurse] to Marshall, Tex., where we set up a 100-bed FMS; then deployed to College Station, Tex., where we set up a 500-bed FMS and cared for more than 400 patients. Some special moments were taking care of two patients who were 104 and 101. They had amazing stories."

Lcdr. Helen Hunter, grants management specialist, NIDDK: "My special moments [in Baton Rouge] were conversations I had with patients and their family members. An older gentleman shared how happy he was to find out where his wife was. When they were evacuated from their home, he was airlifted to Baton Rouge, and his wife to Texas. He spent the first week worrying about her, but was overjoyed when word reached him on her whereabouts."

Lcdr. Merel Kozlosky, supervisory metabolic dietitian and dietetic internship director, Clinical Center: "I managed patient meal services and clinical nutrition care for the patients at FMS College Station. At our peak, I served 3 meals per day to approximately 330 patients and managed about 20 patients on tube feedings, 20 patients on pureed diets, 140 patients on a dietary restriction and 30 patients who

needed assistance feeding."

Cdr. Chad Koratich, Clinical Center nurse: "One of the evacuees was an amazing lady from Galveston with a large breast tumor visible to the naked eye. She got my attention at 2 a.m. when I noticed that both her dressing and bed linens were well-saturated with blood...She was transferred out to a local hospital for higher level care."

Lt. Tracey Chinn, RN, Clinical Center: "One of my many special patients burst into tears, gave me the most sincere hug and told me that she did not want to leave because we had provided her the best care she had received in years and she couldn't be more thankful. [That night] I was sitting on my cot and trying to keep my eyes open. I looked at my fellow officers laughing and realized...we have really done a good service here."

For more information on hurricane/disaster response, visit http://grants.nih.gov/grants/natural_disasters.htm and <http://www.usphs.gov/Articles/hurricane.aspx>.



In LSU's Athletic Center during response efforts for Hurricane Gustav, NIDDK's Lcdr. Helen Hunter (at laptop) is joined by colleagues from CDC and IHS.



With the help of local authorities and volunteers, the Commissioned Corps transformed Texas A&M's Reed Arena into a Federal Medical Station.

PHOTO: MEREL KOZLOSKY

feedback

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

Feedback: I have two story suggestions: 1. NIH evacuation plans/security update. In particular, I'd like to know what plans and procedures are in place to help employees evacuate the main campus if there is a major security incident here or in D.C. For example: several of the exits from the main campus are gated off during the middle of the day. Is there a plan to immediately open those gates if employees need to evacuate quickly? I can't see how employees will be able to exit without encountering traffic jams if everyone tries to leave campus at once. Like many NIH'ers, I'm a parent and I would be quite panicked if I couldn't get to my child at her off-campus location. Also, I think we could use an update on shelter-in-place policies and where we could safely go on campus. And what evacuation policies are in place for the children at the NIH day care centers?

2. What is going on with the weed patch where the Bldg. 31 parking lots used to be? I imagine that groundskeepers are trying to let that area go back to nature, but the weed patch is large and quite ugly right now. What is the ultimate plan for that space and how long do groundskeepers think it will take until it looks better?

Response to item 1, from Brad Moss, Office of Research Services: After 9/11, mass evacuation plans were put into place for the entire campus. Each building has primary and alternate exits. This is done in order to direct employees to evacuate the campus through the nearest exit and to reduce on-campus traffic congestion. NIH law enforcement, security and other first-responder personnel will direct traffic and movement. Gates will be opened accordingly. All roads into NIH will be used to dismiss the campus with the exception of South Drive, which will allow two-way traffic to accommodate emergency response vehicles and allow access for employees with children at the day care centers. Each child care center has an emergency plan that covers relocation, evacuation and shelter-in-place for that specific center. Parents of children enrolled in the center can contact the center director for information about the plan.

The roads around the center of campus will be restricted to emergency response vehicles as much as possible. A current campus evacuation planning map is available at <http://ser.ors.od.nih.gov/evacplan.htm>. For those employees who use carpool or vanpool transportation, it is suggested that you make arrangements ahead of time on how to get to where the car or van is parked to minimize traffic congestion. In accord with planning by the Metropolitan Washington Council of Governments, employees leaving the campus exits and all other traffic will then be directed away from the immediate impact or threat area.

