

Still The Second Best Thing About Payday

'From Balloon Tires to Racing Bike'

New OHR Director Hosenfeld Faces Challenges

By Rich McManus

There are two things that large organizations do not like to undergo—consolidation and restructuring—and Robert Hosenfeld, new director of the Office of Human Resources (OHR), has both of them staring him in the face. "One of them is difficult enough, but putting the two together is not addition, but a compounding," he says. "But that also makes it interesting, and challenging."

An HHS-mandated contraction of 27 institute and center-related personnel offices into one office, now under Hosenfeld's direction, was already under way when he came aboard on Jan. 13. Added to HHS's consolidation of 40 personnel offices (including NIH's 27) into four regional centers, OHR must shrink to

SEE HOSENFELD, PAGE 4

Census Race Classifications Evolve, Unlikely to Go, Says Omi

By Neil Swan

While racial and ethnic classifications, as used by the Census Bureau, are distasteful to many and there are movements toward multiracial or "color blind" policies and practices, it is highly unlikely that the U.S. can or should totally abandon the use of such categories in the foreseeable future, according to a leading scholar of ethnic studies at Berkeley. Some type of racial categorization is needed to help guard against discrimination, he said.

Racial categories are never static or stable, but are constantly changing because of shifting demographics and issues and evolving social identities, according to Dr. Michael Omi in a lecture Mar. 27 sponsored

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Project's Sixth Year

CRC Now Enclosed in Brick, Due for Occupancy in 2004

By Rich McManus

A building is big when you can't see it in one glance, but must crane your neck to take it all in. The new Mark O. Hatfield Clinical Research Center, begun in 1997 and



Project Director Yong-Duk Chyun at CRC's front entrance

recently enclosed in pink brick, is a big building. And a complicated one. Now about 80 percent finished, with construction due to conclude in March 2004 and occupancy to commence a month later, the project is at peak employment with respect to trades; some 600-700 workers are onsite daily, said Yong-Duk Chyun, project director for the Office of Research Services. "The exterior masonry is all done, all the windows are in and the interior is advancing rapidly," he said.

Composed of two broad, parallel "bars"—the North Bar and the

SEE CLINICAL RESEARCH CENTER, PAGE 6

Inspiring Words, Personal Testaments

Pinn, Maddox Pinch Hit at Women's History Month Celebration

By Carla Garnett

It was about 9 a.m. on Mar. 19, just a couple of hours before NIH's 2003 Women's History Month observance was scheduled to begin, when program organizers received a call: Keynote speaker Dr. Donna Christensen, the first female physician elected



ORWH's Dr. Vivian Pinn

to serve in the U.S. House of Representatives, could not attend, leaving a huge hole in the center of the celebration. But Lawrence Self, director of NIH's Office of Equal Opportunity and Diversity Management, which sponsored the program, said he was instantly reassured by coworkers in his office: The observance will be fine, they told him. Women always rise to the occasion.

So, the planning committee called on two of its most stalwart supporters—NIH

SEE WOMEN'S HISTORY, PAGE 10

Prayer Day Marked at Natcher Bldg., May 1

The National Day of Prayer tradition predates the founding of the United States; the Continental Congress issued a proclamation setting aside a day of prayer in 1775. In 1952, Congress established an annual day of prayer and, in 1988, that law was amended, designating the National Day of Prayer as the first Thursday in May. This year's National Day of Prayer will be observed Thursday, May 1 on the back lawn of the Natcher Bldg. from 11:30 a.m. to 1 p.m. There will be a brief message, scripture readings, music and a forum for prayer requests. The observance invites all people of any faith to pray for the goodwill of the country and its leaders. The event is sponsored by the Noontime Christian Fellowship.

OAMP Creates 'Map' of Acquisition Policy

As head of the contracting activity and director of the Office of Acquisition Management and Policy at NIH, Diane Frasier was frequently besieged by questions from auditors, vendors and the public. Essentially, people wanted to know, "How are supplies and services purchased at the NIH?"

Even though a 1994 modification to the *Federal Acquisition Regulation* (FAR) added new procedures that were termed "simplified acquisition," the phrase is almost an oxymoron. Acquisition procedures have been streamlined but they remain anything but simple.

To further complicate the ability to respond in a coherent manner, Frasier often found herself responding with the caveat, "It depends." And, indeed it does. There are sundry socio-economic programs to consider such as Small Business, HubZone, 8(a), a variety of contractual mechanisms and, of course, an infinite variety of supplies and services, all of which can be factors in answering the question.

To provide a meaningful and comprehensive response—and one that could be tailored to individual inquiries—Frasier initiated development of a web site that provides an "electronic map" to the ins and outs of federal acquisition. It also includes the special considerations that affect NIH acquisition such as the Department Contract Information System, NIH Manual Chapters and the NIH Clearance Guide.

The web site further provides an overview for all NIH'ers interested in acquisition approaches from the IntraMall and purchase cards to multi-million dollar R&D clinical trials. It also provides information in such areas as using the Federal Supply Schedule, small business set-asides and the intricacies of purchasing of construction, architecture and engineering services.

There is a glossary to help with definitions and a guide to such arcana as DELPRO, GWACs, BPAs, JWOD, UNICOR and NITAAC. Links to such areas as the FAR, manual chapters, NIH Object Class Codes and NIH surplus equipment can help not only those looking for an overview of NIH acquisition but also contracting officers, contract specialists and purchasing agents.

