

National Institutes of Health

## Children’s Inn at NIH Breaks Ground on the ‘Inn of Tomorrow’

BY ERIC BOCK

The Children’s Inn at NIH celebrated the start of the 15,000 square-foot expansion project and renovation that will increase capacity by 25% during a groundbreaking ceremony on Nov. 13.

Scheduled to open in 2027, the project—referred to as “The Inn of Tomorrow”—will transform the Inn into a state-of-the-art welcoming facility where families feel even more supported, connected and cared for during one of the most challenging times of their lives.



From l: featured speakers Jamie Gentile, Dr. Monica Bertagnolli, Jennie Lucca and Brian Kelly officially break ground on the “Inn of Tomorrow.” PHOTO: CHILDREN’S INN AT NIH

“Our mission of providing a place like home for children undergoing treatment for rare and serious diseases and their families here at NIH will remain the heart of this project,” said Inn CEO Jennie Lucca. “One

of our key objectives is to keep pace with the groundbreaking research that’s happening right across the street at the Clinical Center.”

Once complete, the renovation and expansion will, among other things, add eight apartment-style guest suites designed to meet the needs of patients who require isolation precautions, a two-story Tower of Hope that will serve as a beacon and welcoming resident services hub, and a covered, ADA-accessible pedestrian bridge that will connect the Inn to the Clinical Center (CC). Additionally, the Inn’s existing 63,000 square feet will undergo a renovation.

During construction, the Inn will continue to serve pediatric patients and

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Giving thanks to NIH first responders, p. 12.

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## GOING VIRAL

### Common Viruses May Trigger Autoimmune Diseases

BY AMBER SNYDER



Dr. William Robinson

Researchers think certain common viruses may trigger some autoimmune conditions—alone or in concert with other factors. A recent Office of Autoimmune Disease Research (OADR)-Office of

Research on Women’s Health Science Talks series focused on understanding the triggers of autoimmunity and advancing research.

Almost 80 percent of people living with an autoimmune disease are women. It’s estimated there are 80-120 autoimmune diseases. These chronic and often

SEE **AUTOIMMUNE**, PAGE 4

## Fogarty Makes a Match to Improve SCD Care

BY SUSAN SCUTTI

Each NIH institute has specialty expertise. Fogarty International Center’s unique know-how is an ability to foster lasting partnerships inside NIH, within the U.S. government and across the globe as part of its mission to facilitate global health research.

In October, this proficiency was highlighted when Fogarty collaborated with the National Heart, Lung, and Blood Institute (NHLBI) and the U.S. Agency for International Development (USAID) to



Dr. Obiageli Nnodu

SEE **SCD**, PAGE 8

**McLellan to Deliver Dyer Lecture** Dec. 11

Dr. Jason McLellan

Dr. Jason McLellan will deliver the annual Rolla E. Dyer Lecture on Dec. 11 at 2 p.m., ET. Dating back to 1950 and part of the Wednesday Afternoon Lecture Series (WALS), the Dyer lecture is the oldest at NIH and features internationally renowned researchers who have made significant contributions to the knowledge

of infectious diseases. This year's lecture will take place in Lipsett Amphitheater.

Form follows function, as the architectural principle goes, and the same could be said for smart vaccine design. McLellan and his team developed technology to engineer key proteins used in some of today's vaccines against Covid-19 and respiratory syncytial virus (RSV). The structure of those proteins is adapted from the very antigens expressed by invading viruses to enter cells and escape immune detection. In his talk, he'll discuss this concept of structure-based vaccine design and how adopting the architecture of viral fusion proteins can be used to trigger a protective antibody response against a variety of deadly pathogens.

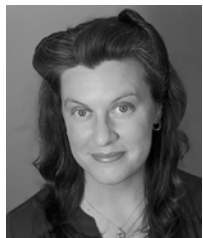
McLellan will speak about the overarching principles behind structure-based vaccine design and his lab's pivotal role in developing vaccine antigens used in licensed RSV and Covid-19 vaccines. He will also touch upon new and ongoing research applying this technology to other viruses.

McLellan is a tenured faculty member and associate chair for graduate education in the Department of Molecular Biosciences at the University of Texas at Austin. He's no stranger to NIH, having conducted his postdoctoral research at the Vaccine Research Center after earning his Ph.D. from Johns Hopkins University School of Medicine.

For those unable to attend in person, the event will be hosted on NIH VideoCast at <https://videocast.nih.gov/watch=55012>. —**Michael Tabasko**

**Data-Sharing Seminar Explores Opportunities to Advance Pediatric Cancer Research** Dec. 13

Johanna Goderre will speak at the next Data Sharing and Reuse Seminar on Friday, Dec. 13, from 12:00 p.m. – 1 p.m., ET.



Johanna Goderre

NIH's Office of Data Science Strategy (ODSS) hosts this series to highlight exemplars of data sharing and reuse on the second Friday of each month. The series highlights researchers who have taken existing data and found clever ways to reuse the data or generate new findings.

**NIH Hosts BIRCWH Annual Meeting**

The annual meeting of the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program, sponsored by the Office of Research on Women's Health (ORWH), was held in



Principal investigators pose with ORWH Director Dr. Janine Clayton and staff.

Goderre will present, "Opportunities to Advance Research for Children, Adolescents and Young Adults with Cancer through Secondary Data Sharing in the New National Childhood Cancer Registry Data Platforms."

NCI has been working with central cancer registries, medical and pharmacy claims processors, and healthcare providers like children's hospitals, NCI-supported Cancer Centers, and radiation oncology providers through the National Childhood Cancer Registry. The new data platform combines population-based cancer registry and real-world data across the cancer care continuum and into survivorship for secondary data analysis by all kinds of researchers, including students. It will improve researchers' ability to accelerate scientific understanding of cancer in children, adolescents and young adults.

Goderre is the technical lead for the National Childhood Cancer Registry—a groundbreaking platform that addresses infrastructure gaps by increasing accessibility, sharing and reuse of data.

Goderre holds an MPH and GIS certification with more than 20 years of experience in health research and evaluation, public health informatics and health systems delivery. She draws from her experiences to deliver high-quality data and bioinformatics IT systems for state and federal governments.

October on NIH's Bethesda campus.

Keynote speaker Dr. Abbey Berenson, professor, departments of obstetrics/gynecology and pediatrics, and director, University of Texas Medical Branch Center for Interdisciplinary Research in Women's Health, delivered the Ruth L. Kirschstein Memorial Lecture.

In her talk honoring Kirschstein—an influential scientist who worked at NIH for more than 50 years and who was the first female to lead an NIH institute and serve as acting NIH director—Berenson emphasized, "We stand on the shoulders of these giants, and we cannot forget that their heroic efforts have given you the tools and resources to make major advances in women's health research and to become the leaders of tomorrow."

Capstone speaker Dr. Nina Schor, NIH deputy director for intramural research, delivered the Legacy of Leadership lecture, titled, "Development is Forever: A Career in Science and Medicine."

The series is open to the public; registration is required. For more information, including how to register, visit: [go.nih.gov/KSJr9NH](https://go.nih.gov/KSJr9NH).

