NIH Launches New Translational Science Center

Establishment of the National Center for Advancing Translational Sciences marks the start of a new era for NIH and translational science. Congress approved NCATS with the fiscal year 2012 spending bill and the President signed it into law on Dec. 23, 2011.

"Millions of people are looking to science to deliver new and better ways to detect, treat and prevent disease," said NIH director Dr. Francis Collins. "Joining some of the best and brightest minds into NCATS is an important step in making the most of current scientific opportunities, examining the therapeutic development pipeline in a new way and breaking down some of the barriers to translating discoveries into clinical advances for patients."

The new center will gather existing NIH programs into an integrated scientific enterprise with new leadership. NCATS’s mission is to develop innovative methods and technologies designed to reduce, remove or bypass bottlenecks in delivering new drugs, diagnostics and medical devices to patients with a wide range of diseases and conditions.

Collins announced that as NIH continues its search for a permanent NCATS director, the transition of people and programs will move forward under the leadership of NIMH director Dr. Tom Insel as NCATS acting director and Dr. Kathy Hudson, NIH deputy director for science, outreach, and policy, as NCATS acting deputy director.

'AIDS-Free Generation' in Sight

Goosby Highlights President's Emergency Program for AIDS Relief

By Trisha Comsti

"PEPFAR shows the world the heart of the American people and our desire to work with [the world] in partnership to meet human needs," said Ambassador Eric Goosby, the U.S. global AIDS coordinator at the Department of State and administrator of the President’s Emergency Plan for AIDS Relief (PEPFAR).

Tobacco, HIV/AIDS and Tuberculosis

CDC's Frieden Speaks on Infectious Disease Prevention

By Trisha Comsti

NIAID welcomed Dr. Thomas R. Frieden, director of the Centers for Disease Control and Prevention, to deliver the recent Kinyoun Lecture. During his presentation, "A Public Health Approach to Infectious Disease Prevention and Control for the 21st Century," Frieden discussed a wide range of diseases affecting people both within the United States and around the world, including tuberculosis, HIV/AIDS, malaria and tobacco-related illnesses.

"We are all connected by the air we breathe," said Frieden, recounting his work on tuberculosis control in New York City. He said his mentor during his New York tenure, physician Karel Styblo, "asked me a single question that
STEP Forum on NIH’s Past and Future

The staff training in extramural programs (STEP) committee will present a Science in the Public Health forum on the topic “NIH: Looking Back and Moving Forward,” on Thursday, Jan. 12, from 9 to 11 a.m. in Lister Hill Auditorium, Bldg. 38A.

Are you aware that the current 27 institutes and centers that comprise NIH had humble beginnings? NIH traces its roots to 1887, when a 1-room laboratory was created within the Marine Hospital Service. In 2012, we celebrate NIH’s 125th anniversary. At this special STEP forum, we will review the genesis of our institution, important milestones and explore visions of NIH’s future.

Larson Gives NINR Director’s Lecture, Jan. 17

Dr. Elaine Larson will give the 2012 NINR Director’s Lecture on Tuesday, Jan. 17, at 10:30 a.m. in the Clinical Center’s Lipsett Amphitheater. A globally recognized researcher in infection control, Larson recently published papers examining the accuracy of information spread through social media “tweets” about antibiotics, and the high cost of treating resistant infections in hospitals and community settings. Her lecture is titled “Infection Prevention: An Interdisciplinary Team Approach.”

Larson is associate dean for research and professor of pharmaceutical and therapeutic research at Columbia University School of Nursing, and professor of epidemiology at Columbia University Mailman School of Public Health. She is also a fellow in the Institute of Medicine and editor of the American Journal of Infection Control. She has published widely in the areas of infection prevention, epidemiology and clinical research.

Started in 2011, the NINR Director’s Lecture is designed to bring the nation’s top nurse scientists to the NIH campus to share their work and interests with a trans-disciplinary audience.

NCI To Host Biospecimen Research Network Symposium


Molecular changes can be induced in biospecimen samples by different collection, processing and storage variables, thus confounding the results of research and clinical tests. This symposium highlights new developments in the field of biospecimen science to address these challenges. There will be presentations and discussion with a broad range of stakeholders including research investigators, clinicians, industry representatives, hospital administrators and patient advocates. For more information, abstract requirements and registration, visit http://brnsymposium.com.

Summer Camp Guide 2012

To help parents decide what to do with their children this coming summer, NIH presents Summer Camp Guide 2012, sponsored by the Division of Amenities and Transportation Services, Office of Research Services. A presentation titled “A Greener Summer Camp Guide” will be offered on the following days and places from 11:30 a.m. to 1:30 p.m.

