

nih record



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Give Me That Old Time...Caring

Treadway Calls on Physicians to Remember the Heart

By Rich McManus

There are probably not many speakers in the Clinical Center's Grand Rounds/Great Teachers lecture series who, after their hour-long talks, discover that many in the audience would like to adopt them as their personal physician.

But such might have been the case recently when Dr. Katharine Treadway, associate professor of medicine at Harvard Medical School—and a primary care physician—discussed “Heart Matters: Old Ideas in New Times for the Patient-Doctor Relationship.”

Introduced as “a real doctor, which is perhaps the most you could say about anyone in our profession,” Treadway spoke about the erosion of empathy in medical care, the deficiencies in medical training that allow such erosion to go unchecked and some possible interventions that can help preserve the idealism that prompts young people to seek a healing profession.



Dr. Katharine Treadway

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Dr. Rita Colwell speaks at NINR anniversary event.

‘Bringing Science to Life’

Symposium Closes NINR 25th Anniversary

By Ray Bingham

The National Institute of Nursing Research recently brought its 25th anniversary commemoration to a close with a nursing science symposium. While speakers looked back over a quarter century of research highlights, the focus of the symposium, “Bringing Science to Life: A Healthier Tomorrow,” was to build on these accomplishments for the future. As NINR director Dr. Patricia Grady said, “The story of nursing and nursing science is the story of bringing science to life and of creating a healthier today and healthier tomorrows.”

Dr. Rita Colwell, distinguished university professor at the University of Maryland and

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Former NIH Director

Healy Remembered as Leader, Friend, Visionary

By Susan Keown

On Nov. 18, family members, colleagues and friends of Dr. Bernadine Healy gathered to share memories of the 13th NIH director, who died of brain cancer on Aug. 6. Speakers remembered Healy for her ambitious vision, her personal qualities and her professional accomplishments, particularly in women's health.

The tribute event, said current NIH director Dr. Francis Collins, was an opportunity to “express our gratitude to this wonderful woman for what she has done for NIH and for the world.” Healy had pursued Collins aggressively to come to NIH and head its nascent Human Genome Project, not accepting his multiple refusals to take on the role.

Healy's doggedness in the face of resistance also drove her landmark Women's Health Initiative. In a video tribute, Sen. Barbara Mikulski (D-MD) recalled working with her Senate

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briefs

NCI Workbook on Communicating to Lay Audiences

Making Data Talk: A Workbook is the National Cancer Institute's newly released publication that helps public health practitioners, scientists, health educators, clinicians, researchers, students and statisticians understand the critical roles data play in communication.

The workbook, based on the book *Making Data Talk: Communicating Public Health Data to the Public, Policy Makers, and the Press* written by Drs. David Nelson, Bradford Hesse and Robert Croyle, provides key information, practical suggestions and examples on how to effectively communicate health-related scientific data.

The workbook offers recommendations about selecting and presenting data and introduces the OPT-IN (Organize, Plan, Test, Integrate) framework, which guides public health practitioners on how to present health data to lay audiences. Many chapters also include practice exercises that use real-world examples to reinforce and apply key concepts.

The workbook is available as a print or electronic version. Visit www.cancer.gov to order a copy or download the workbook.

NCRR's Cooper Honored By Academy of Nursing

Dr. Leslie C. Cooper, NCRR extramural program official, senior nurse advisor and a captain in the Commissioned Corps, was inducted recently as a 2011 fellow in the American Academy of Nursing. She was one of 142 national and international nurse leaders selected during the academy's 38th annual meeting and conference in Washington, D.C.



"The fellowship represents the nation's top nurse researchers, policymakers, scholars, executives, educators and practitioners," said academy president Dr. Catherine Gilliss, in a statement announcing the awards.

Cooper, an applied epidemiologist with an undergraduate degree in nursing, is an active-duty member of the Public Health Service. She has served for more than 28 years as a scientist at NIH, in 6 ICs: NCRR, NCI, NIDA, NHLBI, NINR and NICHD.

At NCRR, she manages research programs that help enhance competitiveness of biomedical investigators in underrepresented states and institutions. In addition, she provides guidance to scientists, clinicians, students and emerging professionals as they prepare to improve public health outcomes in this country and others. Her main areas of expertise involve tobacco, cancer prevention and other chronic diseases in minority and medically underserved populations and engaging the community to become partners in research.

Cooper's activities to reduce and eventually eliminate health disparities span NIH, other HHS agencies, federal partners, state and local entities and the community at large.



Deer Forage at Dusk Near Bldg. 31

On the north side of Bldg. 31, facing Cedar Ln., is a natural habitat (formerly a parking lot) that now plays host to a number of deer. On Nov. 15 at dusk, this robust male (above) ambled across Zerkova Ln. into the backyard of a residence formerly reserved for use by whomever is NIH director. He was monitoring the munching of three young'uns (one of which can be seen below) that were feeding on the hillside just above him. Deer are a common sight for employees in Bldg. 31, who have witnessed the remarkable adaptation of deer coloration in sync with the seasons.

PHOTOS: RICH MCMANUS



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NIH Record Office Bldg. 31, Rm. 5B41
Phone (301) 496-2125
Fax (301) 402-1485

Web address <http://nihrecord.od.nih.gov>

Editor
Richard McManus
Rich.McManus@nih.gov

Assistant Editor
Carla Garnett
Carla.Garnett@nih.gov

Staff Writer
Jan Ehrman
Jan.Ehrman@nih.gov

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NIH...Turning Discovery Into Health

nih record

Men Can Lower CHD Risk with Intense Exercise

By Jan Ehrman

Male couch potatoes, take note. Exercising vigorously for just 3 hours a week—or, about the time it takes to watch a professional sporting event—can cut your heart attack risk by more than 20 percent, according to a recent NIH-funded study.