With regard to sheltering-in-place (SIP), many buildings have or are currently identifying safe areas that would accommodate the employees in their building. Floor plans will have the "safe" rooms as well as stairwells and emergency exits identified. These floor plans will be placed in common areas and/or near elevator lobbies. The NIH child care facilities also have a relocation and SIP plan. More information can be obtained at <http://ser.ors.od.nih.gov/preparedness.htm>.

Response to item 2, from Lynn Mueller, ORS: The lot 31B "weed patch" will, hopefully, develop soon into a wildflower meadow. Actually, all wildflowers can be considered weeds. It's just our personal definition of what a weed is. The wildflower meadow is having a tough time establishing due to very poor soils and some erosion run-off. The erosion has been stopped and soil amendments were added. The meadow has been seeded with a "Showy Northeast Native Wildflower Mix" both in 2006 and again in the fall of 2007. It can take 2-5 years for the natives to fully establish and self-seed. So we need to wait a while longer to see if that's true. In the meantime, the meadow is saving about \$1,200 a season in mowing costs plus it buffers the drainage swale against soil erosion and it's a wildlife attractant. We've put up several birdhouses along the north edge that were used by house wrens this spring and rabbits have been seen this summer.

Feedback: To whom should broken scales (the ones that measure weight from a sitting position) be reported? The one near the cafeteria in Bldg. 31 does not work. Also, where are these scales located? I know there was one in Executive Plaza North, but I work on campus now.

Response from ORS: Consult http://dohs.ors.od.nih.gov/blood_pressure.htm. In addition to the contact info on this web site, there is information on the individual units about how and where to report a malfunction.

Feedback: There are many bike racks located outside of Bldg. 49 in the parking area. Why then are people being permitted to lock their bikes onto the sidewalk [handrails]? Is this not a safety issue?

Response from ORS: Campus regulations state, "A person must park bicycles, motorbikes and similar vehicles only in designated areas, and may not bring these vehicles inside buildings." Bottom line—use the racks. In the event of a fire, many persons would need to use the stairs and those that may be disabled would need to grasp the handrail. If a bicycle is secured there, it creates a life/safety risk. Bikes should never be secured to handrails.



Lopez Named NIGMS Chief Information Officer

Jose Lopez was recently appointed chief information officer of the National Institute of General Medical Sciences. He will plan and direct the institute's information technology efforts and oversee its Information Resources Management Branch (IRMB). Prior to this, Lopez served as chief of IRMB's information systems development section, where his responsibilities included the design, development and maintenance of a variety of IT systems, including the NIGMS intranet and systems that allow staff to manage their grant portfolios and support council activities. Lopez came to NIGMS in 1996 as a computer specialist and web project manager. He holds an IT project management master certificate and associate certificate in project management, both from George Washington University.



Then and now. At left, on a 1987 winning team are Challenge Relay veterans Jerry Moore (l), Dr. Alison Wichman (second from r) and Phil Snoy (r). At right, NIH deputy director Dr. Raynard Kington (c) is shown at the 2008 relay with early NIH Health's Angels and race enthusiasts (from l) Wichman, Randy Schools, Moore and Snoy.

RELAY

CONTINUED FROM PAGE 1

2008 NIH Relay Top 50 Finishers

Place	Team	Time
1	Proud Snail Hunters	13:58
2	Host Busters	14:12
4	Goal G	14:12
4	Running Buffers	14:36
5	Notorious M.I.B.	15:02
6	Blair Swift Project	15:06
7	Catch Me If You Can(cer)	15:12
8	Racey Ears	15:22
9	Wurtz Possible Runners	15:27
10	Runners of Interest (ROI)	15:29
Team Penthivirus: One Virus You Won't Catch		15:29
12	A lot of Mass, Not a Lot of Acceleration	15:44
13	Figgly Wiggly	15:45
14	B4 Fitness	16:16
15	CD Five Runners	16:21
16	Smokin' Out Cancer	16:24
17	Running For Regeneration	16:49
18	The Performance Enhancers	16:50
19	Overly Exhausted Runners (OER)	16:51
20	LCBG Speeders	16:52
21	Supersonic Pancakes	17:01
22	Kiss Meiosis	17:02
23	Flavisting	17:05
24	We Are Not the Machine	17:06
25	B. SPOREty anthRACE US	17:16
26	The Limping Nodes	17:21
27	The Lost Mouse	17:29
28	Stop, Codon!	17:30
29	Rapidovirus	17:34
30	Poxjox	17:36
31	Scintilla of Redoubt	17:37
32	Intolerant and Dangerous	17:38
33	All Ears, No Legs	17:42
34	Headed to the ER	17:44
35	Gottesman's Gang	17:51
36	NIAID Clinic 8 Velocity Raptors	18:00
37	NINR U up for the challenge?	18:05
38	Bone to Run	18:07
39	Immobilized Cube Creatures	18:11
40	Gone with the Wint	18:17
41	Opportunistic Fun Guy Plus	18:20
42	Demystified	18:26
43	Eye Aie Aie	18:28
44	Fast Stats	18:29
45	e-transporters	18:30
46	Wu's Chromatin Crew	18:35
47	Eyeribba, Eyeribba	18:44
48	Paper Tigers	18:50
49	Team MRI: Mission Run Improbable	18:54
50	OER Division of Loan Relayment	18:56