Wednesday, Jan. 18  Bldg. 10, B3 Cafeteria
Wednesday, Jan. 25  Bldg. 31 Cafeteria

Attend one of these events to pick up samples of camp brochures and receive information on how to get your Greener Summer Camp Guide. The guide contains activities in Virginia, Maryland and the D.C. area. It separates the camps by cost, type and activities and includes resources to survey your child’s interests. Camp vendors will not attend but a child care referral specialist and NIH staff will be available to help you get started.

For those who need reasonable accommodation to participate, contact Tonya Lee at (301) 402-8180, 5 days before the event.

APAO Presents Annual Awards

The NIH Asian and Pacific Islander American Organization held its annual awards ceremony on Dec. 12, 2011. Winning the award for excellence in management of research programs was NIH director Dr. Francis Collins. Accepting the honor on his behalf was NIH principal deputy director Dr. Lawrence Tabak (r), who also gave brief remarks. Winning scientific achievement awards were Dr. Yingzi Yang (c) of NHGRI and Dr. Ying E. Zhang of NCI.
NINR Convenes ‘Science of Compassion’ Summit
By Ray Bingham

The National Institute of Nursing Research recently convened a 3-day, trans-NIH summit, “The Science of Compassion: Future Directions in End-of-Life and Palliative Care” (EOL PC). With speakers from multiple disciplines and almost 1,000 registrants, it provided an opportunity for scientists, health care professionals and public advocates to meet and network.

“As we seek to understand what it means to live well while dying, we know our job is not yet done,” said NINR director Dr. Patricia Grady. “There is much to learn, much to understand and much to consider as we translate what we know into meaningful practice.”

Dr. Marie T. Hilliard, a nurse and director of bioethics and public policy for the National Catholic Bioethics Center, served as mistress of ceremonies, while Susan Dentzer, editor-in-chief of Health Affairs and health analyst with the PBS NewsHour, served as moderator. A panel of three leading bioethicists shared their views on EOL PC research.

During the question period, audience members commented on uneven access to palliative care services; the importance of symptom management; training health care workers to improve communication; including caregivers in planning and decision-making; and differences in EOL PC decision-making according to culture, ethnicity, gender and age.

Said Hilliard, “The diagnosis of a life-limiting illness often intrinsically changes a patient’s and their loved ones’ life view...no clinical trial, regardless of potential scientific benefit or level of risk, can compromise the humane care that should always be the foundation of research.”

Dr. Ira Byock, director of the palliative care service at Dartmouth-Hitchcock Medical Center and an author on EOL PC issues, noted that the word “compassion” means “to suffer with.” He added, “This field, after all, is the most life-affirming segment of American society. In order to affirm life, one needs to affirm all of life, and that includes the times we call illness, dying, death and grief.”

In reviewing the current state of EOL PC science, speakers presented some recent research findings, including:

- Improved communication between clinicians and family members in the ICU can decrease family stress and improve satisfaction with care.
- Early palliative care for patients with advanced lung cancer can improve satisfaction with care and quality of life and may even extend life.
- The Physician Orders for Life-Sustaining Treatment, a document that allows an individual with a serious illness to indicate the desired extent of treatment, is effective in communicating preferences for end-of-life care.

One highlight was a lunchtime session, “Parents and Clinicians as Partners in Research.” Speaker and parent advocate Dianne Gray described her interactions with clinicians and researchers as she dealt with the loss of her son at age 9 to a rare progressive neurologic disorder. Dr. Cynda Hylton Rushton, a leading pediatric palliative care researcher and bioethicist, discussed ethical issues particularly relevant in pediatric EOL PC cases.

Noted Dr. J. Randall Curtis, a pulmonologist and intensive care physician at the University of Washington, “It is not enough to know what works if we can’t get it to happen at the bedside, in the home and in the community.”

Grady concluded, “We had the extraordinary opportunity to come together as researchers, providers, caregivers and advocates to envision a future in which research will unquestionably inform and improve the care for all who navigate the deeply personal journey of an advanced illness.”

Photos: Michael Spencer
Goosby was at NIH on Dec. 13 to deliver the 2011 David E. Barmes Global Health Lecture “PEPFAR: Moving from Science to Program to Save Lives.” In his introductory remarks, NIH director Dr. Francis Collins said Goosby is a “critical player on the world stage as we try to turn the tide of the dreadful pandemic of HIV/AIDS.”

Goosby directs the work of PEPFAR, a federal program led by the Department of State that integrates the efforts of the Department of Health and Human Services, the U.S. Agency for International Development, the Department of Defense, the Peace Corps, the Department of Labor and the Department of Commerce to combat HIV/AIDS globally. Congress authorized PEPFAR in 2003 and reauthorized it in 2008 for 5 more years.