Despite considerable progress in understanding and preventing coronary heart disease (CHD), the disorder still remains the number one cause of mortality in the United States. According to the National Center for Health Statistics, every 26 seconds, someone



Dr. Andrea Chomistek

in the U.S. experiences a coronary event. Further, more than 616,000 people in the U.S. died from CHD in 2007. The center also notes that each year, CHD takes the lives of more Americans than cancer, lower respiratory disease and accidents combined.

Specialists in cardiovascular health have long believed that exercise, when performed regularly, can result in significant protection for the heart. In particular, it may lessen the risk for CHD by lowering blood pressure, improving cholesterol profile (in particular, raising HDL, the so-called good cholesterol) and decreasing triglycerides (another blood fat), reducing abdominal fat and lowering amounts of C-reactive protein, a substance in the blood that often relates to systemic inflammation—a potential harbinger of heart disease.

In the current investigation, Dr. Andrea Chomistek and her colleagues from Harvard School of Public Health, Harvard Medical School and Brigham and Women's Hospital, looked at physical activity levels and blood biomarkers associated with cardiovascular health in men, ages 45-70, who participated in the Health Professionals Follow-Up Study. The prospective observational study was funded by NHLBI. Results appeared in a recent issue of *Medicine and Science in Sports and Exercise*.

Among more than 18,225 men who provided blood samples, 454 participants suffered a non-fatal heart attack or died from CHD during the

study period of 1994-2004. After study exclusions, 412 men with CHD were matched to 827 controls based on age, smoking status and date of blood donation.

“What we found was that 3 hours of intense exercise (for example, jogging, biking, racquetball) a week reduced the risk of a heart attack by some 22 percent,” said Chomistek. The clinical significance of that finding notwithstanding, “what came as probably the biggest surprise was the important role vitamin D seemed to play in the relationship between exercise and incidence of CHD,” she explained.

Although HDL cholesterol accounted for 38 percent of the physical activity/CHD connection, “vitamin D was a significant contributor as well, explaining 21 percent of the association. The latter was likely due to the fact that many of the exercises men participate in tend to be done outdoors,” Chomistek added, noting that the sun is an excellent source of vitamin D.

Two other findings emerged from the study that help explain the drop in heart attack rates among the physically active. One was a reduction in apolipoprotein B (Apo B), a substance that attaches to LDL cholesterol and helps transport it throughout the body. The other was a decline in HbA1c, a measure of insulin sensitivity. High Apo B and HbA1c levels have both been associated with increased rates of heart disease.

Although this study was conducted only in males, ladies shouldn't feel left out, explained Chomistek, an avid runner. Results from another recent analysis, the Women's Health Study, showed similar benefits for physically active females. ●



Rasooly Named Chief of NCI Branch

Dr. Avraham Rasooly has been named chief of the Disparities Research Branch at NCI's Center to Reduce Cancer Health Disparities.

Rasooly will provide leadership in support of research that could identify and unravel the interplay between numerous cancer health disparities determinants. Research activities within DRB span biological, behavioral, socio-cultural, applied clinical, community-based, translational and economic studies, with the goal of reducing and ultimately eliminating cancer disparities.

As part of a joint NCI/FDA partnership, Rasooly will also continue his role as program director for the Division of Biological Science in the Center for Devices and Radiological Health laboratory, where he oversees development of new technologies for rapid bio-detection and diagnostics. These new technologies have broad implications for disparities research and global health, including the development of low-cost, point-of-care cancer detection and diagnostic technologies for racially, ethnically and underserved populations.

Prior to his appointment at CRCHD, Rasooly served as program director at NCI's Cancer Diagnosis Program, where he managed the cancer diagnosis technology portfolio.

An internationally recognized expert on the development and evaluation of bio-sensor technology, Rasooly has edited two books and written more than 80 published articles on the subject. He received his Ph.D. in crop and soil science in 1988 at Michigan State University, where he focused on the genetics of plant-microbial interactions.



NINR director Dr. Patricia Grady (l) presents appreciation plaque in honor of Sen. Daniel Inouye to his staff member, Lt. Col. Maureen Charles.

NINR ANNIVERSARY

CONTINUED FROM PAGE 1

Above:

Panelists at the NINR science symposium include (from l) Dr. J. Randall Curtis, Dr. Kathleen Dracup, Dr. Martha Curley, Dr. Marjana Tomic-Canic and Dr. Sandra Dunbar.

PHOTOS: MICHAEL SPENCER

Johns Hopkins University Bloomberg School of Public Health, opened with an overview of an international nursing research project that addressed the spread of cholera in rural villages of Bangladesh. A research team found an inexpensive, easy-to-use and readily available method to prepare drinking water from local ponds and rivers—filter it through old sari cloth.

Why old cloth? Because the worn and frayed fibers were more effective at catching plankton and particulate matter that harbor the cholera bacterium. This work, funded by NINR, helped reduce the incidence of cholera in some areas by up to 50 percent. As Colwell noted, “[NINR] has provided many ways of introducing nursing science to improve health care in the United States and around the world.”

Dr. Michael Gottesman, NIH deputy director for intramural research, noted the many ways that nursing research has grown within the Clinical Center, and in particular the commitment of the NINR Intramural Research Program (IRP) to research training. Under the leadership of scientific director Dr. Raymond Dionne, NINR IRP scientists and trainees have contributed new insights into the measurement and management of pain, fatigue, gastrointestinal distress and symptoms related to cancer and chemotherapy.