cer in the Office of Management Assessment, he helped organize the first race.

It has become an annual institutional ceremony, oftentimes peppered with sprinters in costume. The relay was conceived in the mid-1970s by Dr. Peter Pentchev of Health's Angels and nurtured in the years that followed by club members with funding help from the NIH Recreation & Welfare Association. According to Moore, Pentchev "was the driving force behind the relay for many years."

Hundreds participated in the initial 2-heat race, including a shorts-and-T-shirt-clad NIH director Dr. Donald Fredrickson along with 314 other runners in 63 teams.

"It was fun putting the event together at the beginning as a way to celebrate running at NIH and as a sort of rite of spring on the campus," Moore recalls. "I've always loved the way people from all walks of life here have mixed and mingled at the event...It's been a nice fun way to help bring the NIH community together each year. I loved holding the event in May, but I'm slowly getting used to it being in September."

To say the event caught on is an understatement. By the early 1980s, the relay had become so popular that organizers could accommodate only the first 80 teams to sign up. A record 118 teams registered in 2006. A large part of the fun is creating a novel team name. In the first year, for example, the top women's team was the "NIMH End-Orphans." Given the overall winning team, the relay was clearly good for Mental Health. Among this year's 80-some teams were "Poxjox," "Headed to the ER," "Eyeribba Eyeribba" and "Do Not Resuscitate."

By 1982, organizers required a \$2.50 entry fee to help defray costs. Basic race divisions emerged: male, female and mixed. As organizers, who were also runners, aged—er, gained more experience—master categories (runners over age 40 in each division) were added. In the early era, an after-work shindig was held at the FAES House to con-

tinue the camaraderie and watch videotapes of the day's race and bygone relays.

"I remember all of the fun, all of the crazy team names, all of the enthusiasm and being fortunate to run on numerous winning teams," says Moore, laughing. "Two teams are special to me: 'Anne Then' and 'Running on Empty.' I coined 'Anne Then' for our team of 4 guys and one woman, Anne [Ballard] Thomas, an avid runner who won with NIMH End-Orphans in the first relay and served then as NIH communications officer. Anne ran the first leg of the relay for us and was dead last—unfortunately—after her lap. However, we 'sucked it up,' took the baton from her and proceeded to craft an exciting second-place finish. It was then the highest finish for a mixed team. Several of us had won several relays and decided it would be fun and a real challenge to enter a mixed team to see if we could still win. We were very pleased to finish so well."

"'Running on Empty' in 1992 was one of my later teams consisting of 5 guys who had run—and won—several relays," Moore continues. "I coined the name in honor of the Jackson Browne tune that had inspired our super NIH team at the 1979 Runners' World 24-Hour Relay at Fort Meade, and as a sort of spoof of the fact that gradually we were all beginning to slow down. We were, in racing parlance, sort of 'running on empty.' To our amazement—and I think the amazement of some of the overconfident and boastful young studs who had put together some fast teams for the relay—we prevailed. We came home as the win-



With mascot garden gnome on the scene, members of NCI's Laboratory of Cellular and Molecular Biology (from l) Nancy Cruz, Stephen Kales, Vidya Vedham, Gene Garcia and Naeha Quasba form team "Gene Gnomes."



NCI's Larry Chloupek ran his entire half-mile lap using crutches. The crowd received him with a warm ovation.