“We are uniquely privileged to sit at the intersection where the worlds of science and implementation combine to produce a public health impact. In this work, NIH is a critical partner,” said Goosby.

PEPFAR implements a wide range of interventions to fight the AIDS epidemic around the world. In his lecture, Goosby focused on three high-priority interventions that have produced a “widespread impact to change the course of the AIDS epidemic.”

First, Goosby talked about the need to scale up treatment for people already living with HIV/AIDS. Treatment is now seen as an important prevention strategy: a recent study showed that treating a person living with HIV reduced the risk of transmission to partners by 96 percent. In 2003, only about 50,000 people in sub-Saharan Africa were receiving treatment. Today, with PEPFAR support, 3.9 million people are receiving treatment globally, the vast majority in sub-Saharan Africa.

Reducing mother-to-child transmission of HIV is another important goal of PEPFAR. Studies have found that treatment with the antiretroviral drug AZT during pregnancy greatly reduces transmission from mother to child. From 1992 to the present, in resource-rich countries, this treatment has caused mother-to-child transmission to drop dramatically from 25 percent to less than 1 percent of children born to mothers with HIV.

A third important intervention is voluntary male circumcision, which has been shown in clinical trials to reduce the chances of men becoming infected with HIV. Several trials also showed that circumcisions, when performed safely, can reduce sexual transmission among men by as much as 60 percent. Male circumcision has been shown to be cost-effective and also offers indirect protection to women whose male partners are circumcised. PEPFAR has supported approximately 1 million male circumcisions to date.

Goosby explained that the vision of an AIDS-free generation, which Secretary of State Hillary Clinton laid out at a speech at NIH last November, had these three interventions at its core. On World AIDS Day on Dec. 1, 2011, PEPFAR announced new goals of 4.7 million male circumcisions in the next 2 years as well as starting 1.5 million women on antiretroviral drugs to prevent mother-to-child HIV transmission.

Goosby also said PEPFAR wants to “make sure we don’t win our battles against the AIDS epidemic but lose the larger war” of helping countries build sustainable health systems for the future.

With this in mind, NIH and PEPFAR joined forces in 2010 for the Medical Education Partnership Initiative, a 5-year program that provides training and education to increase the number of doctors, nurses and midwives in Africa. “This program builds on Africa’s greatest resource of all—its people,” said Goosby.

There are challenges ahead in the fight against AIDS, but Goosby remains optimistic about the future. A recent study found that a million deaths due to AIDS were averted in the first 4 years of PEPFAR. “The progress we have made in translating science into impact in order to achieve our vision of an AIDS-free generation is truly heartening,” he said.

Goosby encouraged the audience to keep in mind a quote from Nelson Mandela as we continue the long, but winnable, fight against AIDS: “It always seems impossible until it’s done.”

The annual Barmes Lecture, sponsored by NIDCR, honors the late David E. Barmes. He was a public health dentist and epidemiologist by training. The lecture series was established in 2001 to honor his lifelong dedication to research aimed at improving health for those in low-income countries.
NIAID Fellows Learn the Finance Behind Science
By Marci Karth Better

For those old enough to remember when the only daytime TV choices were soap operas and game shows, you’ll recall a spry Bob Barker welcoming viewers to The Price Is Right and inviting contestants to “Come on down.”

In a return to that era, NIAID’s Office of Training and Diversity (OTD) brought the game to Bethesda as part of a seminar for institute fellows on the many costs and associated challenges in running a biomedical research lab. “We want our fellows to leave NIAID understanding the economics behind the laboratory, particularly in this fiscal climate,” said Dr. Wendy Fibison, associate director of OTD.

Bob Barker, alias Dr. David Robinson of NIDCD, welcomed the contestants—NIAID research fellows Zain Bengali, Nozomi Sakakibara and Zhilong Yang, all from the Laboratory of Viral Diseases (LVD), and Ryan Rego from Rocky Mountain Laboratories in Montana—to the OTD Price Is Right game. The contestants, coached by the audience, bid on laboratory equipment, services and supplies.

The game was a warm-up to discussions about appropriations and financial planning. Gary Mays, associate director, Strategic Planning and Financial Management, NIAID, stressed the value in understanding basic financial principles as the researchers “consider the money required to do the research and the payback to the public.” He explained how NIAID plans for coming shortages, taking into account the workforce and the many supplies and services necessary to maintain the scientific integrity and innovation of intramural research.

Dr. Philip Murphy, chief, Laboratory of Molecular Immunology, explained how he stretches the dollar to accommodate fiscal shortfalls. Through the discussion it became clear that Murphy tackles his budget as he does his science—with skills, knowledge and, most importantly, innovative thinking. To reduce costs, he explained, you have to make choices such as hiring two postbacs instead of one postdoc or leveraging the research by working with a collaborator.