Dr. Karen Daley, president of the American Nurses Association, stated that “science is about asking the right questions, and no one is in a better position to ask the right questions than the nurse researchers and their colleagues in nursing practice.”

Dr. Anand Parekh, deputy assistant secretary for health (science and medicine) at HHS, added that the common factor drawing nurses, doc-

tors and other clinicians into health care is the belief that “health plays a foundational role in ensuring that individuals can meet their goals in life and reach the American dream.”

Grady presented a plaque of appreciation to Sen. Daniel K. Inouye of Hawaii in recognition of his long-standing commitment to nursing and nursing science. Receiving the award on his behalf, staff member and military nurse fellow Lt. Col. Maureen Charles noted that Inouye was involved in the founding of the National Center for Nursing Research at NIH in 1986 and with the re-designation of the center as an institute in 1993.

Several NINR-funded scientists discussed their research projects and findings. A poster session following the symposium featured over 100 posters on clinical and research topics in genetics; end-of-life, HIV and chronic illness; family health; health disparities; and symptom management.

The symposium also marked the release of NINR’s new publication, *Bringing Science to Life: NINR Strategic Plan*. Intended for researchers, clinicians, stakeholders and the public, the document outlines the role that NINR-supported science can play in addressing the nation’s most pressing health and health care challenges and details the institute’s strategic priorities for the conduct and support of scientific research over the next 5 years and beyond. The new plan is available for download at www.ninr.nih.gov.

To close out the day and an eventful anniversary year, Grady said, “We are standing at the fulcrum of a national movement to redesign, reinvent and vastly improve our health care system and nursing and nursing science have emerged as central drivers for these improvements...how fortunate we are to have the opportunity to change the world for the better.”



Arthritis patient Dr. Janet Stearns Wyatt (l) presents the NIAMS Coalition's Congressional Champion Award to Rep. Anna Eshoo (D-CA).

Hill Briefing Recognizes 25 Years of NIAMS Research

The NIAMS Coalition—a group of more than 70 professional and voluntary organizations concerned with the institute's programs—recently held a congressional briefing to commemorate the 25th anniversary of NIAMS. The briefing, sponsored by Rep. C.W. Bill Young (R-FL), honored congressional champions who have been instrumental in supporting NIAMS and NIH. It featured institute director Dr. Stephen Katz, NIAMS-funded scientists and patients who have benefitted from biomedical research.

Katz pointed to the numerous scientific advances that have resulted from institute support over the past 25 years and have led to new diagnostics, treatments and prevention strategies. “The tremendous scientific opportunities that are available today,” he said, “are a direct result of yesterday's investments.”

This theme was furthered by two NIAMS-funded scientists: Dr. Thomas Clemens, an orthopaedic researcher who is working on cellular and molecular mechanisms to control skeletal development and repair, and Dr. Eric Hoffman, a human geneticist who is developing potentially life-saving therapies for people with muscular dystrophy.



NIAMS director Dr. Stephen Katz (c) joins orthopaedic researcher Dr. Tom Clemens (l) and 2011 NIAMS Coalition Lifetime Achievement Award honoree John Porter at a congressional briefing commemorating the institute's 25th anniversary.

During the briefing, the NIAMS Coalition honored three members of Congress for their dedication and leadership in supporting biomedical research. Rep. Michael Burgess (R-TX) and Rep. Anna Eshoo (D-CA) shared their enthusiasm for the programs of NIH, as did Erik Fatemi, majority clerk for the Senate appropriations subcommittee on labor, health and human services, education, and related agencies, on behalf of Sen. Tom Harkin (D-IA).

Attendees also heard from people who live with conditions of the bones, joints, muscles and skin. Dr. Janet Stearns Wyatt voiced appreciation for recent advances in arthritis treatments and therapies. Drew Bonner, 16, who was diagnosed with Duchenne muscular dystrophy at age 6, yet achieved the rank of Eagle Scout by age 13, shared his drive to pursue his dreams and his plans for getting his driver's license in the near future. Dr. Lara Wine Lee, a pediatric dermatologist and psoriasis patient, spoke about her passion for finding a cure and for helping others—especially children—with challenging skin diseases.

In closing, the 2011 NIAMS Coalition Lifetime Achievement Award was presented to John Porter, who served as a U.S. congressman from Illinois for 21 years. As chair of the House appropriations subcommittee on labor, health and human services, and education, he oversaw the doubling of NIH's budget. He continues to be a passionate advocate for NIH as chair of Research!America and vice-chair of the Foundation for the National Institutes of Health.

Porter encouraged attendees to continue the work of enabling life-changing advances through research. As Katz said, “The partnerships demonstrated by the people here today—scientists, patients and policymakers—help to maximize the impact of new research discoveries.”

Kramer Named CSR Knowledge Management Coordinator

Dr. Kristin Kramer has become knowledge management coordinator at the Center for Scientific Review. She will manage efforts to design and implement strategies to improve how the center facilitates the flow of knowledge to CSR, NIH staff and the scientific community. She had been acting in this post prior to the appointment.

In her new role, Kramer works with scientists and IT professionals to provide information that is accurate, consistently updated and well displayed so internal and external stakeholders can easily get what they need.

She also will continue serving as scientific review officer for the behavioral neuroscience fellowship study section within CSR's emerging technologies and training in neurosciences integrated review group.

After receiving her Ph.D. in zoology from the University of Minnesota, she received postdoctoral training in the department of biology at the University of Maryland and in the department of psychiatry at the University of Illinois at Chicago. She then served as assistant professor in the department of biology at the University of Memphis.