The URL for the electronic map is <http://acq-map.oamp.od.nih.gov>. It is Section 508-compliant and welcomes all visitors. OAMP recognizes that this site is "under construction" and welcomes comments and recommendations. The office believes that the electronic map will make NIH's acquisition processes more transparent and will serve to educate and inform a whole new generation of supply and service requesters, auditors, vendors and acquisition professionals.—Greg Pryor ■

Federal Computer Week recently named Janice Nall, chief of the Communication Technologies Branch (CTB), Office of Cancer Information Products and Services, NCI, among this year's Federal 100—the top executives



from government, industry and academia who had the greatest impact on the government information systems community in 2002. An independent panel of judges chose her because of the difference she "made in the way agencies and companies develop, acquire, manage and use information technology." Nall was honored because of her work on <http://usability.gov>, an NCI web site created to share information about usability engineering

research and related CTB activities. Many federal agencies that want to improve the usability of their web sites and other forms of electronic communication technology have visited the site.

Event for Kids at Work Cancelled

The 10th annual Take Our Daughters and Sons to Work Day that had been planned for Apr. 24 has been cancelled, owing to the federal government's current Code Orange security status. Employees are instructed not to bring children to NIH facilities on Apr. 24. For information about the national Take Our Daughters and Sons to Work Day program or to join next year's committee, contact Sandra King, 435-2524 voice, 435-2899 TTY or Sandra.king@nih.gov; or Gary Morin, 496-4628 voice, 480-3122 TTY or moring@od.nih.gov. ■

N I H R E C O R D

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♻️ *The Record is recyclable as office white paper.*

Ceremony Celebrates Plain Language at NIH

NIH will again reward excellence in writing with a special event titled, "Celebrating Plain Language at NIH" on Wednesday, Apr. 23. Open to all staff, the ceremony will start at 2 p.m. in Lipsett Amphitheater, Bldg. 10.

NIH director Dr. Elias Zerhouni will host the occasion honoring the winners of the third annual NIH Plain Language Awards. More than 250 nominations, including web sites, videos, posters, CD-ROMs, educational kits, brochures and other written products were submitted in response to the call for entries to the plain language competition. The entries were evaluated by members of the plain language coordinating committee, which includes representatives from every institute, center and OD office.

Prior to the distribution of awards, special guest Cokie Roberts, national award-winning journalist and news analyst, will speak about the importance of clear communication, especially in these difficult times. Roberts is chief congressional analyst for ABC News and served as the co-anchor of *This Week with Sam Donaldson & Cokie Roberts* for 8 years. She also serves as news analyst for National Public Radio and is author of the national best seller, *We Are Our Mother's Daughters*. The event will conclude with a reception in the Visitor Information Center.

Sign language interpretation will be provided. For other reasonable accommodation, call 496-1461. For more information about the NIH plain language initiative, visit www1.od.nih.gov/execsec/plainlanguage.htm. ■

Record Establishes Advisory Group

Would you like to play a role in determining what stories get published in this newsletter? The *NIH Record* invites any interested employee to consider volunteering for an editorial advisory group that would suggest story ideas to the editors, so that the publication could be more broadly useful to all readers.

Stories must somehow relate to NIH and its mission, but can involve extracurricular pursuits as well as job-related ones. The main criteria for making a suggestion should be, "Would this story be interesting to a wide variety of my fellow NIH'ers?"

If you would like to suggest good *Record* stories occasionally, or know someone who would, contact Editor Rich McManus (rm26q@nih.gov) or Assistant Editor Carla Garnett (cg9s@nih.gov) or call the *Record* office at 496-2125. Also, the newsletter has a Letters to the Editor column, which welcomes input from NIH'ers. Feel free to submit a letter addressing a topic of concern to fellow employees. ■



Dr. Richard Cannon is the 2003 chair of the Clinical Center medical executive committee. The chair is peer-nominated with final selection made by the CC director. The committee, made up of the various clinical directors of the

intramural clinical research programs and other senior medical and administrative staff, advises the director and develops policies that govern standards of medical care in the CC. Cannon, who came to NIH as a cardiology fellow, is clinical director of the Division of Intramural Research and head of the clinical cardiology section, NHLBI. He also serves as clinical professor of medicine at Georgetown University Medical Center.

CRIS Grand Rounds, Apr. 23

CRIS Grand Rounds at the Clinical Center on Wednesday, Apr. 23 will focus on issues facing physicians who use electronic medical information systems such as the Clinical Research Information System (CRIS) now in development. Rounds are at noon in the CC's Lipsett Amphitheater.

Two speakers are scheduled. Dr. Martin Merry, associate professor of health management and policy at the University of New Hampshire and senior advisor for medical affairs at New Hampshire Hospital Association and Foundation for Health Communities, will discuss "Creating Healthcare's Next Era: The Role of Informatics." Dr. Bruce Berg, patient safety and medical informatics officer at Sarasota Memorial Hospital, will present "Mission Possible: Safer Care for Clinical Research Patients."

The CRIS project is in high gear, says Dr. Stephen Rosenfeld, project manager and chief of the department of clinical research informatics at the Clinical Center. Intensive design sessions involving about 200 people from across NIH were held in February and more sessions followed Apr. 9. The work is necessary to install the largest component of CRIS, the core that replaces MIS, the CC's 25-year-old medical information system.

For more information on the CRIS project, visit cris.cc.nih.gov. ■

Are You Overweight?

An NIH study seeks healthy overweight adult volunteers to examine the health effects of calcium supplementation over 2 years. Call 1-800-411-1222 (TTY: 1-866-411-1010). Compensation is provided. ■

NIH Director's Town Meeting Set, Apr. 23

NIH director Dr. Elias Zerhouni will host his second NIH Town Hall Meeting in the Natcher Conference Center's main auditorium on Wednesday, Apr. 23, from 11 a.m. to noon. He will address

issues of concern to the NIH community, then the floor will be open for questions. All NIH employees are invited to attend. Seating will be available on a first-come, first-served basis. Sign language interpretation will be available and accommodations can be made for persons needing assistance. The event will also be videocast and can be viewed at <http://videocast.nih.gov>. For more information contact Carol Jabir at jabirc@od.nih.gov or 496-1776.

