

THE N I H R E C O R D

Still The Second Best Thing About Payday

Politics Overshadows Science at International AIDS Conference

By Nancy Touchette

Like its predecessors, the XVth International AIDS conference, held last month in Bangkok, Thailand featured a mix of science, policy and politics.

The theme of this year's conference was "Access for All," and presentations highlighted key scientific advances in preventing and treating HIV infection, and ways to deliver the most effective treatment and prevention strategies to people



Dr. Anthony Fauci

around the globe, particularly those in developing nations who have been the hardest hit by the AIDS pandemic.

For example, data from Thailand show that giving a single dose of

nevirapine during labor to HIV-infected women who had been taking AZT from 28 weeks of gestation resulted in very low rates of mother-to-child transmission of HIV. Such advances are especially important to regions where HIV infection rates are skyrocketing, notably Asian countries such as China and India, and nations of the former Soviet Union.

But according to NIAID director Dr. Anthony Fauci, this year's mix was skewed by politics and a decisive anti-American sentiment that frequently overshadowed the science.

"AIDS activists generally provide a very

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'No Other Place Like It'

New Hospital Gets Ready For Opening Day

By Rich McManus

Don't be fooled by the relative quiet that enfolds the exterior of the new Mark O. Hatfield Clinical Research Center as workers prepare for the building's Sept. 22 dedication ceremony; indoors, the air rings with hammer blows, the whine of circular saws, and the din generated by some 600 tradesmen as they hurry to complete the new 242-bed, 80-day station hospital addition.



Nine-story CRC atrium is a most impressive space, among many.

"There's no facility like it in the rest of the world, or in the United States," said NIH director Dr. Elias Zerhouni at a special hard-hat tour for reporters held July 12. "The original Clinical Center [which opened in 1953] played an enormous role in the history of medicine. This building will represent a complete

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'Door Always Open'

Van Hollen Visits NIH, Addresses Employee Concerns

By Carla Garnett

U.S. Congressman Chris Van Hollen (D-MD), who represents the state's 8th congressional district, where NIH is located, stopped by the Natcher auditorium on July 12 for an hour-long town hall-style meeting with employees to discuss current topics of interest and share his experiences as a freshman member of Congress. Following a morning visit to the Children's Inn at NIH, the congressman greeted NIH'ers outside the auditorium before being introduced by NIH deputy director Dr. Raynard Kington.

Giving highlights of Van Hollen's bio, Kington joked that the congressman



Rep. Chris Van Hollen

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*Phase II Under Way***NIH on Track with IT Consolidation**

The information technology staff at your institute or center share a goal with CIT—all are committed to eliminating unnecessary duplication of functions and infrastructure and make IT consolidation at NIH as smooth and transparent as possible. Through collaboration, NIH successfully met the goals for phase I of the consolidation and has moved into phase II.

As proposed by the NIH administrative restructuring advisory committee (ARAC)—and agreed upon by NIH and the HHS Office of the Secretary—NIH must complete this phase by Oct. 31. Effective implementation of phase II will meet the expectations of the ARAC plan as well as those of the HHS enterprise IT strategic plan.

Areas of implementation in phase II include:

- Consolidate all NIH Active Directory user accounts into the single nih.gov domain;
- Consolidate network management and monitoring;
- Consolidate dial-up and virtual private network (VPN) remote access services;
- Provide NIH enterprise network infrastructure in new and renovated buildings in Montgomery County;
- Establish standards to govern future network equipment replacements and upgrades, leading to unification of network architecture;
- Restructure videoconferencing between CIT and ORS. CIT will provide technology and infrastructure support (design, acquisition, installation, maintenance). ORS will provide event planning, operational support and content capture.

How Will Phase II Affect Me?

Phase II deals primarily with underlying IT infrastructure. Therefore, most changes will involve interaction between CIT staff and IT personnel within the ICs, and will have little direct effect on users. However, in some instances active directory users may need a new NIH Login ID. All users whose login IDs must change will receive separate and specific instructions.

When Will These Changes Take Place?

In some ICs certain areas of the consolidation have already been finalized. Major changes across all ICs are scheduled for completion by Oct. 31. NIH will continue to refine systems and processes after the deadline.

Further information is available on the web site <http://ITConsolidation.nih.gov>. If you have questions, contact your IC IT support staff or Susan Chaffee at (301) 594-9501 or Susan_Chaffee@nih.gov. ■



Shown at the NIH Alumni Association's recent annual meeting are (from l) Dr. Claude Lenfant, recently retired NHLBI director, who received the NIHAA 2004 Award for Service to NIH; the Honorable Paul G. Rogers, former congressman from Florida, who received the 2004 NIHAA Public Service Award; and Dr. Leonard D. Fenninger, at NCI (1952-1954), head of General Medicine Branch, and NIH associate director (1969-1973), who traveled from Evanston, Ill., to attend the meeting. Joan Kleinman, head of Rep. Chris Van Hollen's (D-MD) district office in Rockville, talked to the group about issues facing NIH since 9/11. The NIHAA is now in its 16th year and membership is open to past as well as present NIH staff. J. Paul Van Nevel, retired director of the Office of Cancer Communications, is the new NIHAA president. For more information about the organization, call (301) 530-0567 or visit www.fnih.org/nihaa/nihaa.html.