**Donate Use-or-Lose By Jan. 11**

In 2023, NIH employees lost an estimated \$5.8 million in annual leave. Don't lose yours! The Leave Bank offers you the opportunity to put that leave to use by donating your use-or-lose annual leave to the bank by Jan. 11, 2025, via ITAS. When you donate to the Leave Bank, you help a co-worker in need, like this recipient:

"The Leave Bank made an invaluable contribution to my recovery. Instead of fretting over my job and how to cover expenses, I could focus on my recovery. I am happy to report that I am back at work and doing much better. I will continue to contribute to the Leave Bank every year to show my appreciation for how it positively impacted my life."

To donate, log in to ITAS at <https://itas.nih.gov>. On the tool bar, select "Donate to Leave Bank." Enter the type of leave (annual or restored annual), then the number of hours you wish to donate, and select "OK."

More information on the program can be found at <https://hr.nih.gov/leavebank>. For questions, call (301) 443-8393 or email [LeaveBank@od.nih.gov](mailto:LeaveBank@od.nih.gov).



## Advancing a Whole-Person Approach to Women's Health Research

On Oct. 29, NIH Director Dr. Monica Bertagnolli participated in a workshop at the White House as part of the White House Initiative on Women's Health Research. Experts from across NIH gathered to highlight interdisciplinary research advances in women's health and to discuss future priorities.

"So many women—myself included—have benefitted from significant medical breakthroughs over the past 60 years," Bertagnolli said. "As a breast cancer survivor, I've been fortunate to have access to excellent care. And the evidence that guided that care came directly from NIH-funded research."

Over the years, NIH research advances have improved women's health—from the HPV vaccine to prevent cervical cancer, to the use of statins to reduce heart disease and stroke, to effective approaches to maintaining bone health after menopause. But there are many more health areas to tackle.

"Our vision at NIH takes a whole-person approach throughout a woman's lifetime, recognizing that many interconnected factors contribute to health and disease," Bertagnolli said. "From the genes we inherit to

the environments we live in and other social determinants...women have their own unique experiences and needs.

"NIH research addresses conditions unique to women, such as endometriosis and uterine fibroids, as well as those that affect women disproportionately or differently. For example, women are more likely than men to have certain health conditions such as Alzheimer's disease, anxiety and depression disorders, and certain cancers."

NIH has renewed its commitment to investing in programs that address women's health across the lifespan, particularly at the health inflection points of menarche, pregnancy and menopause.

Bertagnolli noted that caring for women during and after pregnancy requires interdisciplinary research on mental health, cardiovascular disease, nutrition, infectious disease and substance use.

NIH has committed \$200 million in fiscal year 2025 to supporting cross-cutting research focused on the health needs of women. In addition, a Notice of Special Interest was issued across nearly all NIH Institutes and Centers, calling for project applications on diseases and conditions that impact women differently, disproportionately and uniquely.

"We are already considering close to 300 new applications for women's health research projects," she said.

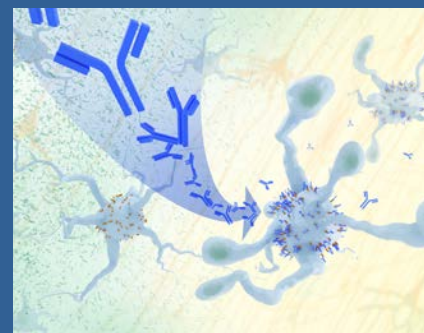
The whole-person approach to women's health must be integrated into all stages of the

research process—from identifying innovative research questions, to producing impactful scientific and clinical results, to developing ways to equitably adopt new treatments. It begins with convening researchers and clinicians from different disciplines to accelerate progress through combined efforts and knowledge.

The White House Initiative on Women's Health Research calls for this comprehensive approach. Bertagnolli concluded, "It demands that we approach this work with urgency, putting women and their lived experiences at its center to focus on translating insights from biology and society into better health." **R**



From l, ORWH Director Dr. Janine Clayton, NICHD Director Dr. Diana Bianchi and NIA Director Dr. Richard Hodes



ON THE COVER: In a study, an antibody treatment blocked interaction between APOE proteins and LILRB4 receptors on the surface of the brain's microglia (blue cells), enabling the immune cells to clear amyloid plaques, a feature of Alzheimer's.

IMAGE: DONNY BLISS / NIH OCPL

### The NIH Record

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From l, Sabah Ghulamali (HHS); Dr. Sanya Springfield (NCI); Dr. Bruce Tromberg, director, NIBIB; Dr. Vivian Ota Wang (ORWH); Clayton; Dr. Tara Schwetz (DPCPSI); Dr. Monica Bertagnolli, NIH director; Bianchi; Dr. Carolyn Mazure (White House); Dr. Walter Koroshetz, director, NINDS; Hodes; Dr. Robert Carter (NIAMS); Dr. Helene Langevin, director, NCCIH; Dr. Stephen Sherry, acting director, NLM; and Dr. Jennifer Webster-Cyriaque (NIDCR). PHOTOS: JASON WEIL PHOTOGRAPHY

## Autoimmune

CONTINUED FROM PAGE 1

debilitating diseases have no known cures. Some combination of genetics, immune regulation and the environment work together to form an “endotype” for each autoimmune disease patient, explained Dr. Judith James of the Oklahoma Medical Research Foundation.

Her presentation focused on lupus, or systemic lupus erythematosus (SLE), which disproportionately affects women. Nine women are diagnosed with SLE for every male. In SLE, the immune system attacks healthy tissue, causing inflammation and occasionally permanent damage.

Research from James’s lab has pinned Epstein-Barr Virus (EBV) as a potential trigger for SLE. More than 98% of adults in the U.S. have EBV antibodies, meaning they were infected with the virus at some point in their lives, most likely in childhood.

“How can an autoimmune disease be triggered by a nearly ubiquitous virus?” James asked. In other words, if EBV is so common in the general population, then why don’t more people develop SLE?

Her research focuses in part on the initial autoantibody response in patients with SLE. She learned that EBV infection is more prevalent in the SLE patient population. Their immune response of lupus patients targets different parts of EBV compared to healthy individuals.

She delved deeper by studying the autoantibodies, an antibody made against substances formed by a person’s own body, and their targets, called autoantigens, involved in the disease process of SLE. She discovered that the initial binding site on the autoantigen, named the epitope, is located in a peptide called Ro 169. She found that antibodies targeting this peptide cross-reacted with an EBV protein called EBNA1. This means antibodies could “confuse” the peptide for the EBV protein and mistakenly bind to Ro169 instead of EBNA1, potentially causing an autoimmune response. This phenomenon is known as molecular mimicry.

Her lab conducted numerous other studies that highlight the complex interplay between EBV, immune dysregulation and autoimmunity. Most recently her group showed this virus—which usually lays dormant in low numbers in healthy individuals—is more frequently reactivated in SLE patients. While there is still much to learn, her findings suggest that viral reactivation, molecular mimicry and functional mimicry may all contribute to developing SLE.

Dr. William Robinson, a professor of medicine at Stanford University Medical



School, also researches the role of EBV in autoimmunity, but in a different condition: multiple sclerosis (MS). Similar to patients with SLE, almost all MS patients have been infected with EBV.