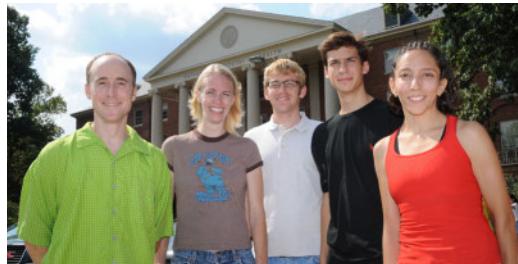
ners one more time. Needless to say, we had a blast at the post-relay party."

Around 1987 or so, the plaque on which winners' names are engraved was renamed the Al Lewis Memorial Trophy to honor the beloved fallen cofounder and past president of Health's Angels who Moore remembers as a "true inspirational leader of both the Health's Angels and the relay. Al Lewis was an unbelievable person. He was someone everybody loved and respected." In another testament to the warm regard the running community has built here, a group of more than 15 volunteers known as Art's Army memorializes another cofounder of the relay, the late longtime NICHD budget officer Art Fried, who died in 2005. Coordinated by NICHD's George Gaines, the Army provides safety at road intersections during the race.

Moore, R&W President Randy Schools, and another Angel, Dr. Alison Wichman of NHLBI, are among the few acknowledged participants from the first relay who also took part in the 25th. After the 1995 race, campus construction and other obstacles led to a 5-year hiatus. The relay was resurrected in September 2002. By then, all teams were required to be a mix of males and females.

So a half-mile course run by each of five teammates in 25 races with roughly 80 teams each year comes to about 5,000 total miles—a distance more than halfway from here to the Beijing Olympics. Okay, no competition. After all, NIH's relay is (mostly) all in fun, despite the teams who bring their own timers, cheerleaders and photographers.

"Team captains, volunteers, Health's Angels and NIH Police, we appreciate the time and effort that you gave to the 25th running of the institute relay," concluded Schools, in an email wrap-up of the event. "To all of the volunteers who made it happen...[and] to the many runners, thanks for taking time to have fun with us. We enjoy not only your participation, but [also] your creativity...It's fun to see so many smiles—keep them on 'til the 26th running in 2009."



Above:
CIT Deputy Director Al Whitley (sixth from r) joins team "Do Not Resuscitate" and its cheering squad for a pre-race pic. Teammate "Buddy the Elf" a.k.a. John Schoeb (fourth from r) also offered plenty of feel-good advice to boost his group's morale.

Left, from top:
First place winners are "Proud Snail Hunters" (from l) Christian Camacho, Greg Schuler, Kathi Canese, Patricia Zerfas and Marc Gwadz. The team completed the 2.5-mile course in 13:58.

Finishing in 14:12 to tie for second place are "Host Bust-ers" (from l) Michael Gridd, Erika Lamb, Jered Wendte, Michael Kovacs and Yunuen Hernandez, who raced in the first heat and had time to change clothes;

and "Goal G" (from l) Anne Nutt, Rachid Sougrat, Thierry Fort, Gwenahel Reveau and Jennifer Gillette.

Bottom:
Capturing the newly coined Last but Not Least Award are (from l) Sheree Monroe, Al D'Amico, Carol Kosh, Adam Levy and Edie Smith of team "To Run OER Not to Run."

PHOTOS: ERNIE BRANSON, CARLA GARNETT



PIONEER

CONTINUED FROM PAGE 1

Above:
Zerhouni (r) and NIGMS director Dr. Jeremy Berg (l) flank the 2008 class of Pioneer Award winners. They are (from l) Drs. James K. Chen, James Eberwine, Hongkun Park, Joshua Epstein, Ricardo Dolmetsch, Charles Lieber, Ann Hochschild, Tom Maniatis, Barry London, Bruce Hay, Teri Odom, Saeed Tavazoie, Aviv Regev, Aravinthan Samuel, Alice Ting and Alexander van Oudenaarden.

PHOTOS: BILL BRANSON

dom and the minimum hassle."

As the 2-day award symposium got under way in Natcher auditorium, one attendee remarked to another, "They give you all this money and you have to go to one meeting a year—what's not to like?"

The fourth annual symposium was extended this year from one day to two. "That's because the winners in past years told us that they enjoy interacting with one another so much," Zerhouni explained. "What I hope will happen is that interconnections will develop between all of you. Cross-fertilization across bright minds is the key to progress in science. Please don't be shy—talk among yourselves and challenge one another."