Her research centered on plasticity of neuroendocrine systems and resulting adult social behavior following perturbations during the early postnatal period. She investigated the developmental effects of oxytocin on social behavior later in life and the role of estrogen receptors in regulating male aggression.



TREADWAY

CONTINUED FROM PAGE 1



“There is enormous emotional content in medicine, both for us [as physicians] and for patients,” said Treadway, but that freight is rarely dealt with forthrightly.

“The vast majority of first-year medical students enter as very caring and compassionate young people,” said Treadway. “Unfortunately, that is a skill that seems to erode...We often fail to live up to our own ideals, not because we choose to, but because we stopped paying attention. Somewhere in the process of training...we forget about the patient, and then we lose a large part of why we became doctors in the first place.”

Treadway said the physician’s time-honored functions—attentiveness, presence, caring and comfort—remain essential, but that “in reality, many patients don’t experience this. We are so busy providing safe, complex care” that the patient’s feelings become inconsequential.

For at least a century, Treadway argued, medical education has been permeated by the notion that deepening scientific sophistication cannot coexist with a sense of caring. Far from a bad thing, medicine’s tendency to become “too scientific,” she said, “reflects an appropriate rejection of old ways of practicing medicine. But have we discarded too much of the old?”

Unconscious acceptance of the “knowledge vs. caring dichotomy sends two really pernicious messages,” Treadway warned: “You can’t be both caring and smart, and caring is not important. There shouldn’t be a choice; patients need both.”

Treadway called being a patient “an extraordinary act of trust and faith. Patients are submitting themselves to us and they need to feel safe in our gaze. We must not forget how vulnerable they are.”

She told of a 25-year veteran physician who, finding himself in an intensive care unit, discovered two surprises. First, every interaction with the multitude of caregivers he encountered

daily “was as if each person had a neon sign on their head—‘Care’ or ‘Don’t Care.’ And the second was how important it was that they cared.

“Caring has an impact on medical outcome,” Treadway said. Several studies, she continued, have linked patient perceptions to improved test results.

“What happens to caring?” she asked rhetorically. “Medical education happens.”

In its current incarnation, medical training leaves students “ill-prepared to treat the person who has the illness, but well-prepared to treat the disease,” said Treadway. She cites a sin of omission—what is left out of training—as the culprit.

Medical students have little patient contact during their first 2 years, she explained. “The focus is inward...patients themselves are in some way irrelevant.” But during the third year of clerkships, “demands on students increase dramatically” as they begin seeing patients.

“The third year is full of powerful and potentially overwhelming experiences,” Treadway said. One of her students described it as “a maelstrom of existential quandary.” But ironically, just as patient care begins in earnest, many students experience a significant decline in empathy.

“There is enormous emotional content in medicine, both for us [as physicians] and for patients,” said Treadway, but that freight is rarely dealt with forthrightly. “Implicit in our silence,” she said, “is that feelings are not important” and so trainees bear their confusion, panic and powerlessness alone.

“Students are vulnerable to the messages our silence can convey,” said Treadway. “There is a ‘hidden curriculum’ that is taught by behavior, not by words.” She called on educators to acknowledge emotionally challenging events as they take place.

The Power of Presence

One of the most important lessons of her own medical training occurred when Dr. Katharine Treadway was paired with an intern who was already seeing patients. The two were at dinner one evening, their duties finished, when the intern decided to look in on a 7-year-old girl with a Wilms tumor.

The child was in the late stages of disease and it was clear that she would not survive, Treadway recalls. Still, the intern summoned the courage to enter the room, where the patient’s parents and both sets of grandparents sat vigil.

The intern simply walked over and wordlessly embraced the parents.

“I learned an important lesson that night,” said Treadway, who doesn’t even recall the intern’s name. “Even when there’s nothing more you can do, you can bear witness to the pain in the room. Doctors can have a profound impact with their kindness and compassion.”

Treadway’s entire presentation is available at <http://videocast.nih.gov/summary.asp?Live=10628>.

"We are thrust into a world most people try to avoid," she continued. "We have to learn some detachment or else we could be paralyzed. But not at the expense of emotional disconnection."

Treadway said the consequences of ignoring this aspect of medical training can be stark: "I hate the person I'm becoming," wrote one student.

Trainees need the guidance of experienced mentors, Treadway said. Among their lessons? "It can be rewarding to be a comforting presence, even when nothing can be done," she said. "Listening brings comfort. But we are largely silent just when patients need us the most."

Treadway has diagnosed in most medical education a pernicious spiral: students learn to be afraid of their own feelings, then those of their patients, then they suppress their emotions and end up feeling detached.

"Our silence...not only doesn't nourish compassion," Treadway said, "but also negates it...we unintentionally, and by neglect, teach [students] not to care."

She believes compassion is a skill that can be taught. It involves self-reflection, a safe space to explore feelings (even negative ones), an ability to put one's feelings aside and focus on those of the patient and an ability to appreciate "the power of presence."

"Students need to learn to get the self out of the way, to give up their own agenda so they can really be there for the patient," she said.

Treadway says real-time compassion lessons "need to be integrated into the curriculum early—we have not done this yet." She recommends pairing students with experienced practitioners. "It can't be done by courses on humanism," she said.

"The extraordinary thing about medicine is that it is an endeavor of the mind and the heart," she concluded. "We play a unique and powerful role, one that can nourish our own hearts...We need to make [compassion] a more explicit part of the curriculum. It can't be left to chance." 🗨️



Laurie Arrants

NINDS Wins Two Technology Transfer Awards

Laurie Arrants, director of NINDS's Technology Transfer Office, recently received the 2011 Outstanding Technology Transfer Professional Award from the Federal Laboratory Consortium for Technology Transfer Mid-Atlantic Region (FLC-MAR). The award is given annually to a tech transfer professional who is singled out by peers for efforts to enhance scientific collaboration and who has shown leadership in promising best practices.