Robinson’s lab sought to understand the role of B cells in MS by sequencing the antibodies obtained from the spinal fluid of MS patients. He observed reactivity against several viruses, including EBV. Next, he narrowed his focus to one particular MS antibody that bound to EBV: MS39.

In another example of molecular mimicry, the MS39 antibody binds to both EBNA1 and to a molecule within the body: GlialCAM, a cellular adhesion molecule that is essential for maintaining the protective myelin sheath around nerve fibers. MS39 attacks both EBNA1 and GlialCAM, thus demyelinating the nerve fibers to possibly cause symptoms of MS.

Furthermore, Robinson observed a coordinated T cell response against both EBNA1 and MS39, suggesting that EBV-induced B cells may activate T cells that further contribute to the autoimmune response observed in MS.

“I see a critical role for EBV-mediated molecular mimicry with self-antigens among multiple human autoimmune diseases,” said Robinson.

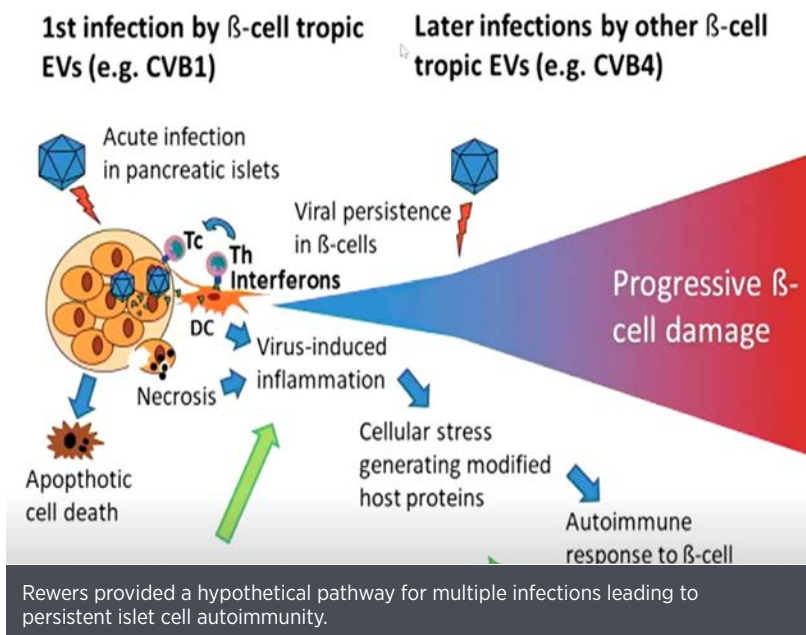
Dr. Marian Rewers shifted the discussion to a different chronic disease: type 1 diabetes (T1D). In many people with T1D, the immune system targets the pancreatic cells responsible for making insulin. Researchers have long suspected a link between viral infection and development of T1D but have not begun to make headway on this theory until recently.

A group of RNA viruses that may cause cold-like symptoms, called enteroviruses, have emerged as a prime suspect because of their ability to enter the pancreatic cells responsible for insulin production. These cells, known as islet cells, have a receptor called CAR (coxsackievirus and adenovirus receptor) that enteroviruses can utilize to infect the cell.

Enterovirus infection alone is not likely to cause T1D, said Rewers, professor of pediatrics and medicine, and executive director,

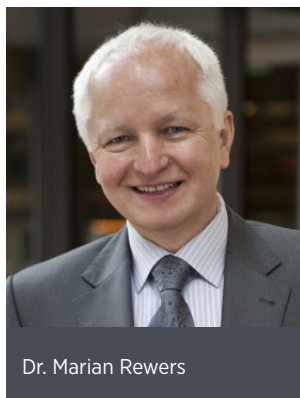
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In MS, the immune system attacks myelin in the central nervous system. Myelin is the





Barbara Davis Center for Diabetes at the University of Colorado School of Medicine. Genetic predisposition also plays a role, combined with repeated enterovirus infections.



Dr. Marian Rewers


Rewers is a principal investigator for the TEDDY study (The Environmental Determinants of Diabetes in the Young). The study is a multicenter effort across Europe and the U.S. seeking to identify environmental triggers for T1D. The study has identified about 8,600 children as genetically high-risk for developing T1D and collects surveillance data regularly to monitor their health.

As of September 2024, 915 children had developed the “first step” of the pathway toward clinical diabetes, which Rewers defined as persistent islet autoimmunity marked by the presence of autoantibodies. Another 455 children had already progressed to clinical T1D.

TEDDY investigators conducted mass sequencing from patient stool samples and found that prolonged shedding of enterovirus B-type viruses was linked with the autoimmunity displayed in T1D. Intriguingly, they also learned that the autoimmunity displayed in T1D can be divided into two subtypes, which may determine when the disease begins to manifest.

Rewers thinks an enterovirus vaccine may be a useful preventative for individuals at high genetic risk for developing T1D, but this idea is still in the beginning stages.

TEDDY investigators have also found that recurrent rotavirus infections are linked to development of celiac autoantibodies in children at high risk for celiac disease, especially children on a high gluten diet.

“Everything from longitudinal cohort studies to applying single-cell technology to having good animal models” will be needed to further advance our understanding of the roles viruses play in autoimmune diseases, Robinson said. “We’re progressing overall, but there’s still work to be done.” 

## NIBIB Initiative Expands Bioengineering Aspirations of HBCUs

The opportunity to pursue higher education at one of the country’s 100 or so historically black colleges and universities (HBCUs) comes with a caveat for those students wishing to pursue a degree in biomedical engineering. While HBCUs confer as many as 25% of the country’s Black graduates with STEM degrees, only about a third of the schools offer an engineering program, with fewer still offering a biomedical engineering degree program.

To begin to help HBCUs build and sustain biomedical engineering programs, the National Institute of Biomedical Imaging and Bioengineering (NIBIB) has designed an initiative called Enhancing Biomedical Engineering, Imaging, and Technology Acceleration (eBEITA) at HBCUs. This dual-phase award allows institutions time to plan and initiate activities before launching into the program’s full implementation.

The eBEITA format encourages HBCUs to develop a unique vision for expanding research capacity, fundings streams, and impact in this fast-growing area of innovation and technology development. Recently, NIBIB made its first round of eBEITA grants to two HBCUs.

Dr. Albert Avila, NIBIB extramural scientific diversity official, hopes these awards deepen the scope and range of biomedical engineering offerings and scientific opportunities for undergraduate, graduate students and faculty at HBCUs. He also sees the eBEITA initiative as a way to help HBCUs continue to address the nation’s urgent STEM-workforce needs.

“It is critical that we continue to invest in biomedical engineering, imaging, and technology development at HBCUs,” Avila said. “The eBEITA program vision must be sustainable and embedded in the fabric of the institution, even beyond the proposed seven years of the award.”

The program has essential elements that promote unique needs at the applicant institution. Applications must propose innovative strategies and milestones to enhance scientific workforce diversity, institutional research capacity, science and technology and faculty development.

An undergraduate and a graduate program received awards this year with the expectation of further funding pending successful progress and available funds. The awardees are Delaware State University (DSU) and North Carolina Agricultural and Technical State University (N.C. A&T).