After announcing this year's winners, Zerhouni gave the keynote address on "Future Trends in Biomedical Science." Knowing that he was on the verge of announcing his plans to step down as director just 2 days later, Zerhouni asked the audience to indulge him in a flight of speculation about how science—and civilization—advance.

Tool-making, he said, leads to new knowledge. The ability to measure accurately at different scales "is why scientific progress occurs...accurate measurements do change your perspective on reality."

He described the "S-curve of science, which applies to all fields," which begins with empirical observations followed by a reductionist phase (what are the components?) then a data explosion in the bend of the letter, as we gain "a growing understanding of subsystems. In biol-

ogy this would include immune response, cell signaling and apoptosis, for example." The curve is completed—in a cycle typically taking 150 years—as the partial theories that arise from the data explosion mature toward unifying theories.

Where are we now along the S? Zerhouni and many audience members (some of whom, preoccupied with their new awards, undoubtedly drew a line through the S to get a \$) place biomedical knowledge in the "information explosion" phase. As evidence he showed how discoveries from genome-wide association studies have grown from a few to a flood in only 3 years. Pioneer awardees alone have published 356 scientific papers in the past 4 years, he said.

"The work in front of us is to understand the biology behind all of these clues," Zerhouni said. "It's like drinking from a fire hydrant."

He concluded with some advice: "The best way to ensure failure is to try and ensure success... Don't be afraid of failure or bad ideas. Give it a try, take the risk...Resistance to new knowledge is a constant...The greatest risk in science is to stop taking risks" ...and finally, "Don't be a me-too, that's not the way to succeed. Go for it—let's ride!"

Each Pioneer Award provides \$2.5 million in direct costs over 5 years. New Innovator Awards are for \$1.5 million in direct costs over the same time period. Both programs are part of the NIH Roadmap for Medical Research.

For a list of the 16 Pioneer awardees, visit <http://nihroadmap.nih.gov/pioneer/Recipients08.aspx>. To learn more about the 31 Innovator awardees, visit http://grants.nih.gov/grants/new_investigators/innovator_award/fy2008_awards.htm. 

Nobel Laureate Kornberg To Give Stetten Lecture, Oct. 29

In 2006, nearly 5 decades after seeing his father, Dr. Arthur Kornberg, awarded the Nobel Prize, Dr. Roger Kornberg returned to Stockholm to claim his own Nobel medal. Arthur received the highest prize in science for studying how DNA is copied, while the younger Kornberg earned the honor for his studies that clarified how DNA is transcribed into messenger RNA.

Roger Kornberg has long pursued a complete understanding of the mechanism and regulation of transcription, the process of copying genes in order to make proteins. Through 30



years of persistent effort, he has identified the components and configuration of the large assembly of proteins that carry out transcription in eukaryotic cells and how the protein assembly interacts with gene regulatory regions. In the

course of these studies, Kornberg has developed new technologies to visualize the molecules involved. His solution of the three-dimensional structure of RNA polymerase in 2001 represented one of the most complex crystallographic structures ever determined. Since then, he and his research team have gone on to create highly detailed snapshots of transcription in action.

Kornberg will discuss his work on the molecular basis of eukaryotic transcription at this year's DeWitt Stetten, Jr. Lecture. The talk, which is part of the NIH Director's Wednesday Afternoon Lecture Series and is sponsored by NIGMS, will be held on Wednesday, Oct. 29 at 3 p.m. in Masur Auditorium, Bldg. 10.

Kornberg is a professor of structural biology and the Mrs. George A. Winzer professor in medicine at Stanford University School of Medicine, where he has been a faculty member since 1978. He received a B.S. in chemistry from Harvard University in 1967 and a Ph.D. in chemistry from Stanford University in 1972. Kornberg was a postdoctoral fellow and a member of the scientific staff at the Medical Research Council Laboratory of Molecular Biology in Cambridge,

England, where he contributed to the discovery of the nucleosome, the basic unit of DNA packaging in chromosomes.

Kornberg was elected to the National Academy of Sciences in 1993. His many honors include the 2001 Welch Award in Chemistry, the highest award in the discipline in the United States, and the 2002 Charles Léopold Mayer Prize from the French Academy of Sciences, France's highest award in the biomedical sciences. Kornberg was the sole recipient of the 2006 Nobel Prize in chemistry. He is an author of more than 220 research papers.

NIGMS has supported Kornberg's research since 1986.