Murphy’s approach in the lab is unique because he makes his fellows financially accountable as well. Each fellow is given a budget—their “mantra” as he calls it—and must make ends meet. Mentored along the way by Murphy, the fellows consider whether what they are doing in the lab makes sense from a financial perspective.

James Knighton, president of AvidBiotics Corp., also spoke, explaining that many biotech companies fail, often because leaders don’t understand the business. His start-up company raised $1 million then applied for a government-funded SBIR-1 grant. Since that time the company has been awarded six grants from NIAID that supported the progress of its platform technologies toward clinical testing. The company intends to commercialize its proprietary protein-based antibacterial technology, which can be targeted against specific bacterial pathogens. In industry, says Knighton, “commercialization in a timely manner” is imperative for success.

Considered one of the more boring aspects of a career in science, financial considerations proved pleasantly surprising to the fellows. Dr. Jameela Khan of LVD called the seminar “amazing,” adding, “I got more information in these 2 hours than at any biotechnology conference I’ve attended.”

Spanish-Language Brochure on Palliative Care Available

NINR has released a Spanish-language version of its award-winning brochure Palliative Care: The Relief You Need When You’re Experiencing the Symptoms of Serious Illness. Cuidados Paliativos: El alivio que necesita cuando tiene síntomas de una enfermedad grave seeks to increase awareness in the Hispanic community of palliative care’s many potential benefits—including reducing pain and other distressing symptoms for patients of any age and with chronic as well as advanced conditions.

Additionally, the 16-page brochure explains how palliative care works in tandem with medical care, how and when to request palliative care, how it differs from hospice and where to get more information.

To read the brochure, visit www.ninr.nih.gov/cuidadospaliativos. For free print copies (up to 25), stop by Bldg. 31, Rm. SB10, email info@ninr.nih.gov or call (301) 496-0207.
OALM Decorations Attract Santa Visit
Over at the Office of Acquisition and Logistics Management at 6100 Executive Blvd., workplace decorating became something of a competitive sport over the holidays, requiring the appointment of a special independent judge. Above, Sue Kaminski enjoys the cheer brought by the season. At right, Santa (Todd Cole) pays a call on Diane Frasier, director of OALM, who must certainly have been good this year.

PHOTOS: ARTHUR KNOLL

A Rose E’er Blooming?
This tough guy, alone among his peers along the decorative stone retaining wall along Center Dr. near Bldg. 15K, was still in full bloom on Dec. 12, when all his peers had withered due to cold and dark. What accounts for this strength and resilience? Global climate change? Innate character? Good genes? Call him a late bloomer; see if he cares, as long as the job is done.

Photos (except where otherwise noted): rich mcmanus

Garage Decked Out
Attendats at multi-level parking lot 6 really got into the holiday spirit. They “decorated their booth to the hilt,” said Dawn Walker, technical laboratory manager in the NCI Laboratory of Molecular Biology. She captured the above image of garage splendor in the early morning hours, while the lights were ablaze.

Roll Out the Gray Carpet
In order to comply with the “life safety” mandates of the NIH fire marshal, a new sidewalk was built recently on the east side of the Clinical Research Center. People exiting the building via the first-floor passageway between old Bldg. 10 and the CRC used to encounter a grassy, unpaved slope. The new sidewalk—doesn’t your inner teenager regard it as an ideal skate park feature?—makes for a much tidier, and safer, exit.

PHOTOS (EXCEPT WHERE OTHERWISE NOTED): RICH MCMANUS

Stylish Steel Marks Best-Dressed Buildings
This winter, a number of campus buildings are making a fashion statement. Thanks largely to funds from the American Recovery and Reinvestment Act, improvements are being made to Bldgs. 1 (left, roof), 3 (above left, renovation) and 10 (above, also a renovation). The steel jacketing conveys no warmth, but once it is removed, the structures should be much improved. For the moment, anyway, they are the envy of their unclad neighbors.
Gingerbread House Decorating Contest Draws Crowds

You know it’s the holidays when the lobby of the Clinical Research Center smells faintly like glazed sugar. That’s because in December, the CRC hosted the 8th annual Gingerbread House Decorating Contest. The event expanded this year to include all departments and units at NIH. The contest ran from Dec. 5 to Dec. 19 and included more than 40 entries. In the photo at left, Santa scales the Washington Monument, presumably to check for damage resulting from last August’s rare earthquake. Shown decorating their entry on Dec. 5 are (center, from l) Gloria Berrios, Renee Vess and Tamar Boghosian, all of whom work for NCRR at Democracy I. At right, the highly wrought objects draw curious onlookers.