Dr. Albert Avila

DSU proposed to establish a three-year bachelor of science degree program in bioengineering at DSU to be followed by a two-year master of science degree program in biomedical engineering at the University of Delaware, Newark, or Rowan University, Glassboro, NJ. The center will also develop a hub that promotes bio-entrepreneurship and networking with biomedical professionals at regional facilities, enhancing job opportunities for students from diverse backgrounds.

N.C. A&T proposed the Center for Neurovascular Engineering Research and adVanced Education (NERVE). The center will serve as a sustainable hub to transform research and technology development of brain science. The center will target clinically important brain diseases, such as Alzheimer’s disease, and will develop and advance cutting-edge technology,

including the integration of nanodevices for vascularized organoids, small animal testing capacity, advanced imaging and machine learning applications. The award would support establishing a standalone bioengineering Ph.D. program — the first such degree program at an HBCU in the country.

For more information and how to apply, visit the NIH Funding Opportunities and Notices item RFA-EB-25-002.

## VOLUNTEERS

### Study to Test Topical Cream in Kids

The itch kids want to ditch! In this study, researchers are testing a topical product containing probiotic R mucosa and natural itch blockers to see if it can improve you or your child’s atopic dermatitis (AD). Your participation will help researchers determine the best relief for children with AD. For more information, contact the NIH Clinical Center Office of Patient Recruitment at 866-444-2214 (TTY users dial 7-1-1) or [ccopr@nih.gov](mailto:ccopr@nih.gov). Refer to study #001677.

### Gum Disease Study Seeks Volunteers

Do you or someone you know have gum disease? Have previous treatments failed? Researchers at the NIH Clinical Center want to look at the oral bacteria and genetic immune problems of different people to learn how these affect gum disease and other conditions of the mouth. Contact the NIH Clinical Center Office of Patient Recruitment at 866-444-1132 (TTY users dial 7-1-1) or [ccopr@nih.gov](mailto:ccopr@nih.gov). Refer to study #12-D-0100 <https://go.nih.gov/TEaUI4z>

## Groundbreaking

CONTINUED FROM PAGE 1

their families. Lucca said the Inn has secured apartments in nearby Bethesda for families as capacity on site at the Inn will be limited.

Once complete, the Young Adult Quarters at Bldg. 15B will add an additional six rooms. Located across the street from the Inn and the CC, the quarters will provide accommodations designed to meet the needs of young adults enrolled in clinical studies and their caregivers.



Former CC patient and current board member Jamie Gentile speaks at the groundbreaking.

The ceremony resulted from years of planning and hard work, explained Brian Kelly, Chair of the Inn's Board of Directors. In 2018, the Inn released a strategic plan that called for a "state-of-the-art smart living environment." The Board assembled a master planning advisory committee. They worked with architects, building contractors and NIH leadership to move the project forward.

"A lot of really thoughtful work went into

making this—as Jennie described—a place like home," he said.

Many pediatric patients participate in clinical research at NIH because they have rare conditions that cannot be treated anywhere else, a point emphasized by NIH Director Dr. Monica Bertagnolli at the groundbreaking. NIH researchers conduct research on these diseases to understand their causes and improve diagnostic and treatment options.

"We at NIH rely on the Children's Inn to provide a home away from home for patients and their families while they participate in clinical research," she said.

The late CC Director Dr. John Gallin often referred to the CC as the "House of Hope," Bertagnolli recalled. The Inn is a big reason for that nickname. The hospital cares for a child's medical needs while the Inn provides comfort and support to the whole family. NIH's partnership with the Inn allows scientists to work with patients and their families to advance research and develop life-saving treatments.

"Without the Children's Inn, we would not have nearly the successes we see with treatment for young patients," she said.

Jamie Gentile first walked through the Inn's doors more than three decades ago as



Renderings of the expanded Inn: Above, a foot bridge will connect the Inn with the Clinical Center.



"a really scared 10-year-old kid" who had no idea what to expect. She had recently enrolled in a research study at the CC.

"When I came here 35 years ago, it was because of hope," said the now-board member. "That's what I needed and what I found. And that's what this place offers everyone who walks through its doors."

She was born with a congenital heart defect that required open heart surgery at 3 years old. When she underwent her procedure in 1982, blood screening tests to detect HIV—the virus that causes AIDS—didn't exist. Unbeknownst to Gentile



Rendering of the 15,000-square-foot expansion of the Children's Inn at NIH: The Inn of Tomorrow is scheduled to open in 2027.



and her family, she contracted HIV after receiving a contaminated blood transfusion during her surgery. A few years later, she was tested for the virus after a recurring strep throat infection.

“The doctor told my mom, ‘she’s positive and you’ve got two good years with her,’” she said. “Spoiler alert, I survived! It’s a good ending!”

Around the time of her diagnosis, the CC began recruiting pediatric patients infected with HIV to enroll in drug trials.

“It was truly in the nick of time that I was able to be a part of a research protocol at NIH,” she said. “This was the only place offering any hope.”

Despite long days of doctor’s appointments and medical procedures, Gentile loved visiting campus, “not because I was some crazy kid, but because I stayed at the Children’s Inn when I came to NIH.” Everyone who works there, from the greeters at the front desk to the maintenance staff, knows its mission and purpose.

“I’m so thankful to be standing here thinking about where we are headed,” she said. “We’re poised to be building something extraordinary and take pediatric research to the next level.”

During closing remarks, Lucca thanked the many benefactors who have contributed to the project.

“The Inn of Tomorrow is much more than a building project,” concluded Lucca. “It represents commitment to innovation and compassion and creating a true healing space for the children and families who come to the NIH for life-saving treatments.” **R**



Above, Angel, an Inn resident, and his mother Inmaculata at the groundbreaking; below, Sonja Hunt (l), human resources manager at the Children’s Inn, joins CC CEO Dr. James Gilman before the ceremony.

PHOTOS: CHILDREN’S INN AT NIH



## Poduri Appointed NINDS Deputy Director

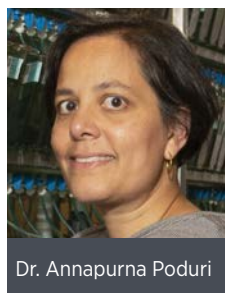
BY SHANNON E. GARNETT

The National Institute of Neurological Disorders and Stroke (NINDS) appointed pediatric neurologist and physician-scientist Dr. Annapurna Poduri as deputy director. She officially joined the institute in October.

Prior to joining NINDS, Poduri was professor of neurology at Harvard Medical School and director of the epilepsy genetics and neurogenetics programs, associate chief for academic development in the Department of Neurology, and the Diamond Blackfan chair of neuroscience research at Boston Children’s Hospital (BCH).

A leader in the field of epilepsy genetics, Poduri’s work has led to the discovery of several genes associated with epilepsy. Her pioneering research in the field of somatic mutation in neurodevelopmental disorders has advanced the understanding of the causes of epilepsy and related disorders. She focuses on providing diagnoses and treatment using genome sequencing in children with epilepsy and their families.

“Dr. Poduri’s research expertise, including basic, translational and clinical work in pediatric neurological disorders; her commitment to diversity, equity and inclusion; and her extensive understanding of the importance of mentoring will help NINDS make progress toward achieving our mission,” said NINDS Director Dr. Walter



Dr. Annapurna Poduri

Koroshetz. “I know she’ll be an essential addition to the team. We’re lucky to have her on board!”