HOSENFELD, CONTINUED FROM PAGE 1

meet a target of one support person for every 82 employees, all while transitioning from a paper-based, labor-intensive, process-oriented workflow to a new, automated, mostly web-based system. In turn, this will result in shifts in responsibility between HR and its customers.

"The application of state-of-the-art technology is like learning to ride a bike all over again," said Hosenfeld. "In this case, we may have to put the training wheels back on for a while. It's like going from one of those old-fashioned bikes with balloon tires to a 21-speed racer... There will be a period of inefficiency before we become efficient again. By 2005, the returns on our investments in new initiatives will become clear."

He envisions a day when workers can complete online job applications in 20 minutes, when agencies

can bring people aboard 3 months faster than they now can, and when employees themselves are better able to manage their own benefits and have direct access to their own OPF—Official Personnel File.

The new OHR director is a "Race for the Cure" runner—his whole family is, out of commitment to the cause—but Hosenfeld is also racing to cure a struggling HR effort in this his fifth major agency. And NIH doesn't actually have full claim on him; he is also HHS team leader responsible for "standing-up" the four HR centers set to open next October in Rockville, Baltimore, Atlanta and Bethesda.

Immediately prior to joining NIH, he was with the U.S. Geological Survey, part of the Department of the Interior, for 5 years. "At USGS, we were the first in government to put in place web-based tools allowing organizations to expeditiously process their work and provide more time for strategic consulting—that's the new HR paradigm. By focusing on efficiency of process, we are better able to move toward consulting as our primary goal. It will take some time. The application of technology to this business is very new."

It was while making a presentation to an NIH HR steering committee a year ago on innovations in personnel technology that Hosenfeld came to the attention of NIH officials; he later learned about the job opening here.

"Until 1999," Hosenfeld said, "HR was predominantly a labor-intensive, process-focused occupation. It took many individuals to accommodate the amount of paper associated with the business. But in 1999-2000, a sea-shift happened in HR. We began to move more toward the strategic manage-

ment of human capital. The focus shifted to consulting, rather than process. Instead of worrying about processing paper, we asked ourselves, 'How can we support the mission of the organization?'"

President Bush, he points out, has made "strategic human capital management" one of the five items on his Presidential Management Agenda. "And HR touches on some aspect of each of the other four items on the agenda," he adds. "NIH is going through a very significant and substantial shift. I call it our challenge—it's more of that than an impossibility. It's not insurmountable and we need to face it head-on."

Near-term challenges include fine-tuning the Enterprise Human Resources and Payroll (EHRP) system, which debuted last fall, and accomplishing the office's consolidation, which must conclude by next fall. Hosenfeld, who hit the ground running so fast in January that he basically had to orient himself to NIH (he calls it "self-onboarding"), is also beginning a dialogue with senior leaders at NIH on where HR is going in the future. He mentions three upcoming technological innovations: a web-based automated recruitment tool for all of HHS; departmental web-based automated classification programs, which are basically "digitized PDs" (position descriptions); and electronic official personnel folders that can be accessed on demand.

"This is a significant shift in how we do business," he says. "NIH employed a decentralized service model where there was more intimacy between the HR staff and the customer."

Hosenfeld believes that, when the dust settles, his office will offer fast, efficient service, save time and money, and enable OHR to be a partner with management. "To be an effective partner with management, we must maintain the intimacy with their mission, needs and strategic direction. Consolidation and the application of technology to our business is a great opportunity that NIH will profit from," he predicts. "We just have to get through this gestation and learning process."

A native of Webster, N.Y., a suburb of Rochester, Hosenfeld graduated from the Rochester Institute of Technology with a business degree in 1975, and got into the personnel field "kind of by happenstance." He had worked his way through college, including a stint with an Air Force colonel, whom he had impressed with his research into the details of the *Federal Personnel Manual*. The colonel suggested a career in federal government.

Hosenfeld took the advice and has now spent more than 29 years in government HR, including work with the Army, Navy and Department of Defense. He now resides in Reston, Va., with his wife of 23 years; he helped run her successful basket-weaving business. The couple have two daughters, one on her way to Florida State University and the other



Robert Hosenfeld, new director of the Office of Human Resources, has his hands full with both consolidation and reorganization.

entering her final year at the University of Virginia.

Excited about learning the ropes of a new agency, Hosenfeld says each one of the stops along his career has had its own "nuances and personality. [NIH] is so different from other organizations that I have worked for, including other research and development institutions. NIH has a different culture and personality...I walk around with a little cheat sheet, so I can learn all the acronyms. I'm learning, slowly but surely." ■

eRA Symposium To Be Held Apr. 30

All NIH'ers are invited to attend the 3rd annual electronic Research Administration (eRA) Symposium, which will be held on Wednesday, Apr. 30 from 8:30 a.m. to 1:30 p.m. in the Natcher Conference Center auditorium. This year's symposium, titled "Progress in Program: Tying It All Together," will be dedicated to updating program officials about the impact of eRA innovations on NIH business processes. In his keynote address, Dr. Raynard Kington, NIH deputy director, will explain how the NIH eRA Project is achieving e-government goals of increased productivity, reduced costs and better access to information through use of Internet-based technology.

For more information and to register online, visit <http://era.nih.gov>. Sign language interpretation will be provided. Individuals with disabilities who need other reasonable accommodation to participate should contact Patty Austin at patty.austin@nih.gov or 435-0690 ext. 617. The symposium is offered for ESA credit.

STEP Session on Pain, Apr. 22

The staff training in extramural programs (STEP) committee will hold a Current Controversies in Medicine forum titled, simply, "Pain," on Tuesday, Apr. 22 from 8:30 a.m. to 1 p.m. in Lister Hill Auditorium, Bldg. 38A.