Enjoy Live Music at Lunchtime

Why are these people smiling? Because they just played the heck out of one Schubert and two Mendelssohn string quartets Dec. 5 at Masur Auditorium for a devoted, near-capacity crowd. The Manchester String Quartet Concert Series at NIH, now in its 23rd season, continues in 2012 with five performances. The concerts are free and begin at 12:30 p.m. in Masur Auditorium, Bldg. 10. Future concert dates, all on Mondays, are Jan. 9 (Mendelssohn Viola Quintet in B flat Major, Opus 87), Feb. 6 (Mozart String Quartet in F Major, K 590), Mar. 12 (Mozart Viola Quintet in E flat Major, K 614), Mar. 19 (Brahms String Quartet in C minor, Opus 51 #1) and Apr. 16 (Brahms String Sextet in G Major, Opus 36 “Agathe”). Each performance includes a booklet containing a brief essay about the music being presented and a short lecture placing the works in context. The musicians, all of whom are also with the National Symphony Orchestra, are (from l) Glenn Garlick, cello; Abigail Evans, viola; Marissa Regni, violin; and Hyun-Woo Kim, violin. Guest musicians will sit in for the quintet and sextet performances. The series is made possible by the Foundation for Advanced Education in the Sciences. For reasonable accommodation needs, contact Sharon Greenwell at (301) 496-4713 or email sg115f@nih.gov.

Families Treated to ‘Nutcracker’ Performance

NIH’s Recreation & Welfare Association on Dec. 12 treated families from the Children’s Inn at NIH and the International Women’s Group to a performance of The Nutcracker at the American Dance Institute. After the performance, families enjoyed cookies, punch and met with the cast. Above, dancers surround the Clinical Center’s Vojtech Huser and his children Zuzanka and Davidek. Below, Vera Nemeckova and child Lukasek enjoy a visit from Cavalier (l, Nathaniel Dorr) and the Sugar Plum Fairy (r, Margaret Kudirka).

R&W Sponsors Dinner for Local Shelter Residents

As part of its holiday observations, the NIH Recreation & Welfare Association recently led an effort to hold a dinner for 450 people from local shelters, including 120 children under 12. All youngsters who attended also received gifts, said Randy Schools, R&W president. The event, hosted by the Bethesda-Chevy Chase Rescue Squad, featured food donated by the Bethesda Hyatt Hotel, volunteers from the local Chamber of Commerce and Santa, courtesy of the Bethesda Urban Partnership. The child at right clearly enjoyed the festivities.
“Certainly all of us have been the patient or watched loved ones deal with illness, so we know that despite many incredible advances in medicine, there are still limitations,” said Insel. “The goal of NCATS is to fix the parts of the pipeline that aren’t working well to get safer and more effective medicines to patients faster. Who wouldn’t embrace that?”

NCATS’s creation ends uncertainty for employees whose programs were slated for transition.

“We have not been able to tell staff where they would be going and we know this has been very hard on a lot of dedicated and wonderful staff,” Hudson said. “We are so glad to finally get to the point where folks can get to know their new co-workers, share thoughts and plan great things.”

Richard Southers, associate director for strategic management in the NIH Office of Human Resources, said employees will move in their current positions to their new IC and any changes in job function would occur after that move.

“A large majority of employees will actually still be doing work that is the same or very similar to their current job,” said Southers. “The biggest transition issue will be adjusting to a new IC and its culture.”

Strong communication will be a key element of NCATS’s culture, said Hudson. “From the outset, we will encourage everyone to break the invisible barriers of program boxes and to think as one cohesive team,” she said.

NCATS leadership anticipates a transition period and noted the valuable perspective incoming staff members bring.

“They know the pitfalls and the parts of the process that need to be fixed,” Hudson said. “I understand that the folks who are coming to work in NCATS have been immersed in other programs, some of them for many years, and it’s not trivial to change hats with the snap of a finger.”

Insel and Hudson will be hosting a town hall meeting for NCATS employees in the near future. “We want to welcome everyone with open arms and share our excitement,” Insel said.

What Programs Will Be Part of NCATS?

Programs that will be integrated into NCATS, in alphabetical order, include:

- **Bridging Interventional Development Gaps**, which makes available critical resources needed for the development of new therapeutic agents
- **Clinical and Translational Science Awards**, which fund a national consortium of 60 medical research institutions working together to improve the way clinical and translational research is conducted nationwide
- **Cures Acceleration Network**, which enables NCATS to fund research in new and innovative ways
- **FDA-NIH Regulatory Science**, which is an initiative that provides researchers with access to the large-scale screening capacity necessary to identify compounds that can be used as chemical probes to validate new therapeutic targets
- **Office of Rare Diseases Research**, which coordinates and supports rare diseases research
- **Therapeutics for Rare and Neglected Diseases**, which is a program to encourage and speed the development of new drugs for rare and neglected diseases

The NIH Clinical and Translational Science Awards, previously part of the National Center for Research Resources, will be a large portion of NCATS’s budget and serve as a primary test bed for NCATS activities.