Additionally, an NINDS-led group of scientists and tech transfer staff won FLC-MAR's Excellence in Technology Transfer Award as part of the NIH "Use of Therapeutic Antibodies as a Novel Treatment for Multiple Sclerosis" project team. Team members included Dr. Bibiana Bielekova of NINDS; Dr. Roland Martin and Dr. Henry McFarland, both formerly of NINDS; Dr. Melissa Maderia of NINDS/NCI; Dr. Thomas Waldmann and Thomas Clouse, both of NCI; Dr. Surekha Vathyam, Mojdeh Behar and Richard Rodriguez, all of OTT; and Arrants.

The award recognizes the successful tech transfer achievements of an FLC lab in the region based on their agency's mission. It also acknowledges the team's efforts in such categories as use of innovative tech transfer mechanisms and initiation of partnerships, outcomes and follow-on activities. The NIH project team was chosen for activities it used to support the discovery that daclizumab is also effective in treating multiple sclerosis. Daclizumab is a humanized antibody to the interleukin-2 receptor alpha chain. It was first developed in Waldmann's laboratory and approved in the U.S. for preventing organ transplant rejection.



NIAMS director Dr. Stephen Katz (l) and deputy director Dr. Robert Carter (r) welcome new council members (from l) Dr. Ted Mala, Dr. Alice Pentland, Dr. David Eyre and Dr. Lynda Bonewald. Not pictured is Dr. Gary Firestein.

Five Appointed to NIAMS Council

Five new members were recently named to the National Institute of Arthritis and Musculoskeletal and Skin Diseases' advisory council.

Dr. Lynda F. Bonewald is the Lefkowitz professor in the department of oral biology in the School of Dentistry at the University of Missouri-Kansas City. She is a leader in the field of osteocyte biology, with research interests that include transforming growth factor beta, a multifunctional cytokine involved in wound healing, fracture

repair, embryogenesis and normal bone remodeling.

Dr. David R. Eyre is a professor in the department of orthopaedics and sports medicine in the School of Medicine at the University of Washington, Seattle. He developed the first accurate, easy-to-use method for measuring the rate of bone resorption.

Dr. Gary Steven Firestein is a professor in the department of medicine, chief of the division of rheumatology, allergy and immunology and director of the Clinical and Translational Research Institute at the University of California, San Diego. His research efforts focus on the pathogenesis of rheumatoid arthritis (RA) and have contributed to the development of highly effective therapeutic approaches for RA.

Dr. Ted Mala is director of the Traditional Healing Clinic, a part of the Southcentral Foundation, an Alaska Native health organization. He is also director of tribal relations for 55 villages in the Southcentral Alaska region.

Dr. Alice P. Pentland is the James H. Sterner professor and chair in dermatology at the University of Rochester School of Medicine. She has an extensive research background in photobiology and skin cancer.



HEALY

CONTINUED FROM PAGE 1

Above (from l): NIH director Dr. Francis Collins (l) greets Healy's daughter Marie McGrath Loop as Healy's husband Dr. Floyd Loop and daughter Bartlett Anne Healy Russell look on.

Avery Comarow of U.S. News & World Report edited Healy's articles and said she appreciated the help.

Former Rep. Connie Morella was among those who paid tribute to Healy at the Nov. 18 event.

Below: Former NIH deputy director Dr. Jay Moskowitz

PHOTOS: ERNIE BRANSON



colleagues to navigate the political roadblocks the initiative faced, at Healy's request. "She was a pioneer and a game changer," Mikulski said.

Several speakers mentioned the profound and long-lasting impacts Healy's Women's Health Initiative had in many areas of women's health, such as breast cancer and heart disease.

Dr. Susan Shurin, acting director of NHLBI, said that "we're working still with Dr. Healy's powerful legacy." She explained that NHLBI's Heart Truth Campaign, which educates women about the number one killer of women in the U.S., "builds on the momentum" of the WHI.

"Without her push, the Women's Health Initiative wouldn't be what it is today and wouldn't have had the impact it did," said Shurin, adding that "the health savings may have paid for the Women's Health Initiative several times over."

Healy also established a policy of gender equity in clinical trial enrollment and founded NIH's Office of Research on Women's Health (ORWH) to support women's health research and career opportunities for women in medical science.

Dr. Vivian Pinn, former director of ORWH, asked those present to remember Healy as "a leader, an innovator in science and medicine, not just as a woman in these roles."

Healy took on other roles in science and medicine after leaving the NIH directorship in 1993. One of these was as a health columnist for *U.S. News and World Report*. Her former colleague, health editor Avery Comarow, recalled that while "Bernie never came to terms with punctuation," clear communication of complex medical topics to a general audience was a "core value" to the former NIH director, who was passionate about the topics she addressed.

Comarow also recalled Healy's humility and her collaborative spirit. He was shocked when she thanked him for his heavy edits on her first piece. Healy told Comarow, "You made it better." "Four words an editor rarely hears," he said.

All of Healy's work was rooted in a profound compassion and a desire to heal the sick, several speakers said. Dr. Jay Moskowitz, former NIH deputy director, remembered a letter that arrived at the Office of the Director one day, addressed to "Dr. Bernadine Healer." Moskowitz explained, "That's how many of us remember her."

Collins noted that in the midst of Healy's 13-year battle against brain cancer, she championed NIH's Cancer Genome Atlas Project, which has now collected comprehensive genomic information on more than two dozen cancers to spur research into new treatments.