Pain is something everyone has experienced. It is the most common reason people go to the doctor, and pain relief is a multibillion-dollar industry. However, many people still suffer pain unnecessarily. Are health care professionals and caregivers trained appropriately in the treatment of pain? How do patients and health care professionals balance the risk and fear of addiction with achieving adequate pain relief? The forum will examine the basic biology of pain and will discuss current issues regarding its diagnosis and treatment. Social, cultural and economic ramifications of pain management will also be explored. ■

FARE Abstract Competition for Fellows

The tenth annual Fellows Award for Research Excellence (FARE) 2004 competition will again provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. Winners of FARE will each receive a \$1,000 travel award to use for attending and presenting their work at a scientific meeting. One-quarter of the fellows who apply will win an award.

Fellows who apply to FARE submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality/presentation. The travel award must be used between Oct. 1, 2003, and Sept. 30, 2004.

The FARE 2004 competition is open to postdoctoral IRTAs, visiting fellows and other fellows with less than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their doctoral dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute's scientific director. Fellows are asked to submit their application, including abstract, electronically, from Apr. 1-30 via <http://felcom.nih.gov>/FARE. Winners will be announced by the end of September 2003. More information is available on the web site above. Questions may be addressed to your institute's fellows committee representative. ■

FEW Hosts Dinner Meeting, Apr. 28

Federally Employed Women, Bethesda chapter, invites all to a membership dinner on Monday, Apr. 28, featuring author and practitioner Dr. Brian Sanderoff. He is a clinical assistant professor at the University of Maryland School of Pharmacy, where he teaches a course on herbalism and alternative medicine. He maintains a nutritional counseling practice and holistic pharmacy in Owings Mills, Md., and was cofounder and codirector of a complementary health center in Clarksville.

In 1994, he began hosting and producing "Your Prescription for Health," a talk radio forum about alternative and complementary medicine. Sanderoff is writing a book titled *Illness Is Optional* about CAM and treatment modalities.

The dinner will be held at the Four Points Sheraton, 8400 Wisconsin Ave., at 5:30 p.m. RSVP by Apr. 25 and remit payment of \$25 to Michelle Shorter, Bldg. 31, Rm. 9A34, 594-8842, ms190i@nih.gov. For sign language interpretation and other reasonable accommodation, contact Allyson Browne at abrowne@mail.nih.gov or 451-0002 by Apr. 22. ■

Post Partum Depression?

Call NIH at 1-800-411-1222 (TTY: 1-866-411-1010 or email prpl@cc.nih.gov) for information on a study that focuses on understanding how maternal moods are linked to mother-infant interaction and to infant development. Compensation is provided.

CLINICAL RESEARCH CENTER, CONTINUED FROM PAGE 1

South Bar—connected in the middle by a 9-story Science Court, the CRC hosts a program that has shrunk somewhat from its original conception as a



Air vents on an interstitial level poke through floor into ceilings of rooms below, and can be moved along a slot.

PHOTOS: ERNIE BRANSON

250-bed hospital with 100 day stations (by design, inpatient beds and day stations are interchangeable) to a 240-bed facility with 90 day stations, owing to budget concerns. And the initially elaborate Science Court plan, which featured a dramatic “double helix” staircase, has also yielded to budget pressure. But those changes were absorbed relatively

easily (if not with any pleasure) due to the malleable nature of the building’s design, Chyun noted.

“We made those changes with a great deal of reluctance,” he said, “but the beauty of the facility is that it is very flexible.”

The North Bar (the part closest to the Children’s Inn) is 6 stories high (3 occupied levels and 3 interstitial levels, which host mechanical systems such as air handling and telecommunications) and

will contain solely clinic space. Consultants are already planning for the interior of this segment, including furniture and equipment. The clinical programs that will occupy the North Bar have long known where their space would be. The broader South Bar (the part closest to old Bldg. 10) is taller, at 8 stories (4 occupied levels and 4 interstitial levels), and contains two clinic blocks, directly parallel to the North Bar’s clinic blocks, as well as laboratory blocks at the extreme east and west ends (see drawing for occupancy information). The glass-enclosed Science Court will be the last segment completed next year.

“The builder should start turning [completed] blocks over to us by this fall,” Chyun said. He adds, “Unlike the Clinical Center, space within the CRC is assigned to programs rather than to institutes.”

As the snows of February were receding, the construction trailers that had long occupied the northern lip of the construction site were due for removal (the trailers used to be emblazoned with the name of original construction manager McCarthy Bros., which ceded the job to Centex in the spring of 2001 following contractual difficulties). And Chyun

A Peek Inside the New CRC

A 3-inch seam, or construction joint, is all that separates the Mark O. Hatfield Clinical Research Center from the ACRF. The joint marries the two structures all the way up to the 14th floor, in a building segment called the “mask,” which allows passage from old hospital to new. Walk through a gray metal door in the elevator lobby on the first floor of the ACRF’s north side, and suddenly you are within cavernous new space somewhat reminiscent of the Visitor Information Center in Bldg. 10—a large, open atrium lit by skylights and soon to be decorated in a style similar to the South Entry of Bldg. 10. The floor level of the atrium is at the current P1 garage level, which will become the main patient parking area once the CRC opens.

“It’s going to be a very nice space,” said Yong-Duk Chyun, CRC project director. “[Clinical Center director] Dr. John Gallin identified the need for a welcoming space for patients and visitors as they arrive in the garage. He is very excited about it.”

A bank of six new elevators adjacent to this reception area will whisk passengers from any floor in the ACRF to the new CRC, which will have a total of 32 elevators.