NCRR’s remaining programs will move to other ICs, including NIGMS, NIBIB, NIMHD and OD, to take advantage of existing synergies within their portfolios and missions.
Workshop Explores Improvements in Rabies Vaccine Testing

NIEHS scientists Dr. William Stokes and Dr. Warren Casey joined other scientists from around the world recently at the International Workshop on Alternative Methods for Human and Veterinary Rabies Vaccine Testing: State of the Science and Planning the Way Forward. More than 70 scientists from 14 countries, representing government, industry and academia, attended the workshop.

Participants reviewed new testing methods that may provide improved accuracy and efficiency and developed recommendations to validate and implement their use. The new methods are also expected to further reduce, refine, by lessening or eliminating pain and distress, and eventually replace the use of animals for potency testing of human and veterinary rabies vaccines.

Rabies is a deadly disease that kills more than 70,000 people worldwide each year; vaccines are the most important resources available for prevention of rabies infections. In the U.S. and other developed countries, widespread use of veterinary rabies vaccines protects pets and wildlife from disease. This practice significantly reduces the risk to humans in these countries from exposure to infected wildlife and domestic animals. For those estimated 15 million people each year exposed to the rabies virus, post-exposure human rabies vaccination prevents disease and saves lives.

The current methods used to evaluate the effectiveness of each production lot of veterinary and human rabies vaccine involves vaccinating animals and then challenging them with the live rabies virus. This approach requires large numbers of laboratory animals and causes significant animal pain and distress. A workshop organized last year by the NTP Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM) and the interagency coordinating committee on the validation of alternative methods identified rabies vaccines as one of the highest priorities for research, development and validation of alternative test methods for potency and safety testing.

“Promising new approaches to rabies vaccine testing are now available that are more humane and use fewer or no animals. The technology exists to put those approaches into practice now or in the near future,” said Stokes, who is director of NICEATM. “These approaches are faster, cheaper and more accurate. They’re also safer for laboratory workers as they don’t require handling of live rabies virus.”

A workshop report will be published early this year in the journal Biologicals.
changed my life.” After looking through extensive records Frieden compiled on TB in New York, Styblo asked, “How many of them did you cure?” Frieden said he didn’t know.

The next day, Frieden began a system that would regularly review the status of every TB patient in New York City. Through this experience, he came to realize that accountability for patients you treat is “the underlying principle of tuberculosis control.”

Frieden views TB control as a useful model for public health practice for other diseases. He emphasized rigorous surveillance as being “fundamental to public health,” as is standardized treatment and patient-centered care.

Tuberculosis had once been the leading cause of death for people under age 65 in New York City. In the 20th century, deaths due to TB decreased by 99.9 percent in the city and throughout the United States. But TB continues to take a toll on the rest of the world. In 2010, there were 8.8 million cases of TB worldwide, including 1.4 million deaths.

The World Health Organization and CDC are concerned with TB, as well as with other infectious diseases around the world. There are 1.8 million deaths each year due to HIV/AIDS, 2.5 million from diarrheal infections and almost 800,000 from malaria.

Infectious diseases cause 25 percent of all deaths worldwide; that number could be higher if it included malnutrition deaths driven by disease. As one example of infectious diseases’ toll, more Americans have died from AIDS than from all wars since the Civil War.

“Supporting global health is good for Americans,” said Frieden. He explained that supporting global health protects Americans from health threats and is good for American security because it promotes stability in key countries.

“It creates a tremendous amount of good will around the world toward America and Americans that you can’t buy with money,” said Frieden of putting resources into global health. “Most importantly though, it’s the right thing to do, and it is what a great country like the United States of America does.”

CDC’s approach to global health is similar to its approach within the U.S. Frieden discussed CDC’s recently created framework for preventing infectious diseases. “It is a roadmap to improve our ability to prevent infectious diseases through a strengthened, adaptable, multi-purpose U.S. public health system.”

On the global health front, CDC’s work includes technical assistance, efforts to strengthen laboratories’ diagnostic capacity and field epidemiology training programs.

On the domestic side, Frieden identified 6 key areas as “winnable public health battles in the U.S.” These include tobacco control; nutrition, physical activity, obesity and food safety; health care-associated infections; motor vehicle injuries; teen pregnancy; and HIV/AIDS. “These are all areas where we can do a lot to make a big difference with tools we have today,” he said.