"She knew that the Atlas would not arrive in time for her," said Collins, "but she wanted it to help others in the future."

Healy understood that patients' lives were intimately tied up in NIH-supported research and urged her colleagues to work quickly to save as many as possible. This exhortation still echoes in the minds of her former colleagues.

"We will never forget you," said Moskowitz, in Healy's memory. "We will never forget to hurry."

Healy's husband Dr. Floyd Loop was present at the ceremony, as were their daughters Marie McGrath Loop and Bartlett Anne Healy Russell. Also on the program were Tim Gardner, medical director, Center for Heart & Vascular Health, Christiana Care; former HHS Secretary Donna Shalala (by recorded video), president, University of Miami; and Connie Morella, former U.S. congresswoman representing Maryland's 8th district. ¹²

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: When they are investigating a fire alarm in an adjacent wing [of Bldg. 31] is it necessary to drive everyone crazy with the same repeating message that plays over and over? It's impossible to get any work done. Does no one care that this is having an adverse effect on the work we do?

Response from the Office of Research Services, Division of the Fire Marshal: The majority of building fire alarm system activations on campus occur for a legitimate reason. These activations automatically notify the fire department and provide early warning for building occupants to take appropriate action.

Fire alarm notifications for the Bldg. 31 complex (A, B and C wings) have been arranged to take into account a configuration that includes a high-rise facility with adjoining wings. It is important to note that prior to the recent installation of the new fire alarm system for Bldg. 31, the Division of the Fire Marshal used to receive numerous complaints from building occupants stating the old system did not always provide proper early warning.

The new fire alarm system for Bldg. 31 meets all fire code requirements and helps to solve many of the complaints of the past by providing proper early warning for building occupants.

Feedback: I work in OD. I have never seen Outlook mail run so slow. Often you just sit there waiting for it to update the folder or pull up a message. Running a search of your messages takes forever. My co-workers have the same problem. Can't we get the mail to run fast again, like it did a few years ago?

Response from the Center for Information Technology: With all of our email inboxes continuing to expand, we at CIT are continuously taking steps to improve email performance. Recently, we improved our Central Email Services by offering a standard mailbox with 1 GB of storage. We also offer extended storage capabilities and Secure Email/File Transfer Services for those email users with larger attachments and volume.

Despite the steps we've taken to improve perfor-

mance, we know that numerous factors could contribute to email being slow and we appreciate your frustration. Two of the most common contributors include accessing another user's Outlook folders and keeping a large number of mail items in your critical folders (i.e., Inbox, Calendar, Sent and Deleted items).

Due to the number of potential causes of this problem, which vary from computer to computer, we encourage you to contact the NIH IT Service Desk at (301) 496-4357 (6-HELP), (866) 319-4357, (301) 496-8294 (TTY) or by web at <http://itservices.nih.gov> so that we can pinpoint and most effectively troubleshoot the issue. For those who wish to do independent troubleshooting, CIT offers a robust online resource called the Knowledge Base (<http://itsolutionscenter.cit.nih.gov/selfservice/>), which provides IT guidance and tips.



On hand at the recent HHSInnovates awards ceremony were (from l) Bill Corr, HHS deputy director; John Berry, OPM director; NIH principal deputy director Dr. Lawrence Tabak; Gretchen Navidi, NIMH; Dr. Michelle Freund, NIMH; Dr. Anne Sperling, NIMH; Dr. Matt McAuliffe, CIT; Dr. Gregory Farber, NIMH; Dan Hall, NIMH; Dr. Michael Huerta, NLM; Dr. Svetlana Novikova, NIMH; Dave Vismer, CIT; Evan McCreedy, CIT; and Kathleen Sebelius, HHS secretary.

Autism Research Database Among 'Secretary's Picks'

NIH's National Database for Autism Research (NDAR) is among three "Secretary's Picks" in the HHSInnovates round 3 competition. The pioneering data-sharing resource was singled out for the special honor from a field of 85 department programs.

An umbrella data repository and web portal, NDAR permits researchers to query autism data from multiple sources simultaneously. Breaking down barriers that typically limit sharing in other fields, NDAR aims to harmonize and make available over 90 percent of human subject data to the autism research community. The goal is to speed scientific progress by making the most of the wealth of emerging data from brain imaging, genomic and clinical studies.

"Pooling data across labs transforms research from a traditional, single-lab, single-project approach to a collaborative approach with unprecedented potential for discoveries," said Dr. Gregory Farber of NIMH, who directs the program. "NDAR represents a model that can be replicated to improve productivity and cost-effectiveness in other research fields in which progress is being held back by overly proprietary data policies."

The NDAR web site fosters such transparency by providing summary information about NIH-supported studies and currently provides qualified researchers with access to data from more than 30,000 research participants.

HHS Secretary Kathleen Sebelius, Deputy Secretary Bill Corr and OPM Director John Berry spoke at a recent awards ceremony. The HHSInnovates program celebrates HHS employees' innovative ideas by recognizing and promoting them throughout the department. Top innovations are posted twice annually for online voting and commenting by the entire HHS community.



Former Fogarty International Center director Dr. Phillip E. Schambra died Sept. 11.

Schambra Remembered for Global Health Contributions

By Ann Puderbaugh

Family, friends and colleagues paid tribute to former Fogarty International Center director Dr. Phillip E. Schambra Nov. 2 at a memorial service at Lawton Chiles International House. Schambra, 76, died Sept. 11 in Rockville. He had suffered from Parkinson's disease.

The global health advocate and science diplomat was remembered as a creative, visionary administrator. "All of us here at Fogarty are grateful for the strong and creative leadership Phil provided to the center during the critical decade he served at its helm," said Fogarty director Dr. Roger Glass. "By having the vision to support and expand Fogarty's flagship AIDS International Training and Research Program (AITRP), he had a huge impact on the center and on global health."