As deputy director, Poduri will work with Koroshetz in program planning, budgeting and guiding the institute’s scientific and administrative functions. She also will continue her scientific research as part of the National Institute of Child Health and Human Development (NICHD) intramural program. Her BCH lab will move to Bldg. 6 to study neurodevelopment using zebrafish as a

model for genetic neurological disorders. “I’m excited to start a new chapter in service of science with Dr. Koroshetz, the NINDS team and the NICHD scientific community,” she said.

Poduri earned her undergraduate degree in biology from Harvard University, her medical degree from the University of Pennsylvania and her Master of Public Health from the Harvard T.H. Chan School of Public Health. She completed a residency in pediatrics and a clinical neurophysiology fellowship at BCH and a residency in child neurology at Children’s Hospital of Philadelphia.

Throughout her career, Poduri has received many honors, including the American Neurological Association’s Derek Denny-Brown Young Neurological Scholar Award, the American Academy of Neurology’s Dreifuss-Penry Epilepsy Award and the Harvard Club of Boston’s Most Influential Women designation.

Poduri has served on scientific advisory boards for companies and foundations devoted to developing precision medicine and targeted treatments for people with epilepsy and has been the principal investigator and collaborator on several NIH-supported grants. **R**

## NIAMS Hosts Rheumatologists at Global Research Exchange Program

On Nov. 13, NIH hosted an international cohort of rheumatologists and rheumatology professionals for the 2024 Global Research Exchange Program. The program—an annual event sponsored by the European Alliance of Associations for Rheumatology, the Asia Pacific League of

Associations for Rheumatology and the American College of Rheumatology—convenes early-stage investigators from around the world and promotes the international exchange of clinical and research skills, expertise and knowledge within rheumatology.



Program participants and NIH mentors pose in the Clinical Center. Front row (c) NIAMS Deputy Scientific Director Dr. Mariana Kaplan, and (r) NIH Distinguished Investigator Dr. Dan Kastner. Back row (2nd and 3rd from left) NIAMS Senior Investigator Dr. Peter Grayson, and NIAMS clinical director Dr. Robert Colbert. PHOTO: MARTYN GREEN

Dr. Mariana Kaplan of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) organized the visit, during which the investigators toured NIH, learned about ongoing NIH research and had opportunities to network. They also presented their research and received feedback from field experts.

## SCD

CONTINUED FROM PAGE 1

gather researchers, policymakers, funders and advocates for a webinar to address sickle cell disease (SCD) in Africa.

### Execution challenges

Dr. Rachel Sturke understands the challenges of implementing evidence-based health care practices within highly specific contexts. The Fogarty senior scientist has worked on various HIV programs in her career and developed an efficient method for initiating tailored research processes. She introduces researchers and implementers to a country's Ministry of Health, explained Fogarty's Deputy Director Dr. Peter Kilmarx.

"The ministry then says, 'These are our challenges; these are our questions, and here's what we want to know how to do.' This makes the researchers happy, because they understand exactly what is needed, plus they know their research results will be put into practice."

Kilmarx recognized a new practice area requiring Sturke's methodology at Fogarty's February 2024 board meeting. There, Dr. Atul Gawande, assistant administrator for global health at USAID, stated that SCD is an agency priority; yet, despite there being known interventions, implementation



Dr. Courtney Thornburg

challenges remain. Kilmarx said, "So we reached out to the NHLBI, which is the lead on SCD research at NIH, and asked if they'd be interested in working with USAID."

Many Zoom calls followed. Kilmarx, seeking common points of interest, learned that both organizations work on SCD in Nigeria, Ghana, Tanzania and Uganda. The three groups then arranged a webinar focused on these four countries, with added emphasis on addressing barriers and creating context-specific solutions.

More than 170 attendees tuned in to learn about SCD research and implementation efforts in Africa. The webinar generated new momentum. "It sounds like NHLBI and USAID will be collaborating now, so we at Fogarty, once again, worked ourselves out of a job," said a smiling Kilmarx.

### Nigerian Perspective

The October 21 webinar included presentations moderated by Sturke and others, including Dr. Courtney Thornburg, chief medical research officer in NHLBI's Division of Blood Diseases and Resources (DBDR), and Dr. Makeda Williams, global health program director at NHLBI. Country-level breakout sessions convened attendees to discuss opportunities for networking, resource-sharing and devising strategies to improve SCD care.

SCD, which affects about 8 million people worldwide, is especially prevalent among people of African descent. On the African continent, roughly 515,000 babies are born with this inherited blood disorder each year. Sadly, many do not survive childhood due to inadequate diagnostics and treatments.

"The World Health Organization and the U.S. Centers for Disease Control and Prevention have both identified sickle cell disease as a public health priority," stated hematologist

Dr. Obiageli Nnodu, who delivered remarks and a call-to-action on behalf of Nigeria's Ministry of Health. A recent Nigerian demographic survey found an average prevalence of 1.45% nationally.

"With a population of more than 230 million individuals, this makes Nigeria the country with the highest prevalence of sickle cell disease globally," said Nnodu, principal investigator for a Fogarty training program. A Nigerian analysis estimated that 4.2% of in-country under-5 deaths are attributable to the disease.

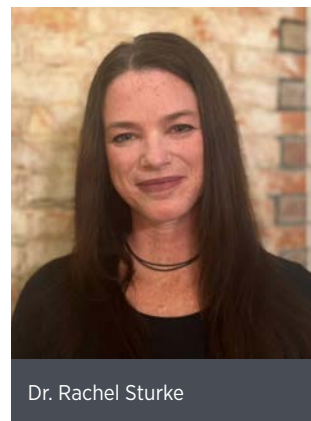
To address this, Nigeria's Ministry of Health has developed a multisectoral plan, explained Nnodu. Strategic priority actions include establishing universal newborn SCD screening; promoting validated, inexpensive point-of-care testing at all levels of health care; improving access to affordable SCD treatments, such as hydroxyurea; expanding and strengthening genetic testing and counseling; establishing an SCD patient registry to enhance surveillance; and promoting and coordinating implementation science activities.

Nnodu said the ministry is eager to work with governments, funders, private sector organizations, academic institutions and others "to bring evidence-based interventions for the prevention and management of sickle cell disease...across the African continent."

### Continental Issues

Dr. Julie Makani, a physician-scientist at Muhimbili University of Health and Allied Sciences, spoke on behalf of SickleInAfrica, an NHLBI-funded initiative that fosters collaboration among African countries.

Phase one of SickleInAfrica (2017-2021) operated in three countries—Ghana, Nigeria, and Tanzania. During the first phase, SCD care guidelines were developed and more than 13,000 patients enrolled in an electronic registry.



Dr. Rachel Sturke



The Red Royal Mile: Hundreds of Ugandans run through the streets of Kampala to raise awareness of SCD. The royal mile connects the palace of the Kabaka (or king) and his administrative unit.

PHOTO: EVELYN MWESIGWA HARLOW



“With newborn screening, management of infection and acute management of complications, we are able to reduce mortality by more than 70%,” noted Makani.

Phase two expanded SickleInAfrica participation to Mali, Uganda and Zambia. With help from South Africa’s Data Coordinating Center, patient enrollment in the registry now exceeds 34,000. Phase two focuses on research that can lead to improved health outcomes, increased newborn screening and enhanced treatment delivery.