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

HIV-Positive Volunteers

NIH invites individuals with HIV to participate in a clinical study for HIV. HIV-positive adults with a CD4 count greater than 500 are asked to call 1-800-411-1222, or TTY 1-866-411-1010, for information, or visit <http://clinicalcenter.nih.gov>. All study-related tests and treatment are provided at no cost. Refer to study # 04-I-0018.

Almanac Exhibit at NLM

A mini-exhibit titled, "Time, Tide, and Tonics: The Patent Medicine Almanac in America," is on display at the National Library of Medicine History of Medicine Division, now to Nov. 5 in the lobby of Bldg. 38.

Almanacs have been a part of American life since the beginning. One of the first books printed in English America was an almanac. Produced annually, they

provided practical information and entertainment. Almanacs have always contained health information, from medieval blood-letting diagrams to brief articles on a variety of medical topics in the 18th century.

Their great popularity made almanacs an attractive advertising medium; manufacturers of drugs and other health-enhancing substances were among the first to take advantage of this. Initially they bought advertising space, but in 1843, C.C. Bristol of Buffalo, N.Y., published its own almanac to advertise Extract of Sarsaparilla. This innovation was soon adopted by other patent medicine companies. By the end of the century, patent medicine almanacs had evolved into colorful and heavily illustrated works using sophisticated images. Their bright, attractive covers linked the product to appealing subjects such as country scenes, rosy-cheeked children and pretty young women.

This exhibit displays the progression of the almanac from its medieval beginnings through the simple and crude 18th-century publications and, finally, the beguiling almanac art of the late 19th and early 20th centuries.

For more information, contact Carol Clausen, (301) 435-4993. ■

Have Type 1 Diabetes?

Are you 18-60 with type 1 diabetes? NIH is testing a new approach to type 1 diabetes management for individuals taking insulin. Call 1-800-411-1222, TTY 1-866-411-1010. ■



APA Honors Five NIH'ers

Five psychologists from NIH have been awarded the 2004 Meritorious Research Service Commendation from the American Psychological Association (APA). The award recognizes outstanding psychologists who help foster the discipline through their program activities in support of psychological science.

The recipients are:

Dr. Ronald P. Abeles, special assistant to the director, Office of Behavioral and Social Sciences Research, OD. He is recognized for raising the standards of psychological science, increasing the skill levels of researchers and introducing psychologists to cutting edge interdisciplinary research through his leadership roles at the National Institute on Aging, OBSSR and the health and behavior coordinating committee at NIH.

Dr. Israel I. Lederhendler is chief of the Basic Behavioral and Systems Neuroscience Research Program at the National Institute of Mental Health. He also serves as interim director of electronic research administration at NIH. He is recognized for his advocacy of outstanding psychological research at NIMH and for his dedication to the interests and needs of psychological researchers.

Dr. G. Reid Lyon is chief of the Child Development and Behavior Branch, NICHD. He is recognized for his leadership of the branch and for enhancing the understanding and appreciation of psychological science to members of Congress, the President of the United States, and the educational community. In addition, his direction of the program on reading and learning disabilities has had a major impact on the shaping of education research and public policy decisions.

Dr. Willo Pequegnat is associate director for prevention, translation and international research and NIMH senior prevention scientist at the Center for Mental Health Research on AIDS in the Division of Mental Disorder, Behavioral Research and AIDS, NIMH. She is recognized for her leadership role in HIV prevention research initiatives and for her mentoring of young behavioral scientists entering the field of AIDS behavioral research.

Dr. Anita M. Sostek is director, Division of Clinical and Population-Based Studies, Center for Scientific Review. She is recognized for her leadership at CSR, and for ensuring that reviews are fair, equitable and maintain the highest of scientific standards. In addition, she has served as an outstanding mentor and source of information to scientists in the field.

The recipients of the 2004 commendations will be honored at the December 2004 APA board of directors meeting and at a luncheon at the spring 2005 meeting of APA's board of scientific affairs. ■

Volunteers Needed

Doctors at NIH are seeking individuals being treated with a widely-used anti-depressant agent called welbutrin. Participants will be asked to donate 4 table-spoons of blood for routine screening and evaluation of platelet function. The visit will be no longer than an hour and compensation is provided. If interested or for more information call Donna Jo McCloskey, research nurse, at (301) 496-5150.



Dr. Philip LoGrasso recently joined NIGMS as a program director in the Division of Pharmacology, Physiology, and Biological Chemistry. He brings strong expertise in both biology and chemistry and will manage research and training grants in bio-organic chemistry, chemical biology, signal transduction and pharmacology. He will also participate in activities related to the NIH molecular libraries Roadmap initiative. LoGrasso's 12 years of experience in the pharmaceutical industry include drug target discovery and development at Sandoz, Inc. and Merck & Co., Inc. Most recently, he was director of preclinical research and development at Avera Pharmaceuticals (San Diego). His research has focused on central nervous system disorders, immunology and inflammation and cardiovascular diseases.

AIDS MEETING, CONTINUED FROM PAGE 1

important contribution, by putting a finger on the pulse of what is going on out in the global community," said Fauci. "But the headlines from the Bangkok conference made it seem as if it were more of a political circus rather than a place for scientific discourse. And the fact is, it was."