Proceeding past the reception area, one enters the building’s most dramatic feature, a 9-story

Science Court enclosed on the east and west sides by glass. At the moment, it is a warren of scaffolding as workers put the ceiling in, and birds fly from bar to bar, but it will eventually become a light-filled space flanked by stores on its first floor (requests for proposals for the retail space are already being prepared), and by airy walkways for 7 of its 9 levels. Two more sets of elevators, on the north and south sides of the court, will speed passage within the building. Outdoors, on either side of the Science Court, will be large courtyards to be planted with tall trees near the center, and flowering trees nearer the hospital’s first floor windows, to add a measure of visual privacy, Chyun said.

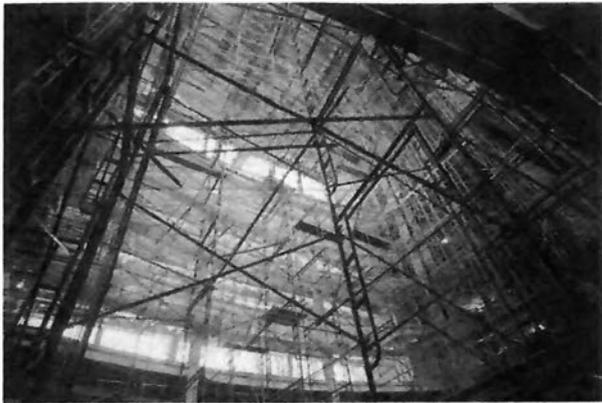
Just past the Science Court, as one walks north toward the front of the hospital, is another large, 2-story reception area, to be enclosed along its front by glass. Outside, a freestanding metal canopy will protect vehicles approaching the CRC’s front door. As with the South Entry, a huge revolving door will offer access to the building.

The major occupants of the CRC’s first floor will be the admissions department, pharmacy, a rehabilitation medicine area and pediatric patient care units with an outdoor playground nearby.

Upstairs, some general themes govern how space is used, Chyun explained. Each floor of the building’s four patient-care “blocks” (totaling 14 floor plates) contains 24 patient room modules, 12 on each side of the central support areas. Patient rooms enjoy the window side of clinic blocks, while support space is located internally. The patient room

The open, skylit atrium being worked on below will eventually offer a welcome to patients arriving at the CRC from the P1 parking level, which will be reserved for patients.





A massive column of steel scaffolding fills the 9-story Science Court as workers install its roof.

was preparing to build an underground stormwater management facility for the CRC at a site near the corner of Rockville Pike and Cedar Lane. This 6-month project must be complete before the CRC can open, he said.

Chyun was also busy giving tours of the new facility; visitors from NIH and other major medical centers, as well as construction authorities, have

queued up to see for themselves the building's special features (see sidebar).

The CRC was originally due for completion at the end of 2001, then adjusted to 2002, but encountered a sea change in the economic climate as the local construction market went from cool to red hot during 1999-2001, said Chyun. In a hot market, big, complicated, risky projects such as the CRC don't appeal to builders nearly as much as smaller, simpler jobs, he explained; bidders simply weren't interested in the CRC—"They'd rather do easier, quicker work." There were times when NIH literally had to decide whether to keep going or put the project on hold, he related, but NIH leadership always pressed forward. Despite slowdowns, the project will still be finished faster than if it were done in a conventional "design-bid-build" format, Chyun said. The project is only 15 months past the adjusted estimate of its completion date.

As for the "old Bldg. 10," a revitalization program is under review. "NIH and HHS leadership are carrying out discussions concerning various options for the programmatic and technical solutions for the research programs currently occupying the old hospital building," said ORS Director Steve Ficca.

modules can be grouped into multiple sub-areas of the patient care unit, based on the kind of care needed. On some floors, two or six nursing stations might serve the whole unit, while on others such as the intensive care unit, eight large nursing stations are designed to be proximal to every room.

Other Building Features

There are several sets of bridges at the CRC; two bridges, on the east and west sides on the fifth floor level, connect the South Bar with old Bldg. 10. These are the longest bridges in the project, and are simply unadorned passageways offering great views. (Pedestrians will soon recognize that the views to the west are merely of housetops, while the views to the east are considerably more vast; the land on which the CRC is built slopes downward more than 25 feet from west to east.) The South Bar also connects with Bldg. 10 on floors 1 and 2.

A second set of shorter bridges connects each adjacent floor of the North and South Bars, again on the east and west sides of the hospital. These



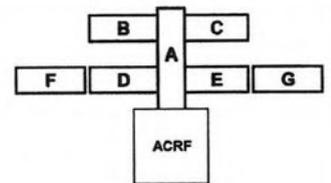
Some space within the CRC already has more of a "finished" look. Interior work is proceeding rapidly.

bridges have widened midsections where people can lounge and enjoy the views of the courtyard and beyond; Chyun labels it "respite space."

Other areas especially designed to encourage human interaction are the open stairwells where patient care, or clinic, blocks meet laboratory blocks.

The interstitial levels between occupied floors are interesting because virtually everything in them hangs from the ceiling, including the floor, which is made of a special lightweight concrete in all but the rooms dedicated to telecommunications equipment, which requires a heavier floor. A penetrable slot running the length of the floor of the interstitial level allows mechanics to move or service the utilities serving the rooms below.