### Strategy & Advocacy

Chief Medical Officer Dr. Pavani Kalluri Ram of the Bureau for Global Health at USAID said the agency is focused on strengthening child health platforms related to SCD and other infections that raise the risk of preventable mortality, such as malnutrition. Additionally, USAID aims to fortify primary health care to ensure the workforce is equipped with clinical skills and needed commodities.

NHLBI’s efforts include a “range of activities that go from basic science to clinical studies aimed at trying to understand better the pathophysiology of SCD,” said DBDR Director Dr. Julie Panepinto. The division also seeks to develop transformative therapies, including cell and gene therapies.

“The sickle cell journey cannot be walked alone,” said Evelyn Mwesigwa Harlow, who recalled her inexperience and lack of information when first told that her own child had SCD.

To help other parents and patients, she founded a support group, Sickle Cell Network Uganda. The organization sponsors Uganda King Oyo’s campaign urging young people to undergo genetic SCD screening before marriage and is working with religious groups to promote awareness and treatment for SCD-affected children. “We want strong messages on billboards, on radios, on television encouraging everyone: ‘Do you know your sickle cell status?’”

Harlow concluded by mentioning a Sickle Cell Network Uganda-sponsored run, which attracted more than 100,000 participants. “We call this the Red Royal Mile, because we made it red for sickle cell awareness. We called upon every person interested in life and human health and we ran for only one cause—sickle cell.”

## Body-Worn Cameras are Coming to NIH

The NIH Police will begin using body-worn cameras (BWCs) on the NIH Bethesda area and Hamilton, Mont. campuses beginning in late December 2024. The use of BWCs is viewed as a critical step toward enhancing public trust, accountability, transparency and safety in law enforcement activities and follows Executive Order 14074, which mandates that all federal law enforcement must wear and activate body-worn cameras during arrests and other law enforcement actions.

The BWC program aims to provide an integrated video and audio recording solution, providing significant benefits for both NIH Police officers and the public.

“However, body worn cameras should only be considered as one element in understanding an incident involving an officer and the public they serve,” said NIH Chief of Police Cleveland Spruill. “Their use creates a reliable record of enforcement interactions, building trust and confidence between dedicated officers and the NIH community.”

Guidelines will direct officers on the appropriate use, storage, accessing and sharing of BWCs and their video recordings to ensure transparency and accountability.

Other benefits include:

**Improved Evidence Collection:** High-quality video and audio recordings ensure accurate documentation of events, supporting investigations and legal proceedings

**Reduction in Complaints and Aggression:** BWCs deter aggression, reduce complaints and lower instances of use-of-force incidents.

**Training Opportunities:** Recordings offer valuable insights for training new officers and improving law enforcement practices.

**Boost in Morale and Civility:** Officers and

citizens benefit from improved professionalism and respect during interactions.

Introducing BWCs comes with the understanding that certain areas of campus, specifically direct patient care, secure laboratories and locations with a reasonable expectation of privacy are off limits, unless explicitly for investigative purposes. Conversely, cameras must be activated during potential crimes or police actions (such as arrests, detentions, consensual encounters intended to be investigative



in nature, interactions with adversarial individuals, contact with mental health consumers needing services, traffic stops, and interviews with suspects, victims, and witnesses).

All video data will be securely transmitted via a high-security network and stored securely in compliance with stringent federal standards. A thorough vetting process, involving the FOIA and privacy offices and the U.S. attorney, will determine if and how footage can be released to the courts, media and the public. Extensive, comprehensive officer and stakeholder training on responsible use of BWC and requisite policies began in early December.

To learn more about BWCs and the commitment to their responsible use at NIH, please watch this tutorial (<https://www.youtube.com/watch?v=TLLyxuQs0Ss>) or visit the draft policy directive at [security.nih.gov](https://security.nih.gov).

The NIH Police emphasizes that the BWC program is not only a compliance measure, but also a transformative tool to strengthen public safety, foster accountability and reinforce the bond of trust with the community. Those with related questions are encouraged to email the NIH Police chief at [policechief@mail.nih.gov](mailto:policechief@mail.nih.gov).

### Congressional Staff Visit NICHD Labs, Talk with Extramural Researchers

In October, the Friends of the National Institute of Child Health and Human Development (NICHD) hosted a bipartisan group of congressional staff for an up-close look at research on metabolic and genetic syndromes and obstetrics.

The delegation visited two NICHD intramural labs, participated in a roundtable discussion with extramural researchers and met with NICHD Director Dr. Diana Bianchi and NICHD Clinical Director Dr. Catherine Gordon.



Senate and House staffers visit the lab of Dr. Veronica Gomez-Lobo (c), director and fellowship director of pediatric and adolescent gynecology at NICHD.

PHOTO: DIANE HILL



SfN President Dr. Marina Picciotto (l) presents award to Dr. Michelle Jones-London.

PHOTO: SOCIETY FOR NEUROSCIENCE

## Society for Neuroscience Lauds Jones-London

BY SHANNON E. GARNETT

Dr. Michelle Jones-London, associate director of the National Institute of Neurological Disorders and Stroke (NINDS) Office of Programs to Enhance the Neuroscience Workforce (OPEN), recently received the Louise Hanson Marshall Special Recognition Award from the Society for Neuroscience (SfN).

The award honors individuals who have significantly promoted the professional development of women in neuroscience through teaching, organizational leadership and public advocacy.

Jones-London, one of two awardees of the 2024 Hanson Award, received the honor at the annual SfN meeting in October in Chicago. She was recognized for her exceptional contributions to the professional development of women through her diversity, equity and inclusion (DEI) efforts within the neuroscience community.



SfN honors Jones-London.

According to SfN, Jones-London has developed “an outstanding track record for identifying and removing the barriers that women encounter in science and for developing innovative strategies to promote entry, recruitment, retention and sustained advancement of women—especially neuroscientists and those from underrepresented communities—in biomedical and research careers.”

Her visionary leadership and research-based, data-driven approach have had a profound impact not only at NINDS, but across NIH with the NIH Blueprint for Neuroscience and the NIH BRAIN

Initiative® and within the broader neuroscience community and have resulted in measurable DEI advances. Her strategy to enhance the diversity of NINDS-supported researchers has included interventions that connect programs across critical transition points and activities to help trainees develop professional skills and scientific networks and community to achieve their goals.

Noting the shortage of women in the BRAIN Initiative research areas, Jones-London created the first diversity K99/ROO mechanism at NIH, significantly increasing the representation of women in the field of neuroscience.

She also developed the “Why Survey,” in which 2,000 early-career scientists shared their viewpoints on career decisions, including what caused them to either leave or remain in academic research careers. Jones-London used their responses to design initiatives to provide financial support to female researchers during important transitions such as becoming parents or dealing with a serious illness. She also implemented professional development programs for women scientists, so they not only remain in the workforce but also succeed at every stage of their career.