The anti-American feeling was strong and a common opinion was that no matter what the United States does to help the global AIDS effort, it is not going to be sufficient, Fauci noted. In particular, the President's Emergency Plan for AIDS Relief (PEPFAR) came under attack. PEPFAR will provide \$15 billion over 5 years for AIDS prevention, treatment and care in 15 hard-hit countries in sub-Saharan Africa, the Caribbean and most recently, Vietnam. PEPFAR funding exceeds that of any other major public health effort in history, he added.

"There was a complete misunderstanding of what the President's program was and in many respects it seemed to be deliberately misconstrued," Fauci said.

Perhaps most distressing, he observed, were comments from world leaders who suggested that the United States is showing no leadership in combating the global HIV/AIDS epidemic. This was based on the opinion that all of the U.S. resources for global HIV/AIDS should be channeled through the multi-lateral Global Fund to Fight AIDS, Tuberculosis and Malaria rather than the bilateral PEPFAR.

"This is a point upon which people can in good faith disagree," Fauci said. "However, to translate that into a 'lack of USA leadership' or statements that the USA is not doing nearly enough for global HIV/AIDS is not consistent with the facts."

The Global Fund is an international effort initiated by the United Nations to provide funds to developing countries with approved programs for treating and preventing disease. As of July 19, the USA had contributed approximately \$1 billion to the fund.

"The USA is by far the major contributor to the fight against AIDS, having spent more than \$150 billion since AIDS was recognized 23 years ago," said Fauci. "Also lost in the discussion is the fact that the USA is by far the largest contributor to the Global Fund."

Another controversial point was the type of antiretroviral drugs used by the program. PEPFAR allows the use of low-cost generic or copy drugs, but requires that such drugs pass FDA review for safety and efficacy. The FDA has agreed to streamline the application process for use in developing countries in which the epidemic is rampant.

The USA was also criticized for backing programs that promote abstinence and fidelity as a way of preventing HIV transmission. However, Randall Tobias, U.S. Global AIDS coordinator, pointed out that abstinence and fidelity are only part of a total

program that also includes use of condoms.

"When Ambassador Tobias was giving his talk about PEPFAR and its goals and vision, he was shouted down by people who were uninformed about the flexibility of the program," said Fauci. "It was one of the most misinformed activist displays I have ever seen."

In many respects, the bi-annual international AIDS conference has become less important in terms of the science presented, Fauci observed. This is due, in part, to the heated political climate at the meetings, and also because the science has reached a level where progress is steady but incremental, and breakthroughs are fewer and far between.

"Breakthroughs do not coincide conveniently with the timing of an international meeting," he said. "And the low-hanging fruit of HIV research was picked a long time ago."

There has also been a major scientific stumbling block—the development of an effective HIV vaccine. It is an issue that will persist as scientists resolve some of the remaining scientific questions, such as determining the precise correlates of immunity that might protect a person against HIV.

Nonetheless, Fauci said that good, solid science was presented in Bangkok. For example, data on several new drugs that block the entry of HIV into target cells were presented, as were data on the development of a drug that blocks the maturation of HIV particles—and hence their infectivity.

Fauci also discussed his own laboratory's recent findings on the pathogenesis of HIV infection, which underscore the contribution of aberrant and persistent immune activation in propagating viral replication and depletion of immune cells. A videocast of his lecture in Bangkok is available at <http://www.niaid.nih.gov/director/lectures.htm>.

"Ultimately, I came away with a sense of optimism of what can be done," Fauci said. "Despite the staggering toll of the epidemic and the scientific challenges that remain, important progress is being made. With the dramatic increase in funding—and political will in hard-hit countries—I am hopeful that HIV prevention and treatment services will begin to reach many more of the people who desperately need them."

The next International AIDS Conference is scheduled for August 2006 in Toronto, Canada. The conference web site is <http://www.aids2006.org/>. ■

Healthy Volunteers Needed

Healthy volunteers, ages 18-44, are wanted to participate in an investigational preventive HIV vaccine study conducted at NIH. Medical tests will determine eligibility. Compensation provided. Call 1-866-833-LIFE (TTY 1-866-411-1010). ■

NCI Holds 2nd Survivorship Research Meeting

The National Cancer Institute and the American Cancer Society (ACS) held their second biennial cancer survivorship research conference, "Cancer Survivorship: Pathways to Health After Treatment," June 17-18 in Washington, D.C. The conference brought together researchers from across disciplines (including physicians, nurses, social workers, psychologists and public health experts), along with health care professionals, community-based advocates and cancer survivors and their families, to focus on innovative research findings and to network with others who are committed to advancing survivorship research.

Addressing the gathering, NCI director Dr. Andrew von Eschenbach announced NCI grant awards that



Attending the recent cancer survivorship conference are (from l) Dr. Frank Baker, director, Behavioral Research Center, American Cancer Society; Dr. Julia Rowland, director, Office of Cancer Survivorship, NCI Division of Cancer Control and Population Sciences; and Sam Donaldson, ABC News correspondent and cancer survivor.

will be made to more than a dozen national scientists to support cutting-edge survivorship research.