“Look at what is happening to tobacco, HIV, TB and malaria. Already, more people are killed by tobacco than by HIV, TB and malaria combined,” Frieden continued. “If we don’t take urgent action against tobacco now, in this century 1 billion people will be killed by tobacco. Tobacco is now the world’s single leading agent of death.”

NIH and CDC have worked together in the past on initiatives related to influenza, HIV, TB and viral diseases. Frieden hopes that the two agencies can identify even more opportunities to collaborate in the future “to help people live healthier, safer, longer and more productive lives both in this country and around the world.”

The Kinyoun Lecture honors Dr. Joseph J. Kinyoun who, in 1887, founded the Laboratory of Hygiene, forerunner of NIH, to study infectious diseases. NIAID sponsors the Kinyoun Lecture series, which highlights advances in the understanding of infection and immunity.

Frieden (l) accepts a Kinyoun Lecture commemorative sculpture from NIAID director Dr. Anthony Fauci.

PHOTOS: BILL BRANSON
OD’s Dixon Retires After 37 Years of Federal Service

Hilda Dixon, who spent 37 years in federal service, including the last 21 at NIH, has retired. Most recently, she had served as deputy director of the NIH Office of Equal Opportunity and Diversity Management.

Dixon came to NIH in 1990 as the EEO officer for the Office of the Director until consolidation of the NIH EEO Program in 2005. For many years, she coordinated the OD EEO advisory committee, which each year recommended to the NIH deputy director a workplan to address employee concerns.

Before joining NIH, she had worked for 10 years at USDA and 6 years at HUD.

Over the course of her two decades here, she had developed several creative initiatives to address employee well-being and improve interpersonal relationships at work. Dixon established a Powwow Outreach Initiative in 2001 to facilitate employment of Native American students as well as permanent employees, and to partner with colleges and universities. The initiative saw her and her coworkers traveling all over the country, staffing display tables, distributing pamphlets and talking to various Native American populations about working at NIH.

Dixon also won a Champion Award that year for outstanding contributions to the Workplace Diversity Initiative.

The next year, she worked on an NIH/OD version of the Department of Health and Human Services’s Wake Up and Walk Initiative, which encouraged employees to break up their workday with some kind of physical activity—a brief workout or a walk around campus.

Before that, there were several other innovative workforce morale and improvement programs fostered by the OD EEO advisory committee, including the RESPECT campaign, which offered training and lectures on getting along in office and lab settings, and a mentorship program that linked longtime and senior OD staff with newcomers and entry-level employees.

At the core, Dixon said, her goal was always to help build, nurture and support the best, most diverse workforce in government.

“Your work is vital,” she said, in parting thoughts to NIH colleagues and coworkers, “and we are all the better for it.”

Dixon received numerous awards and honors, including the NIH Merit Award. She also twice earned the NIH Director’s Award: in 2005 for her role in restructuring the agency’s EEO and diversity programs, and in 2001, for her leadership in coordinating and implementing special initiatives to enhance the quality of worklife for employees.

In retirement, Dixon plans to be nearly as busy as she was when working full time. “I have lots to do,” she said, smiling. “I’ll continue to work in the community, but I also intend on traveling, reading and celebrating each day.”

NICHD Alumna Topper Mourned

Hildegard P. Topper, 78, a long-time NIH employee, passed away in Palm Desert, Calif. on Sept. 10, 2011, after a battle with cancer. She spent more than 25 years at NIH, where she worked in the National Institute of Child Health and Human Development in extramural grant administration.

She leaves behind many friends and former colleagues throughout NIH, where her late husband, Dr. Yale Topper, was a senior scientist and lab chief for many years in the arthrits institute.

Hildegard Pokorny was born in Vienna, Austria, and came to the U.S. as an exchange student in 1949 and later attended Wellesley College. She married Dr. Yale Topper in 1956 and they lived in Bethesda, where they raised their four children.

In 1998, she moved to Palm Desert but kept in touch with many of her NIH friends. She is survived by her children David, Nina, Jamie and Ethan; her sister Elfriede; her brothers Helmut and Rudolph and nine grandchildren.

20 Years of Jak-STAT Research Marked

NIAMS, NHLBI and NIDDK recently co-sponsored “The Jak-STAT Pathway: 20 Years from Discovery to Drugs.” The event celebrated the 20th year of Jak-STAT research, highlighting recent basic developments in the field, relevance to diseases and new therapeutics. The pathway has become a paradigm in signal transduction, but has also shed light on a number of diseases ranging from immunodeficiencies to hematological malignancies. The 3-day meeting convened an international team of industry, academia and government scientists who focused on the translational advances that have arisen from the basic discoveries of the Jak-STAT pathway. Organizers included (from l) Dr. James Darnell, Rockefeller University; Dr. Richard Jove, City of Hope; Dr. Lothar Hennighausen, NIDDK; Dr. John O’Shea, NIAMS; Dr. David Levy, NYU; and Dr. Warren Leonard, NHLBI.
NIAMS Community Health Center Marks 10th Anniversary

NIAMS recently marked the 10th anniversary of its Community Health Center (CHC) in a celebration in its new location, the Spanish Catholic Center, Cardinal McCarrick Center of Catholic Charities in Silver Spring.