For more information or for reasonable accommodation, call Michele Sherwood at (301) 594-6747. [\(e\)](#)

CIT Computer Training Celebrates 40 Years

As the fall/winter 2008 term opens, the CIT Computer Training Program marks its 40th year of service to the NIH community. Things were different in fall 1968, when the Computer Center in the old Division of Computer Research and Training began offering courses to assist NIH programmers, analysts and managers to make more effective use of computers and software. A total of 18 courses were offered. The first training session titled, "SYSTEM/360 at NIH for Computer Operators," was taught by Elliot Alterman on Sept. 3, 1968.

Over the years, the program has grown and evolved. The 1970's brought courses for WYLBUR, Dec10 and the beginning of seminars, as well as audio/visual and computer-assisted courses, so individuals could learn at their own pace. To the delight of many, the training catalog added a map of the NIH campus and pictures of the facilities, instructors and students who attended the courses.

As the 1980's began, so did a change in the computing world. There was enhanced interest in using personal computers to complete daily tasks. A need for courses on personal computing, PC-DOS and with it, the advent of PC/mainframe communication became clear. Also needed were statistical packages such as SAS and SPSS, which have become two of the longest-running courses.

At the 20-year mark, the 1990's pushed computer training into another dimension. Many classes were retired, including COBOL, FORTRAN, WYLBUR and Dec10, and in their place Unix, Helix, Internet Resources and Microsoft Windows flooded the scene. Courses geared to the scientific community became more prevalent; they currently compose 60 percent of the program.

In the first decade of the new millennium, CIT offered over 220 courses that cover a wide variety of computing interests. In fiscal year 2008, over 10,000 student course completions were recorded. With seminars designed for those in the scientific community, web development, networking, computer security and statistics, the world of personal and scientific computing has clearly advanced over the years.

CIT courses have evolved to keep pace. One of the unique opportunities afforded through the training program allows individuals to share their expertise with colleagues. Are you involved in an emerging field of interest that will benefit the NIH mission? Contact CIT—you may be able to share what you know to benefit others.

Many new sessions this term are the result of volunteer participation. A sampling of new courses includes: Advanced QVR – CRISP/RCDC; AppScan Orientation for ISSOs; SAS Enterprise Guide & Tracking Trends in Science; Leopard Tips & Tricks; GeneSpring GX 10 & Affymetrix for GeneSpring. Popular returning topics include seminars for scientists, QVR, Blackberry, Office 2007 and Web Search: Thinking Beyond Google.

You can obtain full course information, register for classes, join the CIT training mailing list and view your transcript, or current application status, at <http://training.cit.nih.gov>. As in the past 40 years, courses are free for NIH staff. While NIH employees get first priority for classes, contractors are welcome to attend when space is available, the class is related to their NIH work and they have approval from their NIH supervisor.

If you have questions about the CIT training program, call (301) 594-6248 or email [\(e\)](mailto:CITTraining@mail.nih.gov)

digest

Promising Trial for Blinding Disease

Three young adults with an inherited form of blindness showed evidence of improved day



and night vision following a gene transfer procedure in an NEI-funded, phase 1 clinical trial. Participants in the study had one genetic form of Leber congenital amaurosis (LCA) caused by mutations in a specific gene and they all had visual impairment from birth. They received a subretinal injection to replace the non-functioning gene in preselected regions of the retina with less degeneration of photoreceptor cells. During the 90-day period of the study, the vision in all three young adults was partially restored. The study was the first to show that gene therapy can improve both day and night vision in patients with LCA. The findings, which

included no reports of adverse effects from the therapy, were published online in the Sept. 22 issue of *Proceedings of the National Academy of Sciences* and in the Sept. 7 issue of *Human Gene Therapy*. The new reports extend findings of two other papers published earlier this year in the *New England Journal of Medicine*.

A New Model for Cystic Fibrosis

In a study funded in part by NHLBI and NIDDK, researchers for the first time used a genetically altered animal model for cystic fibrosis (CF) that closely matches the characteristics of the disease in humans. Using a pig model, scientists can now better understand how the complications of the complex, multi-organ disease develop. This could lead to new avenues for research in prevention and treatment. CF—an inherited disease of the mucus-secreting glands—affects multiple organs including the lungs, pancreas, liver, intestines and sinuses. The disease causes mucus to become thick and sticky and to build up in the lungs and in the pancreas, blocking airways, disrupting the digestive system and resulting in recurrent, destructive infections and digestive problems. Before this study, published in the Sept. 26 issue of *Science*, mice had been the only animal model for CF. But mice don't exhibit typical symptoms of the disease in humans, so finding a better model was crucial to furthering research.