The conference also featured a Survivor-Researcher Mentor Program sponsored by NCI, ACS and the Lance Armstrong Foundation. The program provided scholarships for 20 emerging leaders in the cancer advocacy community to attend the meeting and interact with researchers.

In addition, Dr. LaSalle D. Leffall, Jr., chair of the President's Cancer Panel and professor of surgery at Howard University Hospital in Washington, D.C., discussed recommendations made in the panel's recently released 2003-2004 annual report, *Living Beyond Cancer: Finding a New Balance*, and its companion piece, *Living Beyond Cancer: A European Dialogue*.

Another agenda highlight was a talk titled "A View From Washington" in which ABC News Correspondent Sam Donaldson shared his thoughts about cancer, survivorship and his personal experience with melanoma. ■

Four Appointed to NIAMS Council

Four new members were recently named to the National Arthritis and Musculoskeletal and Skin Diseases advisory council. They are:

Dr. Brian Kotzin, chairman of the division of clinical immunology, department of medicine, and director of the Autoimmunity Center of Excellence at the University of Colorado Health Sciences Center in Denver. His research focuses on the immunologic and genetic mechanisms that result in autoimmune disease.

Dr. Jack Parr of Arlington, Tenn., is executive vice president and chief scientific officer for Wright Medical Technology, Inc., a global orthopaedic medical device company specializing in the design, manufacture and marketing of reconstructive joint devices and bio-orthopaedic materials.

Dr. Raymond Scalettar is a specialist in arthritis and rheumatic diseases and internal medicine and has been a professor of medicine at George Washington University Medical Center since 1981. He is a former commissioner and senior consultant to the Joint Commission on Accreditation of Healthcare Organizations and former chair of the board of trustees of the American Medical Association.

Dr. Jouni Uitto is professor and chairman of the department of dermatology and cutaneous biology at Jefferson Medical College and director of the Jefferson Institute of Molecular Medicine at Thomas Jefferson University in Philadelphia. Uitto is internationally recognized for his research on connective tissue biochemistry and molecular biology in relation to cutaneous diseases. ■

Follicular Lymphoma?

Patients who have not had chemotherapy may call for combination chemotherapy and a vaccine: 1-800-411-1222 (TTY 1-866-411-1010). Refer to study 00-C-0050. ■



NIAMS director Dr. Stephen Katz (third from l) and deputy director Dr. Steven Hausman (r) welcome new members to the institute's council. They are (from l) Dr. Jack Parr, Dr. Jouni Uitto, Dr. Brian Kotzin and Dr. Raymond Scalettar.

CRC, CONTINUED FROM PAGE 1

rethinking of 21st century medical research. We are extremely proud of this place...It will incubate original ideas about research."

Touting the nearness of the bedside to the laboratory bench—long a hallmark of the CC—in the new hospital, Zerhouni added, "There's no place where you can even envision the kinds of research to be done here in the future." Especially with

respect to infectious diseases, the CRC will be unique, he said: "This is very dangerous work that can't be done in a general medical center. This is the only facility in the world where you can do it—there's no other place like it."

Zerhouni emphasized that NIH "is not just a

grant-making institution—we are also an intellectual leader. I see NIH as a real medical incubator for risky research areas." The riskiest work, he explained, will involve the creation of new biologicals, including immune therapy tailored to individual patients, which is already a feature of studies conducted by Dr. Steve Rosenberg, head of NCI's Surgery Branch, who also spoke during the tour. Zerhouni said the CRC will also host a busy bone marrow transplantation program—"Only a place like this can take that chance," he noted.

The CRC will bring the total Clinical Center complex to some 4 million square feet, making it one of the largest federal buildings in the country, said CC director Dr. John Gallin, who



Clinical Center director Dr. John Gallin is interviewed during the July 12 hard-hat tour for media by reporter Jennifer Ryan of WUSA-TV.



Dr. Elias Zerhouni

Tour Facts

A Towering Column of Light, and Floors that Read the Impression of Your Foot

There is a poetry to the emptiness of the CRC, now hollow and virginal, but soon to be cluttered with life. No one has lived or died there yet. There hasn't been any gossip or flirting, or the echo of that disembodied public address voice—"One hundred, paging one hundred." No one has gotten lost in it yet, though they surely will, despite a new numerical room address system so extensive that it has caused the renumbering of all addresses within the CC complex.

Standing at the top of the 9-story atrium at 5 p.m. on a July Friday, it's easy to imagine the velvet rose of a coming November sunset, and the staggering peace known only to those who inhabit hospitals late or after hours, when the commonplace noises have exited, and a new building gains its identity as a breathing, living space.

There are no enclosed spaces as grand as this one at NIH now, and one can only imagine how the light will play there as seasons pass. It's beyond high-end shopping mall or airport grandeur

(though it has those elements on its ground floor), ascending to the category of cathedral or rotunda.

Most people will experience the CRC in scattershot fashion; it will take years for a general impression to settle. Project Director Yong-Duk Chyun insists the building is easy to learn, but only time will tell. Here are some impressions from a recent series of tours.