Jones-London earned her Ph.D. in neuroscience from Pennsylvania State University College of Medicine. Following postdoctoral training in psychiatry at the University of Pennsylvania, in 2004 she came to NIH as an emerging leader fellow and worked on a variety of programs and initiatives across DHHS, including in NIH’s Center for Scientific Review, FDA’s Office of Women’s Health Science Program, and the Immediate Office of the Secretary’s Intergovernmental/Tribal Affairs Office. She joined NINDS as a program director in July 2006.

Throughout her career, Jones-London has held leadership roles in several NIH-wide efforts, including the NIH Blueprint and BRAIN Initiative ENDURE and DSPAN (F99/K00) programs, the BRAIN Initiative Diversity K99/ROO, the NIH National Research Mentoring Network and the NIH Faculty Institutional Recruitment for Sustainable Transformation. In 2017, she helped create OPEN to direct diversity training and workforce development.

In her current role, she represents NINDS in DEI matters at all levels, and leads a team dedicated to advancing equity and inclusion across NINDS and the neuroscience workforce.

“We often give what we have been given, or what we wished we had received,” said Jones-London. “The work I have been able to perform is really a purpose-driven career and personal passion that allows me to pay forward the mentorship I have received and also build the communities and inclusive practices I wish had been around during my early journey as an African-American woman in neuroscience. During my training and leadership development, I often was the first or only, so it is a joy to make others feel seen and create spaces for belonging.”

## NIH Remembers Alexander

Colleagues mourn the passing of James Selby Alexander, who died on Oct. 7 surrounded by his three children. He was 88.

Alexander was NIH’s first Equal Employment Opportunity (EEO) officer at the Clinical Center. He served NIH for more than 30 years in this role and other appointments, conducting targeted outreach to increase the applicant pool of diverse scientists at NIH. He also founded the NIH Office of Intramural Training and Education (OITE).



Dr. Jim Alexander

Alexander was appointed NIH EEO officer in 1974, ten years after President Lyndon B. Johnson signed into law Title VII of the Civil Rights Act banning discrimination based on race, color, national origin, religion and sex. At a time when most research training programs were lacking in minority participation, Alexander advocated for NIH to integrate diversity and inclusion into the NIH mission. This was a time when Hank Aaron hit his 715<sup>th</sup> home run, becoming the all-time home run leader in Major League Baseball (MLB). Frank Robinson would become the first Black manager in MLB. In contrast, the Boston Public School system would be found guilty of unconstitutional segregation.

During his tenure, Alexander established the model for himself and others to travel to many Historically Black Colleges and Universities and other minority-serving as well as mainstream institutions to recruit talented trainees, fellows and employees to work at NIH. He worked to make NIH mission-critical occupations filled with a more reflective view of the nation’s diverse population.

Alexander would later pioneer and lead the vision and charge to establish OITE. His academic background in education and training inspired him and other colleagues to lead a separate office to address the training and education for aspiring biomedical researchers.

“Jim Alexander was a founding leader of the Office of Intramural Training and Education. As a proponent of the importance of taking good care of the trainees at the NIH and a much beloved mentor, teacher and adviser to a generation of early career-scientists, he has left a legacy that has positively influenced the lives of many budding scientists,” said Dr. Michael Gottesman, former deputy director for intramural research at NIH.

“Mr. Alexander is widely recognized for his work and contributions to help build a pipeline to enlarge the pool of minorities in health-related research and stimulate interest in clinical and basic research training opportunities at and supported by NIH that will help close the health disparity gap,” said Levon Parker, former minority and special



concerns program officer at the National Institute of Neurological Disorders and Stroke who had founded NIH's Summer Internship Program at OITE.

"Several students recruited and mentored by Jim trained for careers in biomedical research or academic medicine at prestigious academic institutions. He made a difference," noted Parker.

"Jim Alexander was a gentle giant who believed in excellence," said Dr. David Graham, a former NIH fellow and trainee. "He [helped] recruit minority students to perform NIH research and the end result was that you would see these talented students in the laboratories."

## NIH Remembers Ames

BY CHRISTOPHER WANJEK

Dr. Bruce Ames, creator of the simple and elegant Ames test to assess the potential carcinogenicity of chemical compounds in everyday products such as food and cosmetics, died on October 5, at the age of 95.



Dr. Bruce Ames

Ames worked at NIH from 1953 to 1967, first as a postdoc, then as a biochemist, and then as chief of the Microbial Genetics Section in the

Laboratory of Molecular Biology in what is now the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). From his base in Bldg. 2, he created quite the stir among his NIH colleagues with his breakthrough biological assay employing strains of the bacterium *Salmonella typhimurium*, which could develop mutations if "fed" certain chemicals.

The theory was if a chemical was mutagenic, it might also be carcinogenic, or cancer-causing because, as scientists (including Ames) were discovering at this time, cancer was linked to genetic mutations.

Fueled by their curiosity, Ames and his trainees fed the assay all types of substances, such as purified food additives, the urine of smokers and even wine. Ames left NIH in December 1967 for the University of California, Berkeley, where he further developed the test and published papers in the early 1970s on its potential for fast, inexpensive cancer assays that could be done in days, as opposed to carcinogenicity tests on rodents, which could take years.

The test was a sensation among trainees there as well. "They brought all kinds of things," said Giovanna Ferro-Luzzi Ames, his wife, a scientist whom he met at NIH and is now professor emerita at UC Berkeley. "But memorably, one student brought his girlfriend's hair dye. It was, as he said, 'screamingly mutagenic.'"

The story goes that Ames sent his lab technician, a Japanese-American woman with raven-black hair, on a shopping spree to purchase every hair

dye brand on the shelves, to the bemusement of the store cashiers. Many dyes tested positive for dangerous levels of mutagenic chemicals. Ames alerted the hair dye companies, which changed their formulas based on his testing.

Ames' scientific contributions go well beyond the Ames test. During his time at NIH, peppered by a sabbatical year in 1961 as a senior fellow in the laboratories of Francis Crick in Cambridge and François Jacob in Paris, Ames specialized in the biochemistry of the histidine biosynthetic pathway in *Salmonella* bacteria. His work was foundational for understanding mutagenesis and mechanisms of gene regulation, and as such Ames was a major player in the rise of molecular biology, starting in bacteria but soon moving to eukaryotic cells.

Indeed, the Ames test was based on his observation that certain mutant strains of *Salmonella* unable to produce histidine, an essential amino acid, could acquire mutations that restored this ability, suggesting that carcinogenic agents stimulating such reverse mutations may do so at a rate proportional to their toxicity.

In the early 2000s, Ames turned his attention to the effects of nutrition on human health, which he developed into the concept called Triage Theory. He proposed that a shortage of an essential nutrient results in a redistribution of this nutrient to favor critical short-term metabolic functions at the expense of long-term health, and this tradeoff can lead to age-related diseases. Ames further proffered that vitamin D, rather than being a vitamin, should be seen as a hormone controlling thousands of genes.

Ames was honored with numerous accolades over the years. These include the 1998 National Medal of Science, more than 30 international honors and awards, and membership in the National Academy of Sciences and the American Academy of Arts and Sciences. He is among the most cited scientists of all time.

The list of trainees that Ames had mentored is equally impressive and include Robert Martin, Gerald Fink, Harvey James Whitfield, John Roth, and Gisela Storz.