Three young adults with an inherited form of blindness showed evidence of improved day and night vision following a gene transfer procedure.

Searching for Better Ways to Control Asthma

According to a study funded by NIAID, monitoring levels of exhaled nitric oxide in adolescents with asthma and adjusting treatment accordingly doesn't improve the course of the disease. The study, conducted by the Inner City Asthma Consortium and reported in the Sept. 20 issue of *The Lancet*, looked at approximately 550 adolescents in 10 cities across the country. The idea behind the research was to determine whether this kind of measurement would allow better control of the disease when used in addition to treatments based on national guidelines developed at NIH. It was the largest study to date testing exhaled nitric oxide as a biomarker for asthma management. Asthma affects about 9 percent of children under age 17 in the U.S. and its causes are still unknown. A biomarker of airway inflammation could be a useful clinical tool for gauging medical needs in asthma patients.

Dietary Supplements No Better than Placebo For Osteoarthritis

A 2-year study funded by NCCAM and NIAMS has shown that the popular dietary supplements glucosamine and chondroitin sulfate—used together or alone—did not appear to fare better than sugar pills in slowing loss of cartilage in osteoarthritis of the knee. However, the study results are difficult to interpret because participants taking the sugar pills had smaller loss of cartilage than scientists had predicted. The findings, published in the October issue of *Arthritis & Rheumatism*, came from an ancillary study of the original GAIT (Glucosamine/chondroitin Arthritis Intervention Trial), the aim of which was to determine whether these supplements could treat the pain of knee osteoarthritis. In 2006, researchers found that a subgroup of study participants did show significant pain relief. Researchers said that despite the new study's limitations, it provided them with insights into several aspects of osteoarthritis, a disease that affects nearly 21 million Americans.—compiled by Sarah Schmelling

Whitley To Deliver Straus Memorial Lecture on Infectious Diseases

By Julie Marquardt

The NIAID Laboratory of Clinical Infectious Diseases will host the Stephen E. Straus Memorial Lecture on Infectious Diseases in memory of its colleague and friend, Dr. Stephen E. Straus. His former colleagues describe him as a brilliant clinical researcher and a compassionate physician who had abundant wisdom and a keen sense of humor. His 30-year career with the NIAID lab included tenure as chief from 1991 to 1999 and continuing as a senior investigator after his appointment as first director of NCCAM. His scientific accomplishments defined him as an international leader on the pathogenesis, treatment and prevention of human herpesvirus diseases.

Fellow herpes expert Dr. Richard J. Whitley, who was



also Straus's close friend, will deliver the NIAID Straus lecture, titled "Antiviral Therapy of Herpesvirus Infections: Thirty-Five Years of Progress," on Tuesday, Oct. 28 at 2 p.m. in Lipsett Amphitheater, Bldg. 10.

The Loeb professor of pediatrics and professor of pediatrics, microbiology, medicine and neurosurgery at the University of Alabama at Birmingham, Whitley is also principal investigator for NIAID's collaborative antiviral study group, a multi-center clinical trials network that conducts pediatric and adult research trials to evaluate novel therapeutic regimens for herpesvirus and other infections.

Whitley has dedicated more than three decades to understanding the molecular pathogenesis of herpes simplex virus infections—that is, the origin, development and spread of these viruses, as well as how the immune system responds to them. He applies these principles to develop and evaluate new antiviral therapies. He explains, "Although human herpes simplex viruses have been documented since ancient Greek times—Hippocrates used the word 'herpes,' meaning to creep or crawl, to describe skin lesions that may have been caused by the virus—most of our findings relating to infection and treatment have been made during the 20th century. We now understand that these viruses are especially tricky in terms of treatment and eradication because they establish latency and can be reactivated. In other words, once you have the virus, you have it for life and can transmit it for life—even if you don't have any symptoms."