Getting There

Center Drive is soon to revert to a circulation envisioned in the NIH Master Plan. The current two-way section that passes in front of the hospital will become one-way headed west, toward Old Georgetown Rd. And the driveway immediately in front of the CRC entrance will be one-way headed east, toward the Pike. Patient and visitor access to the CRC will be via West Drive, which enters NIH at Cedar Ln., passes the Children's Inn, and feeds Center Dr. near the "Sky Horizon" sculpture by Louise Nevelson (which, for the record, reminds CC director Dr. John Gallin of a large microscope).

The Basement

Down on the B2 level—the CRC basement—is where an overwhelming sense of million-ness begins. There's a brand-new kitchen the size of a football field, with stainless steel refrigerators and dishwashers, all awaiting the configuration of new nutrition department director Dave Folio. Across a concrete hallway soon to be trafficked by electronic carts



CRC Project Director Yong-Duk Chyun shows pneumatic tube system.

described the hospital as “a place where many fabulous things have happened (see sidebar).” He divulged that informed consent and patient safety—the forerunners of today’s institutional review boards (IRBs)—were the topic of the first meeting of the CC medical board some 51 years ago.

Gallin outlined the “long journey” that resulted in construction of a new research hospital at NIH. An assessment in 1989 concluded that the CC had 12-15 years of useful life left, he reported. In 1991, then-NIH director Dr. Bernadine Healy approved a proposal to build a replacement facility. Three years later, former NIH director Dr. Harold Varmus vigorously pursued the project, endorsed by HHS Secretary Donna Shalala. Twenty-nine firms competed to design the facility, and architectural firm Zimmer Gunsul Frasca (ZGF) won the job. A congressional appropriation in 1998 allowed construction to begin the following year, and by 2002, the exterior of the CRC was substantially complete. NIH officially takes possession of the CRC from prime contractor Centex at the end of the summer, said Project Director Yong-Duk Chyun. The two laboratory sections of the hospital will be

the first occupied, beginning in mid-September, he said; Sept. 13 is when an NCI lab becomes the first new CRC tenant. In mid-October, the various CC departments will begin to move in, starting with the director’s suite on the sixth floor, directly over the CRC’s central portion. “All labs and departments should be moved in before Thanksgiving,” said Chyun, “then the patients will move in on Saturday, Dec. 4.” Gallin divulged that historical studies of CC census indicate that early December is when the fewest patients are on hand.

“This is the largest, most technologically advanced clinical research facility ever built,” Gallin said, “but it is also a place of hope. There are many people

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NCI’s Dr. Steve Rosenberg (r) addresses reporters in his lab space in the CRC. With him is Robert Frasca of the architectural firm Zimmer Gunsul Frasca, which designed the building.



A waterfall for Radiation Oncology Branch, NCI

(they actually timed how long it takes the carts to deliver food from the kitchen to the elevators leading to customers upstairs) is a locked-and-barred CIT telecommunications hub. Why can’t we go in there? “It’s been turned over to CIT. They have millions of dollars of electronic equipment and computers in there,” says Chyun.

The HVAC area—another football field—is crammed with pipes and plumbing and conduits, and is adjacent to a massive electrical vault that seems to pulse with red-lit pent energy. More millions.

There is a small-animal holding facility (vivarium), and large-animal surgery, and the air-handling requirements for these are so important and so sensitive that tests are running all month long so the

quality and pressure are just right.

Then there is NCI’s Radiation Oncology Branch, a portion of which moved over rather late in the game (project planning-wise) from a subterranean headquarters on the backside of old Bldg.

10. Because patient tension here tends to be high and because the need to be underground precludes the possibility of windows, a calm-inducing water fountain has been built into one of the walls.

And speaking of walls, some of them here are 3 to 6-feet thick, sometimes lined with lead bricks, to accommodate the energies developed by three linear accelerators. When the “Beam On” lights flash, one assumes it’s best to be beyond the monolithic steel-and-lead slabs

that pass for doors offering access to these three rooms.

The First Floor

Remember those nasty cobblestones that used to

A Resumé of Achievement

The new inhabitants of the CRC won’t have long to sit on laurels and Rent-a-Crate boxes before public expectation prods them to perform. After all, the track record of the original Clinical Center includes the following successes, enumerated here partially by CC director Dr. John Gallin:

- ◆ Lithium first used in treatment of bipolar disorders
- ◆ Blood tests for AIDS and hepatitis developed
- ◆ World’s first gene therapy in human patient
- ◆ First successful treatment of sickle cell disease with hydroxyurea
- ◆ First artificial mitral heart valve developed
- ◆ MRI first used to diagnose heart disease in emergency room setting
- ◆ First cure of a solid tumor with chemotherapy

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alive today who came here [to the original Clinical Center] for their treatment.”

He emphasized the human dimension of care, which substantially informed project design, from dispensing with speed bumps in the parking garage (which nauseated patients undergoing chemotherapy) to the installation of adjustable shower heads (upon the advice of an AIDS patient who was trying to keep a chest catheter dry), to an insistence on natural light not only in all patient rooms, but also elsewhere; Gallin is particularly proud that an atrium skylight illuminates even the entryway from the B1-level parking garage.