Down in the basement is the hospital's only sign of heavy industry. "There is only one real 'basement' level," Chyun explains. Because of the way the land slopes, there is a B3 basement level on only one side of the CRC; the B2 level—the main basement containing the major mechanical systems—is two stories tall, topped by a B1 interstitial level. The B2 level is rimmed by a perimeter walkway, soon to be busy with the traffic of electric carts. Within the space are huge chilled water and steam pipes, air handlers, valves and generators. NIH engineer Farhad Memarzadeh had the brilliant idea of substituting turbine-powered generators for pressure-reducing valves from the steam lines, Chyun



CRC Clinic Occupancy by Level

- 1B Pediatric Care Patient Care Unit (PCU)
- 1C Rehabilitation Medicine
- 1D North Pediatric Behavioral PCU
- 1D South Admissions
- 1E North Alcohol PCU
- 1E South Pharmacy
- 3B Surgical Oncology PCU
- 3C Hematology-Oncology PCU
- 3D Critical Care
- 3E Hem/Onc Day Hospital
- 5B General Medicine PCU
- 5C Cardio/Pulmonary Procedures
- 5D Director's Reserve
- 5E Surgery PCU/Med-Surgical Day Hospital
- 7D Neurology PCU/Testing/Clinic & Sleep Lab
- 7E Adult Behavioral and Geriatric PCU

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said; the result is that the new building generates about 5 percent of its own electricity needs, potentially saving more than \$170,000 annually in electricity costs. A visiting engineer remarked, "This is truly one of a kind—more of a power plant than a building mechanical area."



The mechanical area on the B2 level contains an array of building systems, including an ingenious method of using steam turbines to generate a percentage of the CRC's electricity.

Other notable spaces include an entire third floor devoted to oncology (one room of which is already complete—it's a mockup for tradesmen that, once complete, will serve as the standard for every other room of its kind in the CRC. "It allows the kinks to be worked out before mass production starts," Chyun

noted.); a floor devoted to patients with behavioral problems that features no hallway corners (from which patients could potentially jump out and surprise caregivers) and whose rooms have hardened ceilings (to thwart deliberate hangings), breakable curtain rods in showers (same reason), and no lab gases (oxygen, carbon dioxide, etc.) built into the walls; and a chapel on the top floor of the North Bar lit by both skylights and a large, vertical window located directly behind the altar. The chapel ceiling slants upward toward the front of the hospital, and large conference areas abut the chapel on the east and west sides.

Because of budget concerns, some segments of the CRC are being built as "shell space," or unfinished areas, Chyun said. However, scientific programs to fill these areas are currently being identified.

Throughout all of the CRC, air will be brought in entirely from outdoors, with no recirculation, making it the only hospital in the United States reliant on 100 percent "outside air." This is a more expensive method than called for by code, which permits 60 percent recirculation of air in hospital settings. Chyun says many hospitals overseas have adopted the "100 percent outside air" policy to reduce the threat of accidental spread of unknown pathogens, and predicts it will eventually become the standard in this country.

Interestingly, owing to concerns about air quality informed by wind testing, the CRC will include no rooftop solar panels, which were a feature of old Bldg. 10. Tests showed that gases exhausted through rooftop vents might blow into such areas, putting people at risk.

Chyun also noted that once the CRC opens, the connections to the ACRF won't function on all floors until some method of standardization can be found; at the moment, the connecting areas are a haphazard collection of clinics, closets and corridors. ■

HIRE EDUCATION

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Statistical Analysis of Microarray Data	4/28
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& Market Requisitions	4/29
Using SQL to Retrieve DB2 and Oracle Data	4/29-30

by NCI's Center to Reduce Cancer Health Disparities.

A key message of the center is that leading scientists have determined that race and ethnic classifications have been socially and politically determined and have no basis in biological science. The center seeks to reduce the unequal burden of cancer in our society by removing barriers—particularly racial and ethnic perceptions—that prevent medical research

benefits from reaching all populations equally.

While the idea that race has no biological basis is now endorsed by leading scientific organizations, it is still an "issue that won't go away," said Omi, pointing to a headline in the previous week's *New York Times* about two articles in the Mar. 20 issue of the *New England Journal of Medicine* that take



Dr. Michael Omi

opposing views on whether race is a meaningful factor in medicine. Debates about racial classification have raged for years, said Omi, who is professor of ethnic studies and acting director of the Institute for the Study of Social Change at the University of California at Berkeley. He is coauthor with Howard Winant of *Racial Formation in the United States*, now considered a classic work in scholarly studies on race and ethnicity.

Omi has used Census Bureau data and its racial and ethnic classifications drawn up by the Office of Management and Budget as a barometer of the issue. "These census definitions have had the unintended consequence of shaping the very discourse of race and the distribution of vast resources," he said.

But attitudes change, and policies change. Official racial categories were altered nine times in the past 10 U.S. census tabulations, Omi pointed out. Self-identities change, too, as in the case of a 27-year-old Ohio-born man living as a member of a German-ancestry family who changed his self-selected census identity from "white" to "Chicano" after he spent time with his mother's family in Mexico.

Race and ethnicity are more a matter of perception than reality, Omi suggested. Media portrayals of American Indians in more romantic images (compared to old cowboy movies) in recent years led to a self-selected 25 percent increase in the Indian population between 1980 and 1990. A mere wording change in the 1990 census form produced a whopping 6,000 percent increase in those who call themselves Cajuns.

The director of NCI's center, Dr. Harold Freeman, asked whether younger Americans are more willing

than their elders to accept multiracial concepts. Generally yes, replied Omi, but many variables come into play. For example, a study of attitudes in two California high schools, one with a primarily white enrollment and one with a racially diverse enrollment, showed contrasts. In the white school, students showed much greater freedom in selecting

offbeat lifestyles and attire—such as "rappers" or "cowboys"—than the white students in the diverse-race school, who probably felt more confined by their racial identity as perceived by others, he said.

There has been a movement to create a multiracial census category. But leading civil rights organizations opposed the multiracial



Dr. Harold Freeman

category, fearing it would diminish their numbers and undermine the "protected status" of non-whites. In response, the OMB told the Census Bureau to allow multiracial Americans in 2000 to "mark one or more" racial categories when identifying themselves.