"Understand that Bruce never followed a straight and 'logical' course in his thinking," said Martin, Ames' first postdoc at NIH, who under Ames' mentorship developed the process of sucrose gradient centrifugation. "If you fail to appreciate his flights of fancy, you would fail to appreciate the man and his imagination."

While the Ames test revolutionized the field of toxicology, Ames did lament its overly zealous use. In a 2001 article in the *Journal of the National Cancer Institute*, Ames called himself a "contrarian in the hysteria over tiny traces of chemicals that may or may not cause cancer."

"If you have thousands of hypothetical risks that you are supposed to pay attention to, that completely drives out the major risks you should be aware of," he said. "I'm more interested in whether

kids wear helmets when they ride their bikes, or if they eat enough fruits and vegetables."

His wife, Giovanna, who hails from Italy, said she encouraged her husband to test all kinds of substances but once, jokingly, said "Don't you dare test espresso." Ames is survived by Giovanna, his daughter Sofia, his son Matteo, and his grandchildren, Dorotea and Giovanni.

## NLM Lends Rare Manuscript for Exhibit



Schematic diagram of the eye and visual system in Hall al-Mujiz

The National Library of Medicine (NLM) shares its vast collection with the world in many ways, including through its institutional loan program, which enables qualifying institutions to borrow unique NLM collection items for public exhibitions.

Recently, the NLM loaned its unique early-15th-century Islamic manuscript, "The Key to the Mujiz of Ibn al-Nafis" to the J. Paul Getty Museum

in Los Angeles for its international exhibition, *Lumen: The Art and Science of Light*. The exhibit explores the intersecting worlds of science and spirituality during the so-called "long Middle Ages" (800-1600 CE), a time of cohesive approach to scientific knowledge. The NLM's loan to the Getty joins others from the National Gallery of Art, North Carolina Museum of Art and High Museum of Atlanta.

Authored by the Persian scholar Jamal al-Din Muhammad ibn Muhammad Aqsara'l and written in Arabic, "The Key to the Mujiz of Ibn al-Nafis" exemplifies the continuity of scientific developments that took place in the medieval world, as well as the contemporary quest to understand vision through physical study of the eye and the use of geometry to model light's passage in and out of the eye.

The book also contains a schematic eye diagram which shows the visual system, representing the connection from the eyes, shown with black pupils, via the optic nerves drawn with red, to the chambers of the brain, depicted as concentric circles. This diagram illustrates textual commentary that was a hallmark of science and knowledge transmission during the long Middle Ages, when scholars debated, clarified and improved earlier optical theories on the physiology of the eye and the mechanics of vision.

Learn more about the NLM's loan of this manuscript to The J. Paul Getty Museum through this NLM Circulating Now blog post, co-authored by the curators of *Lumen*: [go.nih.gov/jkDW2T3](https://go.nih.gov/jkDW2T3).

## NATIONAL FIRST RESPONDERS DAY

### NIH Honors Fire, Police Departments and Emergency Response Teams

BY MARIA COLLINS

On Oct. 28, NIH recognized the vital contributions of its fire and police departments, emergency communications/911 call center (ECC) and guard staff in honor of National First Responders Day. The event included celebratory meals and a heartfelt message from NIH leadership, underscoring the agency's gratitude for the unwavering service of these essential personnel.

First responders at NIH work around the clock—365 days a year—providing life-saving emergency care and maintaining the safety of the community. As President Joe Biden noted in his 2022 proclamation on National First Responders Day: "Today and every day, America's first responders remain on alert and on call, always there for us when we need them... Let us renew our commitment as a nation to standing by them and their families just as they stand by us, shaping a stronger, safer and more resilient America."



Officer Daniel Sugrue and visitor Regina Williams reunite months after their initial encounter.

NIH, with its sprawling 300+ acre main campus and more than 75 buildings, relies heavily on a robust emergency support community to protect approximately 25,000 daily visitors and staff. Each division within NIH's emergency services plays a critical role in safeguarding the campus and its people.

The ECC serves as NIH's 911 call center, handling all emergency calls from the NIH community. ECC personnel direct appropriate resources to incidents swiftly and efficiently. The team ensures that help is only a phone call away for anyone experiencing an emergency on campus.

NIH's Division of Police works tirelessly to secure the safety of the community, its facilities and property. With a team of experienced officers, including trained K-9 units, the division manages campus security and runs the Commercial Vehicle Inspection Center, which inspects vehicles entering the premises.

This year, the NIH Police placed an increased emphasis on traffic safety following concerning roadway incidents on campus. They play leading roles on the NIH roadway safety working group, an NIH-wide team dedicated to enhancing the safety and vigilance of everyone who comes to NIH's campuses. These days, officers are regularly stationed at key intersections during rush hours to promote awareness and safety for drivers, cyclists and pedestrians.

The department also prioritizes empathy and compassion, qualities especially appreciated by a patient visitor earlier this year. When this visitor needed assistance walking from the Children's Inn at NIH to the Clinical Center due to mobility issues, Officer Daniel Sugrue came to her assistance by loading all of her items into his police vehicle, driving her and her family to the entrance, and then walking them to their appointment. She never caught the name of the officer that stepped up that day, but through subsequent visits for her child's care, she was eventually able to identify Sugrue and express her gratitude.

The NIH Fire Department is also known for going above and beyond their scope of duty to ensure safety. In July, select staff were undergoing drivers training in the Silver Spring area, when they were flagged

down by a large group of bystanders reporting that a pedestrian was struck by a vehicle traveling at high speed.

Without hesitation, the crew reacted to the incident. Captain Steven Stauffer had been performing the drivers training, with Technician Daniel Hill as the unit officer. Hill radioed Montgomery County Fire and Rescue Service (MCFRS) while Technician Danny Nguyen and Master Firefighter Walter Wright attended to the injured patient. Patient care was transferred to MCFRS as soon as they arrived on scene for advanced life support.

Fire Chief Stephen Teagarden writes of his team, "In a situation where every second counted, the crew demonstrated remarkable composure to remain calm amidst chaos, coordinate effectively under extreme stress, and deliver lifesaving interventions. These actions exemplify our commitment to the well-being of those we serve. Each member's role in this challenging situation—whether in direct medical care, managing the large crowd and providing scene safety – stands as a testament to our training."

For more than 70 years, the NIH Fire Department has responded to emergencies across campus facilities, including biosafety level-3 labs and residential housing. The department has mutual aid agreements with nearby Walter Reed National Military Medical Center and Montgomery County Fire and Rescue, responding to emergencies in the surrounding area. They also play a pivotal role in national health crises, such as transporting patients with Ebola to NIH in specialized ambulances during the 2014 outbreak.

As NIH's first responders continue to serve under all circumstances—whether during a pandemic, severe weather or budget shortfalls—this year's National First Responders Day was a reminder of their crucial role. NIH encourages all staff to program the NIH emergency number, (301) 496-9911, into their phones to ensure fast assistance in case of an emergency on campus.

A special thanks goes to this year's First Responders appreciation working group and representatives Captain Danny McMahon at the NIH Fire Department and Sergeant Matt Mehlhaff of the NIH Police for organizing these celebrations on the Bethesda campus.



From l, Captain Steven Stauffer, Master Firefighter Walter Wright, and technicians Danny Nguyen and Daniel Hill were recognized for going above and beyond in an off-campus emergency.