While a cure remains elusive, the past 35 years have

witnessed significant progress towards understanding and treating herpesvirus-related conditions. This will be the focus of Whitley's talk. Specifically, he will discuss how lessons learned from working with first- and second-generation antiviral therapies have contributed to our understanding of disease pathogenesis and diagnosis, viral latency, antiviral resistance, controlled clinical trials, and, ultimately, improved human health. Drawing from his own extensive work with varicella-zoster virus (which causes chickenpox and shingles), herpes simplex encephalitis, neonatal herpes simplex virus infection and congenital cytomegalovirus infection, Whitley will talk about how laboratory and clinical studies continue to complement each other and evolve, resulting in new and better treatments and diagnostics for an even broader range of herpesvirus-related diseases. He explains, "Steve Straus was the first to show that the drug acyclovir can be used to suppress recurrent oral and genital herpes infections. This knowledge was used to develop treatment for diseases that can be fatal: In our patients, we've been able to reduce the death rate from herpes encephalitis from 70 percent to 13 percent. In short, advances in research and antiviral therapy are not only improving lives, but are also saving lives."

As did Straus, Whitley has a keen interest in translating advances in molecular biology to the clinic. The author of more than 300 articles, Whitley's other research interests include West Nile virus encephalitis and influenza in infants; the development of antiviral drugs to treat orthopox virus infections; and the engineering of herpes simplex virus for gene therapy and to treat brain tumors.

A New Jersey native, Whitley earned his undergraduate degree in chemistry from Duke University and went on to medical school at George Washington University. After graduating in 1971, he moved to the University of Alabama at Birmingham to complete a pediatrics internship and then an infectious disease and virology fellowship. He now directs the UAB division of pediatric infectious diseases and is vice-chair of the department of pediatrics. As co-director of the UAB Center for Emerging Infections and Emergency Preparedness, Whitley is also heavily involved in activities that create awareness of and develop strategies for dealing with pandemic influenza. He serves as vice president of the Infectious Disease Society of America, chairs the CDC's National Center for Infectious Diseases board of scientific counselors and participates in numerous data and safety monitoring boards for ongoing clinical studies. He was recently named to the NIAID Advisory Council for a term to end in 2012.

Lippincott-Schwartz Gives Roberts Lecture, Oct. 30

The next presentation in the Anita B. Roberts Lecture seminar series will be given by Dr. Jennifer Lippincott-Schwartz at 11:30 a.m. on Thursday, Oct. 30 in Lipsett Amphitheater, Bldg. 10. She will speak on "Emerging Fluorescence Technology for the Analysis of Protein Localization and Organelle Dynamics." The lecture is open to the public. Sign language interpreters will be provided upon request. Individuals who need 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.

Parenting Seminars a Success, More Planned

Last month, a series of three lunchtime parenting seminars sponsored by the NIH child care board and the Division of Amenities and Transportation Services, ORS, drew a favorable response. At the request of many employees, the Wednesday lunchtime seminar series will continue with the following topics: Oct. 29- Life with Your New Baby; Nov. 12- Best Practices for Managing and Enjoying the Toddler Years; Nov. 19- Fostering Healthy Habits in Preschoolers.

All sessions will be held in Bldg. 31/ 6C10 and carried on NIH Videocast. For more details visit <http://does.ors.od.nih.gov/index.htm> or call Tonya Lee at (301) 402-8180.

12th Annual Free Outdoor Film Festival a Success

The 12th annual Comcast Outdoor Film Festival, held in conjunction with NIH's Recreation and Welfare Association, enjoyed 10 straight nights of good weather in August, drawing thousands of patrons. One young man added flair to the evening when he proposed—successfully—to his girlfriend.

The film *Transformers* may have challenged *Monty Python and the Holy Grail* from 2006 as the largest turnout since the festival began—about 9,000 people attended, according to R&W.

The film festival used to be held, prior to 9/11, on the NIH campus, near the Metro station. Recently it has taken over a field abutting the American Speech-Language Hearing Association and Strathmore Music Center.

"It's a great place to hold an event," said Randy Schools, R&W president. "We would also like to send out a huge thank you to all of our volunteers who helped us this year. Without your help we would not be able to pull this event off."

The event raised money for the NIH Children's Charities. The R&W also held a raffle, which garnered additional funds.

"For those of you who came out this year, we hope you enjoyed it and we look forward to next year," said Schools. "See you at the movies!"



Top: Staff from the Hard Times Cafe and volunteer servers pose at their booth.

Below: At left, a group of students from Walter Johnson High School get ready to enjoy the show. At right are volunteers who manned the candy booth.

Bottom: No, that's not Woodstock. Rather it's the movie grounds, about an hour before start time.