Gallin said it was essential that the building be flexible; lab modules can convert to patient care, and vice versa, and the lab benches themselves can

PHOTOS: BILL BRANSON, RICH MCMANUS



Gallin shows reporters the adjustable shower head that was recommended by a Clinical Center AIDS patient.

convert to desk space. “We need a building that can change,” he said. The CRC will feature a modest drug manufacturing facility, he noted, so that “we can synthesize small amounts of candidate drugs.” There is also unique lab equipment, including three cyclotrons (actually a part of the old hospital since the mid-1980’s) and three linear particle accelera-

TOUR FACTS, CONTINUED FROM PAGE 7

line the driveway up to the old ACRF, or clinic, part of Bldg. 10? They were jettisoned years ago for the same reason that the garage speedbumps were nixed—they irked patients. Visitors to the grand entrance of the CRC will find a smooth driveway lying under a free-standing overhang

which, at night, features neon blue underlighting (perhaps a nod to the Bethesda skyline). Once through the revolving door (intended to preserve the building’s air quality; air in the hospital is 100 percent fresh, with no recirculation), guests will find an unmistakable central admissions/information area featuring polished stone countertops and an airy,

2-story atmosphere. The renowned Clinical Center art program will find a home at the CRC, with a main exhibit space in this admission area. There will also be a prominent statement of the NIH mission, and an exhibit honoring the building’s namesake, former Sen. Mark O. Hatfield (R-OR). A large aquarium is also to be located along one wall in the admissions area.

Centered on the floor of the 9-story atrium will be a sculpture embodying the theme of the biblical “Pool of Bethesda,” created by the husband/wife team of Gene and Susan Flores, who designed the 9/11 Memorial Park near the Rockville Courthouse. A shade-loving species of palm will add to the sculpture’s calming water-stream feature.

Two patient care areas with remarkable characteristics are located on the first floor. The pediatric unit features several playful lighting schemes. In

Chyun points out seam in the floor of biomechanical lab in the department of rehabilitation medicine. The lab’s floor is separate from rest of the building.



some hallways, mobiles hang overhead with whimsical butterflies serving as light fixtures. And in lieu of room numbers on patient doors are mandalas of colored lights—kind of like colored marbles—whose patterns uniquely signify each room. Kids, Gallin assured, are sure to recall the patterns more readily than they would numerals.

An extensive rehabilitation medicine department has a special room whose floor was built entirely independent from the rest of the foundation, in order to be vibration-free. The floor supports a central area roughly 9 feet square that is embedded with sophisticated sensors that can record the tiniest amount of biomechanical pressure exerted by a bare foot, including that induced by the pinky toe. “I’m dying to see it once it’s all done,” enthused Chyun.

On either side of the atrium are lushly planted courtyards with low concrete walls to encourage sitting as well as a variety of benches. The east courtyard will be dedicated in honor of Florence Mahoney, widely regarded as the founder of the National Institute on Aging, perhaps as early as October. The west courtyard is a mirror image of the east, but



Chyun shows vault within pharmacy department.



This addition to the CC pharmacy department was designed and built separately from the main CRC project; it includes the most strict air purity standards in the new building.

tors, as well as special imaging facilities.

The CRC will enhance the NIH intramural programs' legendary ability to respond rapidly to emerging health challenges, Gallin said, noting past successes with issues ranging from AIDS to anthrax, biodefense, obesity, smallpox and SARS. He touted a "strong behavioral health facility" that will be part of the CRC, explaining that the average stay for patients in this area is 123 days, compared with only 4.5 days of care on the outside.

Gallin said the CRC is "truly a national hospital," whose amenities include a plethora of medicinal plant displays donated by the U.S. Botanic Garden, bedside access to the World Wide Web and other educational tools, a K-12 school for young patients, meals on-demand from the hospital kitchen, and some retail operations at the foot of the 9-story

atrium (tenants so far include Starbucks and Au Bon Pain, said Chyun).

Cost of the new CRC is around \$650 million, according to Leonard Taylor, acting director of the Office of Research Facilities Development and Operations; \$596 million appropriated by Congress for construction, and an additional \$50 million on furnishings and fit-out.

Robert Frasca of architect ZGF acknowledged what Gallin called the building's "large footprint," but emphasized that it is "in many ways a very modest building." He said designers eschewed the high-rise concept, partly out of respect for NIH's neighbors, but also in an effort to humanize the scale of the facility. "We hope it will serve science for the next 50-100 years," he said. ■

there are as yet no dedicatory plans for it.

NIAAA labs occupy the first floor's eastern laboratory block. Like all the lab floors, it features a shared cold room in one central corridor, as well as an equipment room, with lab space lit by large windows. Lighting is fully automatic in these facilities; motion detectors turn them on and off. Each lab block also includes a dark room for photo processing.

An expanded pharmacy department facility is also located on the first floor, although the main department will remain in Bldg. 10. The new section has air quality specifications that are the highest in the CRC, to accommodate a small drug-production facility known as GMP/GLP, or good manufacturing practices/good laboratory practices. A separate design/build contractor handled this portion of the hospital, Chyun noted.