Under Schambra's leadership from 1988 to 1998, FIC witnessed tremendous growth as its budget doubled and its research training portfolio dramatically expanded. The AITRP program grew substantially and, as a result, scores of scientists have been trained throughout the developing world, saving countless lives from HIV/AIDS and facilitating many breakthroughs in prevention, therapy and care. This groundbreaking program provided the model for many of the center's activities that followed. Based on AITRP's success and Schambra's commitment to addressing health problems in developing countries, the center focused its extramural programs on research and training in low-resource settings, a practice that continues today.

"Phil's core style of leadership and stewardship was to discern new trends, to be out in the forefront in proposing solutions and in being bold and confident in converting ideas into a working reality," observed Ambassador Jack Chow, who served at Fogarty before becoming U.S. ambassador on global HIV/AIDS.

In addition to AITRP, Schambra guided the development of five Fogarty extramural programs that encourage international collaborations; increase opportunities for minority scientists; and build developing country expertise in environmental and occupational health sci-

ence, population studies and emerging infectious diseases. During his decade at the helm, the center also helped develop an initiative to address biodiversity conservation and promote sustained economic activity through drug discovery from natural products. That program continues to flourish today, thanks to the partnership he forged with the National Science Foundation, Department of Agriculture and several NIH institutes.

Schambra's contributions had "a huge impact on global health, on Fogarty and on public health," noted Dr. Kenneth Bridbord, director of Fogarty's Division of International Training and Research. "The evolution of Fogarty's mission to focus on low- and middle-income countries was the great wisdom of Dr. Schambra's."

While Fogarty director, Schambra also served as a member of the White House committee on science, engineering and technology, which developed science policies to engage the emerging European Union and Russian Federation.

His legacy also includes a roster of talented scientists and administrators he recruited to Fogarty and NIH. One example was presented by Dr. Vivian Pinn, retired director of the Office of Research on Women's Health. She told how Schambra convinced her, a Howard University faculty member with no international experience, to serve on Fogarty's advisory board. That brought her to the attention of the NIH director, who was looking for someone to spearhead a new initiative to promote female scientists and ensure women were included in biomedical research.

"I learned so much about international health watching him run those meetings and I also observed what a wonderful way he had of managing the advisory board," Pinn said. Her experience on the board and representing Fogarty at an NIH director's meeting "set the stage" for 20 years at the helm of ORWH "and gave me an opportunity that changed the course of my life."

Born in Saginaw, Mich., Schambra received his bachelor's degree from Rice University and Ph.D. in biophysics at Yale, where his work with a large number of foreign postdocs helped spur his interest in international relations. Following a fellowship in Germany, he conducted research and taught at the Donner Laboratory at the University of California, Berkeley.

He then moved to Washington to pursue a different type of science career. After training as an NIH grants officer, he spent 3 years at the White House budget office as examiner for the NIH budget, working closely with NIH leadership

as funding for cancer research was doubled. He also suggested NIH develop a program to train minority scientists, which led to the establishment of the Minority Biomedical Research Support Program.

In 1974, he returned to NIH as associate director for interagency programs at NIEHS. His Fogarty career began in 1980, when he was named chief of the then International Coordination and Liaison Branch. From 1984 to 1988, he served as science attaché at the U.S. Embassy in India. In this capacity, he helped address the emerging HIV/AIDS epidemic and assisted with the U.S. response to the Bhopal gas leak disaster.

He was then named Fogarty director and served until 1998, when he retired with 30 years of government service.

Perhaps his most enduring contributions are the relationships he forged and the research collaborations he cultivated, suggested Linda Vogel Smith, former director of global health affairs at HHS. "He was a guy with creative ideas about what to do in [international] cooperation," she said. "He was quite masterful in bringing people together and helping them do what they did best."

Volunteer Counselor Anderson Mourned

Allen Anderson, 82, a volunteer counselor at Al-Anon and Alcoholics Anonymous meetings at NIH for many years, died on Nov. 17 after having undergone a heart procedure a month earlier.

Anderson was well-known in the halls of Bldg. 31, where he had been a fixture since the mid-1990s. A former CIA agent who recounted his own trials with alcohol in the book *Memoir of an Alcoholic American Spy*, he had been sober for a proud 48 years. His car's license plate was a play on both his initials and the duration of his commitment to Alcoholics Anonymous—AA-1963.

A native of North Dakota, he was a learned man and could be found in the Bldg. 31 cafeteria virtually every weekday morning, presiding over a table covered with French newspapers and magazines. He often greeted friends *en Francais*.

Anderson's friend Nancy Marinos, who retired from NIH in 2007, recalls that he was fond not only of reciting an ancient Sanskrit poem underscoring the importance of a day well lived, but also lines from Shakespeare.

"The morning before he died, while at the Washington Home and Hospice, he said, 'If it were done, when 'tis done, then 'twere well it were done quickly.' He quoted this often, but these were his feelings the last month he was alive and much more [during] the last few days he had."



In a workplace characterized by much anonymous coming and going, Allen Anderson (shown circa 2003) was a touchstone of community, hailing friends daily either in the Bldg. 31 hallways or cafeteria.

Recalls another friend, Holly Ketchel, "He maintained his sense of humor, even at the end. When in the hospital or nursing home, and asked what he needed, he always replied, 'A blonde, not over 40.' If asked how he was doing, he liked to respond, 'Well, let's see...' and pretend to take his pulse."