While it is impossible to define racial categories that are valid, measurable and reliable over time, "we simply cannot dispense with the use of racial and ethnic categories," Omi concluded. Without categories it would be impossible to monitor racial inequality and discrimination in society—for example, racial "profiling" by police or bias in the issuance of home-buyer loans.

Americans should acknowledge that classifications are imprecise and "unscientific" while also recognizing that some form of evolving and "common sense" classification is needed to track trends and discriminatory patterns, he said. ■

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do School is offering a beginner's class for adults and mature teens starting May 12. The curriculum combines traditional striking arts, forms and sparring with emphasis on self-defense. No experience is necessary. Class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 8 p.m. on Mondays and Wednesdays, and will continue for about 2 months until participants can be integrated into the regular school training. Dues are \$40 per quarter and a uniform costs \$30. Interested persons are welcome to watch regular training sessions. For information call Andrew Schwartz, 402-5197 or visit <http://www.recgov.org/r&w/nihtaekwondo.html>. ■

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WOMEN'S HISTORY, CONTINUED FROM PAGE 1

associate director for research on women's health Dr. Vivian Pinn and NICHD deputy director Dr. Yvonne Maddox—who agreed to pinch hit at the program.

NIH director Dr. Elias Zerhouni, who offered opening remarks on the program's theme, "Women Pioneers in Health—Past, Present and Future," was not surprised that the program went on without missing a beat.

"My experience here over the past 9 months has been remarkable in the number of women who have

had a great role at NIH and that I have had the pleasure to work with—two of them being right here in front of you, Dr. [Ruth] Kirschstein and Dr. Maddox," he said. "When you look at the changing landscape of what we need to do for research, there is no

doubt that we need to have everyone work together to advance our progress in biomedical sciences."

Describing women's impact on health and medicine in history and in current times, Zerhouni talked about the first recorded physician in history, a woman who lived 2,700 years before Christ and whose image is painted on an Egyptian tomb in the Valley of Kings. "The healing powers have been historically held by women," he said, "and I think we're going back to that."

Zerhouni also recalled Elizabeth Blackwell, who in 1849 became the first woman to receive a medical degree in the U.S. Like so many, he said, Blackwell began her medical career because of her dismay over the unequal social services available at the time.

"Many are driven by the concept of helping reduce social inequities and participating in alleviating the burden and the pain of suffering and disease," Zerhouni pointed out. "I see that in my own wife, who is a pediatrician. The past is replete with examples of women who have contributed to the betterment of health and society. These women left a remarkable legacy. They were resourceful and passionate about their work and their stories are remarkable. There is no doubt in my mind that the 21st century is the century where we are going to have to build a society where all the best and brightest—men and women—can express their creativity and contribute. This is my commitment and this is why I'm pleased to share this occasion with you."

The program also featured an awards presentation by Kirschstein to Pinn and Maddox, on behalf of the committee.

"Dr. Pinn has been for all of us a symbol of what can be done," said Kirschstein, who helped recruit

Pinn to NIH in 1991. The award cited Pinn's "superb leadership and guidance as the first [permanent] director at the Office of Research on Women's Health and the significant role she has played in promoting research on women's health."

Kirschstein then introduced Maddox, who first

came to NIH 17 years ago as a health scientist administrator at NIGMS, where Kirschstein was director. "The next award goes to someone also near and dear to my heart, without whom I could not have done what I did from January 2000 to May 20, 2002," Kirschstein said, referring to her own tenure as acting NIH director when Maddox served as her deputy.



NIH director Dr. Elias Zerhouni gives remarks.

Maddox was recognized for being a longtime champion of women's issues at NIH.

Entertainment at the observance was provided by Marianne Duffy, an NICHD writer-editor, who sang "Our Time" from Steven Sondheim's Broadway production, *Merrily We Roll Along*.

In her remarks, Pinn reflected on current world events and common themes that women everywhere share.

"While we're different," she said, "we're also really much the same. Women are looking for similar things within any country: the right to live, the right to good health, the right to age well, and the right to be happy and fulfilled in our lives. Those particular qualities mean different things to different women in different parts of the world, but we all have wanted the same things essentially."

Pinn also shared quotes from great women—such as former Secretary of State Madelyn Albright and former First Lady Eleanor Roosevelt—whose words have inspired Pinn.

"Advancing the state of women is not only a moral imperative," Pinn read from a 1997 Albright speech, "it is being actively integrated into the foreign policy of the United States. It is our mission. It is the right thing to do, and frankly it is the smart thing to do."

Referring to the mandate that created and governs ORWH and other federal components concerned with the status of women, Pinn noted that the United States "may be the only nation that has a legislated mission for its federal government to address issues of women's health" and that such legislation has set the standard for other countries.

Reading a quote from Roosevelt, Pinn said, "I believe we will have better government when men and women discuss public issues together and make their decisions on the basis of their differing areas of concern for the welfare of their families and their

PHOTOS: ERNIE BRANSON



Dr. Ruth Kirschstein (l), senior advisor to the NIH director, chats with two champions of women's issues she helped recruit to NIH—NICHD deputy director Dr. Yvonne Maddox (c) and NIH associate director for research on women's health Dr. Vivian Pinn.

world. Too often the great decisions are originated and given form in bodies made up wholly of men or so completely dominated by them that whatever of special value women have to offer is shunted aside without expression."

Pinn wondered aloud what Roosevelt would make of women's tremendous advances in all aspects of government in just the past half century or so. She concluded with words by author Mary McCarthy,



NICHD's Marianne Duffy sings Sondheim.

who said, "We all live in suspense from day to day; in other words, you are the hero of your own story."