Founded by NIAMS and Washington, D.C., area community stakeholders in 2001, the CHC conducts health disparities research in rheumatic diseases by providing specialty care to a traditionally underserved patient population.

The clinical research conducted at the CHC helps NIAMS scientists better understand diseases such as rheumatoid arthritis, lupus and scleroderma and gain insights about why some of these diseases disproportionately affect people in certain minority populations. The program provides area residents access to cutting-edge specialty care and health information, while offering clinical fellows a community-based learning experience in rheumatic diseases.

In recognition of the CHC’s accomplishments, NIH director Dr. Francis Collins gave the keynote address at the anniversary celebration, followed by speakers including Monsignor John Enzler, president and C.E.O. of Catholic Charities of the Archdiocese of Washington, and Dr. Marguerite Duane, the Spanish Catholic Center’s medical director.

The event featured tours of the clinic and a slide show highlighting milestones in the CHC’s history and the many people who have made it a success.

"In moments like this, my chest is bursting with pride that so many people are doing so many good things," said NIAMS director Dr. Stephen Katz. "It is an exceptional opportunity for NIH to be able to reach out and work as true partners in moving the science, as well as the health, of minority populations ahead."

Since the program’s inception, the CHC has enrolled more than 2,000 patients and provided nearly 10,000 patient visits in the Natural History of Rheumatic Disease in Minority Communities Study, which allows researchers to evaluate disease and treatment courses in the local African-American and Hispanic/Latino populations.

Collins commended the longevity and resilience of the CHC over the past 10 years. "This is a unique partnership with the community, where we are reaching out to try to assist patients afflicted with rheumatic diseases, giving them excellent care and an opportunity to be part of clinical research, which is all done in a fashion that focuses especially on those with less access generally to medical care," he said.

Patient Erika Wilson gave an emotional testimony about her experiences at the CHC. "Before I first came to the Community Health Center, I couldn’t move my whole body," she said. "I couldn’t do anything. I just lay in the bed. But when I came to the center, those doctors, they helped me a lot. This clinic has a mission to help a lot of people. That’s the truth. I can say it from my heart, because thanks to them, I am walking. I’m back to a normal life.”—Gerda Gallop-Goodman

Management Intern Program Now Recruiting

Interested in reaching your potential? Ready for a career transition? Revved up for the fast track at NIH? The Management Internship (MI) Program at NIH may be just the answer. This year’s NIH MI Program job vacancy announcement opens Feb. 24 and closes Mar. 19.

The MI Program is a highly competitive, 2-year administrative management career development program for current NIH employees. MIs come from a variety of backgrounds ranging from travel planners to scientists. Current GS-7 through GS-12 employees are invited to apply. Over the internship period, MIs rotate among and explore various administrative positions of their choice. Upon completion of the program, graduates move into a new career field and are appointed to a professional job series.

Since its establishment in 1957, the MI Program has produced highly respected administrative professionals by providing interns an opportunity to discover new career paths and gain invaluable insights into NIH. The program is a key tool for NIH to retain its investment in some of the brightest minds and hardest workers in the country. Some of the many benefits of the program to the MIIs include access to a senior-level mentor, a generous training budget, opportunities to participate in challenging projects and committees and the chance to meet with NIH leaders.

For program FAQs, as well as details on the program, eligibility, recruitment and placement, visit www.jobs.nih.gov/intern/mi.html.

Another way to learn more is by attending one of the upcoming MI Program information sessions. Registration is not necessary, but is appreciated. To register, send an email to MI.Info@mail.nih.gov and specify which session you plan to attend. Unless noted, all sessions will be held from noon to 1 p.m. in the following locations:

Feb. 6—Bldg. 31, 6C Rm. 6
Feb. 7—6001 Executive Blvd., Rm. 3103 (Videocast and 12:30-1:30 p.m.)
Feb. 16—Bldg. 10, Lipsett Amphitheater
Feb. 23—Rockledge II, 9100/9104

Those who need reasonable accommodation to participate should call the NIH Training Center at (301) 496-6211, TTY (301) 594-2696 or the Federal Relay (1-800-877-8339) at least 5 days before the event.