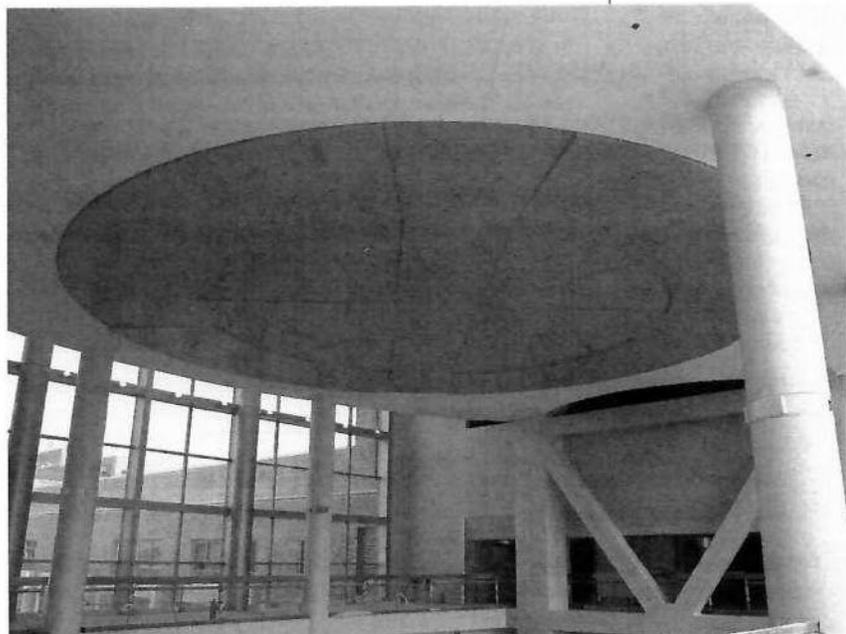
Some Sweet Suites

Located around the central atrium are the offices of the various clinical directors with programs in the building. Held strictly to the same space limitation, the suites nonetheless are prime real estate, with large, sometimes floor-to-ceiling windows and easy access to the atrium. The office suite of the CC director on the sixth floor is most impressive, located just above the 4th floor medical board room, which itself has an outdoor patio overlooking the front of the CRC.

Consistency from Floor to Floor

The four patient care blocks in the CRC have similar floor plans. Typically, there are 24 rooms per floor, half private (for those more acutely ill), half semi-private. There is a central nursing station in the center of each block, with satellite stations at each end, so that each station serves no more than four patient rooms.

In the "day hospital" areas, a nurse's station is in



the middle of two patient rooms. "This is unique," said Gallin. "We think this will become a trend in clinical research. No overnight stay is required of the patients, and we even have a mini-business center where patients can hook up to the Internet."

What's Staying Put

The radiology department, surgical suites, department of clinical medicine, department of transfusion medicine and some diagnostic facilities will remain in the old building as will the two main cafeterias. The ACRF outpatient clinic will remain as is, hosting most routine clinic visits. While the new hospital will have five or six ORS-managed conference rooms large enough to convene groups of around 70-100, plus another three dozen or so small meeting areas, Masur Auditorium and Lipsett

The CRC encompasses some 850,000 square feet (although total site construction totals 1.2 million square feet—1.05 million on the CRC itself, with the rest accounted for by rebuilding a demolished underground garage and an old patio). The atrium ceiling above was hand-finished.

CONTINUED ON PAGE 10

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Amphitheater will continue to serve as the complex's main meeting rooms.

The CRC will have a multi-faith chapel on the 7th floor, with canted roof, skylight and stained glass column of light behind the altar area. The chapel is also getting the CRC's only hardwood floor. The pews and revolving altar from the old 14th floor chapel are simply migrating over to a new home in the CRC. "That's called value-added engineering," chortled Chyun of the cost-saving move.

Other Fine Details

Up on the seventh floor, be sure to take notice of the atrium ceiling. It is made of Italian plaster, and was hand-applied by artisans from Italy. If you look closely, there are subtle, non-repeating elements to the finish.

Chyun can't wait to see how the changing light of the seasons affects the character and mood of the atrium. Looking out toward the courtyards below, he observes, "I am truly impressed with the ZGF design. The proportions are just right."

Pointing out smokestacks on the hospital's roof, he divulges that the stack height was carefully calibrated in studies conducted at a special wind-tunnel modeling facility in Colorado. "They built a model of the entire north half of NIH to study



Chyun stands beside a stack of tongue-in-groove flooring that will become the hardwood floor of the CRC's seventh floor chapel. It is the only hardwood flooring in the building.

how the prevailing winds would affect exhaust," he marveled. The stacks are just high enough so that their emissions clear the courtyards and don't affect inhabitants of the CC complex.

Chyun noted that a new K-12 school will be built where the lobby of the ACRF meets the CRC, near the current Voucher Office and Travel Office on Bldg. 10's first floor. The school will conveniently abut the new pediatric unit. Also in this area of the first floor will be a children's drop-off area so that parents/caregivers who have appointments in the building, but must bring children, have a place to leave them supervised and entertained.

In the event of a bioterror emergency, portions of the CRC can convert to "swing space" for relief of acute care capacity, said Gallin. There are about 30 isolation rooms throughout the hospital, Gallin added, with several other rooms convertible to that purpose should the need arise. There is also a vaccine-testing facility in the CRC, for biodefense purposes.

Like the old hospital, the CRC includes some holdover, "old" technology that is still useful, including a system of pneumatic tubes, and an electronic track conveyor for transmitting material.