In recent years, due to multiple sclerosis, he relied on a walker to get around and just last year he sprang for a motorized cart. His friendly presence in the hallways over the years came to characterize early-morning NIH; he knew many dozens of people here, especially members of the police force, with whom he sympathized as a former law enforcement officer. Legions of NIH'ers greeted

him daily in the hallways, where he would typically bark out mock commands: "Get back to work!" "Stay out of the bars!"

Deeply committed to healing the wounds caused by alcoholism, Anderson was a crusader for the cause of both getting help for the drinker and mending associated family problems. He was well-known to the leadership of NIAAA for his occasional email campaigns on two pet topics: NIH's need for authoritative advice from recovered drinkers such as himself and the folly of allowing that an alcoholic could ever safely touch booze again.

After leaving the CIA, which had posted him to Paris, Anderson had a long career in law enforcement with the Commerce Department and the Department of Justice. He retired in 1989 after 32 years in government.

In recent years, Anderson had threatened to give up his NIH work multiple times, telling friends that the hassles of finding meeting space, not to mention his failing health, were wearing him out. But he stayed the course, hewing to what he told the *NIH Record* in a 2003 interview: "My mission is to do what I can to bring hope to individuals whose lives have been affected adversely by alcoholism."

A memorial service will be held on Saturday, Jan. 7, 2012, at 3 p.m. at Montgomery Hills Baptist Church fellowship hall, 9727 Georgia Ave., Silver Spring, Md.—
Rich McManus

NIH Gives Record Number of Flu Shots, Vaccine Still Remains

NIH administered a record number of flu shots to employees and contractors as part of its annual "Foil the Flu" campaign. To date, NIH has provided 12,683 doses of the vaccine.

Of those receiving the vaccination, 99 percent waited in line less than 10 minutes. Several hundred doses of flu vaccine still remain for any employee or contractor with a valid NIH-issued ID.

No appointment is necessary. The walk-in clinics are held on Monday afternoons from 1 to 3:30 and Wednesday mornings from 7:30 to 11 in the Bldg. 10 Occupational Medical Service, Rm. 6C306 while supplies last.



Top 3 (from l): Winning first place in the photo contest was “Combating HIV/AIDS in Peru,” by David Snyder; 2nd place honors went to the Clinical Center’s entry “Habitat Volunteers,” shown with NIH director Dr. Francis Collins, photographer Charlotte Goethals, CC Chief Operating Officer Maureen Gormley and NLM director Dr. Donald Lindberg; taking third place was the Center for Scientific Review entry, “Comfort from a Marine,” shown here with CSR acting director Dr. Richard Nakamura.

EVENT PHOTOS: BILL BRANSON, ERNIE BRANSON

CFC Fall Effort Ends with Photo Contest, Special Events

The fall 2011 Combined Federal Campaign wrapped up with a variety of awareness-raising events held both on and off campus.

The marquee event was the annual IC Directors’ Challenge, which this year was one part art gallery, one part concert hall and, most importantly, all about giving. Held Nov. 10 in Bldg. 1’s Wilson Hall, it featured winners of an NIH-wide online contest to pick the six photographs that best captured the spirit of the CFC.

Nearly 3,000 employees cast almost 10,000 votes via the CFC web site. Each IC director selected one image to represent his or her organization and the spirit of CFC.

NLM is the lead IC this year for NIH’s campaign to raise \$2.4 million. NLM director Dr. Donald Lindberg is himself an accomplished photographer and NLM prides itself on its computer wizardry, so an online photography contest seemed an apt choice.

As a crowd walked around reviewing the ICs’ submissions, chamber music was offered by violist Kirsten Snyder and violinist Bastien Rance of NLM, both of whom are members of the NIH Philharmonia.

In a scene reminiscent of the Oscars, Lindberg opened envelopes to announce the three honorable mention-winning photographs. The three finalists were draped in burgundy velvet, cloaked in secrecy on gold easels on the room’s stage. As Lindberg read the names of the three top vote-getters, the drapery was removed and the winners were revealed.

They are:

- First place, Fogarty International Center, “Combating HIV/AIDS in Peru,” David Snyder, photographer.
- Second place, Clinical Center, “Habitat Volunteer,” Charlotte Goethals, photographer.



Above, attendees enjoy the gallery; below, violinist Bastien Rance of NLM and violist Kirsten Snyder, both of the NIH Philharmonia, entertain guests.

- Third place, Center for Scientific Review, “Comfort from a Marine,” Tom Peterson, photographer.

The winners and all submissions can be seen at <http://cfc.nih.gov>.

Earlier in the fall, three charity fairs spread the word about the campaign while offering employees in the Rockledge cluster, Executive Blvd. and Bldg. 31 a chance to enjoy food, entertainment and a change of pace from the usual lunch. In all, more than 60 nonprofit organizations hosted information tables where employees could learn more about the work they do and how contributions to the CFC benefit their organizations.

There was a Fall Festival theme at the Neuroscience Center and Rockledge II, with local vendors offering breads, baked goods, fresh produce, flowers and gourmet treats. The Bldg. 31 event, sponsored by the R&W Association, featured a Halloween theme, with many in costume. “We are excited for the chance to bring the campaign to employees in this way—where they can meet the charities face-to-face and learn more about the great work they are doing,” said Monica Hanson, a member of the 2011 NIH CFC steering committee.

Especially popular at the Neuroscience Center event was Hero Dogs, which included Fitz, a yellow Labrador retriever, and a service dog-in-training. Hero Dogs trains canine companions for veterans.

Other charities on hand included the American Red Cross, Friends of the Clinical Center, the Children’s Inn and the Make-A-Wish Foundation.

It’s not too late to give to the CFC, so make your contribution today.