"I'm sure each of you in this audience is the hero or heroine of your own story," Pinn noted, "and all of you have some wonderful lessons for Women's History Month that you could tell, if you had been given the opportunity to stand here

today...Congratulations to all of you for what you have accomplished, for what you have dreamed and for what you will have the courage to accomplish in the future. As we embark on whatever history brings to us in the coming months, we will acknowledge that on this day we all stood together with pride and courage and hope."

In her turn, Maddox took up Pinn's challenge to share her own story about how her career has unfolded. Since she was a 5-year-old, Maddox said, she had always known that she wanted to be a physician.

"I didn't really know what a doctor was at that age," she said, "but I knew that it was someone to look up to, someone to be respected and revered." Her instructors encouraged her, guiding her into science courses and leading her toward an undergraduate degree in biology.

"It's important for us as women to recognize that some of our outstanding mentors and outstanding role models are men," Maddox pointed out. "My career in science began by having someone who was a male see potential in me and encourage me all the way."

Late in her junior year of college at Virginia Union University and with a scholarship to medical school assured, however, she changed her plans in the face of a family crisis. Her father was diagnosed with

congestive heart failure. Maddox, the eldest child and the only daughter, made a decision to stay close to home and help out her mom and two younger brothers, as her dad's disorder worsened and he died. Med school was put on indefinite hold and Maddox needed a job, quickly. After pounding the pavement, she found a temporary position as a lab specialist in the blood bank at the Medical College of Virginia.

"It was there that I gained a lot of information and experience working in a lab," she said, recalling first her duties typing blood and then her next job involving antigens and tissue-typing. "Even on such a small scale, I began asking questions related to medical research. I was hooked."

That 3-month lab job led her eventually to work with widely acclaimed

medical scientists Dr. Sami Said and Dr. Peter Ramwell, who became her mentors and who helped her career progress at every stage—despite the inevitable family complications,

relocations and other pitfalls that may have discouraged some people from pursuing their dreams. Maddox said she will always remember what her mentor Ramwell told her: Not only did he appreciate her work in the lab, but also he admired her ability to push through roadblocks. "He said, 'I like not only your vigilance and the questions you're asking, but I also like your flexibility.'"

Maddox said NIH'ers and others involved in the health, science, medicine and research arenas would do well to imitate Ramwell's example of mentorship. "We need to do a lot more to recruit and retain women in these important fields," she said. "We also must recognize the need for a critical mass of women in the various disciplines and areas important to the research enterprise." Physicians and research investigators as well as policymakers like Christensen are crucial in the effort, she pointed out.

Finally, Maddox said, women should remember that not everyone finds their success as a researcher or a leader of a lab or as an agency head. The main thing is to have the freedom and flexibility to pursue work that makes you happy and that makes you productive.

"That is the real pleasure of working at NIH," she concluded. "Even though we know there are some roadblocks, we also know that there is an openness here to at least have discussions and come up with solutions."

The program ended with prizes being awarded to Sharrell Butler, Linda Cook, Dr. Patricia Grady and Vicki Malick, who aced a women's history quiz. ■



Kirschstein and planning committee chair Rudene Thomas (second from l) of the NIH Office of AIDS Research present awards to Pinn and Maddox.



Lawrence Self, OEODM director, concludes event.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Sofia Merajver on Apr. 23, speaking on the topic, “Inflammatory Breast Cancer: Genetic Determinants and Challenges for Novel Therapeutics.” She is associate professor of internal medicine, director of the Breast and Ovarian Cancer Risk Evaluation Program, University of Michigan Medical Center.

On Apr. 30, Dr. Roger Brent, director, Molecular Sciences Institute, senior scholar, Ellison Foundation for Medical Research, Berkeley, will present “The Alpha Project and the Dream of a Predictive Biology.”

For more information or for reasonable accommodation, call Hilda Madine, 594-5595.



A bird's-eye view of the new Clinical Research Center clearly shows the south and north “bars.” See story on p. 1.

Team NIH To Participate in ‘Race for Cure’

The 2003 Komen National Race for the Cure will take place on Saturday, June 7 at 8:30 a.m. in Washington, D.C., and Team NIH is gearing up for the challenge. Colleagues, family members, patients and friends are invited to join in representing NIH at this event, the world’s largest 5-kilometer, or 3.1-mile, run/walk race.

For the second year in a row, the Clinical Center is spearheading organization of the team. In 2002, Team NIH participants were joined by more than 68,000 walkers and runners. The race has steadily grown from 7,000 runners and walkers in 1990 to 26,000 in 1995, to an average of nearly 70,000 entrants each year since then. Last year, Team NIH was one of more than 700 teams taking part. “We hope all of NIH and its research partners will once again be part of the team as we show support for this concerted national and international effort to improve women’s health,” said CC director Dr. John Gallin.

To make registration easier for NIH’ers, associates and friends, registration tables will be set up outside

the second floor and B1 cafeterias each workday in the Clinical Center beginning Tuesday, Apr. 15 through Friday, Apr. 25 from 11 a.m. to 2 p.m. Registration is \$25 per person. Individuals registering at the CC will be able to sign up for bus service from the Clinical Center to the race site on Constitution Ave. on race day; space is limited and will be on a first-come basis. Buses will return to Bldg. 10 after the event.

Individuals will also soon be able to register at malls, coffee shops, stores and schools throughout the area. Web registration is available now at www.nationalraceforthecure.org/registration.html with the online fee being \$30 before May 17 and \$35 from May 17-30. Don’t forget to indicate the code “NIH” when registering online or at one of the sites in the community.

For more information or to volunteer to staff the NIH registration or packet distribution stations, contact one of the Team NIH coordinators: Pat Piringer, ppiringer@nih.gov, 402-2435; Georgie Cusack, gcusack@cc.nih.gov, 594-8128; or Dianne Needham, dneedham@cc.nih.gov, 594-5788. ■