Who Uses the Hospital?

Seventeen of NIH's 27 institutes and centers have space within the new CRC, but only 11 have labs. NEI has no lab space, but does reserve some capacity for patients. As NCI Surgery Branch chief Dr. Steve Rosenberg told reporters at the July 12 media briefing, the CRC is not a place for commonplace medicine: "If you can do it everywhere, you don't do it here," he declared.

"I can't wait to move in—we move the second week of September," Rosenberg continued. "We'll be able to

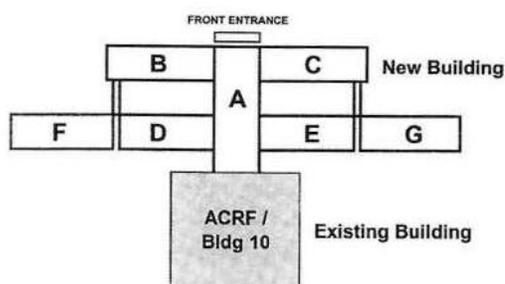
The east courtyard at the CRC will be dedicated in memory of Florence Mahoney, a champion of the establishment of the National Institute on Aging at NIH. Both east and west courtyards are similarly appointed, featuring lush plantings and plenty of places to sit down.



do things we couldn't do in the old building." He cited a study showing that patients tend to recover faster when they can see the light outside and know when it is day and night.

Echoed Gallin, a 31-year NIH veteran, "I'm very excited about moving into this new facility." He predicted that the new CRC will focus more on prevention than on the acute care that became the hallmark of the original CC. "We hope to match the record of the Clinical Center's first 50 years," he said. He is fond of saying, "Although we can't do everything, we can do anything. It's just a matter of setting priorities." Not a bad new motto for Sen. Hatfield's new namesake.

Who'll Be Where, Come Moving Time



LEVEL 1

- 1B Pediatrics
- 1C Rehabilitation Medicine
- 1D N Pediatric Behavioral Health
- 1D S Admissions
- 1F Pediatric Oncology Research Lab for NCI
- 1F Urological Oncology Research Lab for NCI
- 1E N Alcohol PCU (patient care unit)
- 1E S Pharmacy
- 1G Alcohol Abuse Research Lab for NIAAA
- 1G Developmental Endocrinology Research Lab for NICHD

LEVEL 3

- 3B Surgical Oncology PCU
- 3C Hematology-Oncology PCU
- 3D Critical Care/Intensive Care Unit
- 3F Surgical Oncology Research Lab for NCI
- 3E Hematology-Oncology Day Hospital
- 3G Medicine Research Lab and Metabolism Research Lab for NCI
- 3G Hematology Research Lab for NHLBI

LEVEL 5

- 5B General Medicine PCU
- 5C Cardio/Pulmonary Procedures
- 5D Surgery PCU/Med-Surgical Day Hospital
- 5F Lab Host Defense Research Lab for NIAID
- 5F Diabetes Research Lab for NIDDK
- 5E Medicine/Telemetry
- 5G Cardiology Research Lab for NHLBI
- 5G Pulmonary Research Lab for NHLBI
- 5G Gene Therapy Research Lab for NHGRI/NIDCD/NIDCR/NEI

LEVEL 7

- 7D Neuro/Neuro Testing /Sleep Lab
- 7E Adult Behavioral and Geriatrics

Kanda Appointed NCMHD Deputy Director

Dr. Mireille Kanda was recently appointed deputy director of the National Center on Minority Health and Health Disparities.

Kanda brings over 25 years of professional experience to NCMHD. Prior to joining HHS, she was director of the division of child protection at the Children's National Medical Center in Washington, D.C. At HHS's Administration for Children and Families, she was director of health and disabilities services for the Head Start Bureau. Most recently, Kanda served as acting director and deputy director of the Office of Population Affairs in the HHS Secretary's Office of Public Health and Science. Her work at the department earned her the Assistant Secretary for Health's Distinguished Service Award.

"I am personally committed to ensuring that the NCMHD health disparities research activities support the innovative approaches the nation needs to address the complexities of this public health crisis," says Kanda, who has been at NCMHD for more than a year and has served as acting deputy director and associate director for scientific program operations.

After graduating from George Washington University School of Medicine, Kanda trained in pediatrics at Children's National Medical Center. She also earned a master's of public health degree from Johns Hopkins University's Bloomberg School of Public Health. She is board-certified in pediatrics and is a member of the American Academy of Pediatrics. ■

Career Advancement Program

2004 STRIDE Now Recruiting

The NIH Training Center announces the 2004 STRIDE Program, a 3-year program designed to provide employees with an opportunity for career change and advancement and help NIH meet staffing needs. STRIDE's aim is to provide a combination of on-the-job training, academic courses and selected short-term courses to prepare individuals for placement in targeted professional positions.

To be eligible, you must be employed at NIH under a career-conditional appointment for at least 1 year. The program will be advertised NIH-wide on Aug. 16 with a deadline for submission of applications on Sept. 17.

Information sessions, held from 11:30 a.m.-12:30 p.m., will be conducted:

- Aug. 5 Natcher Bldg. F1/F2
- Aug. 19 Bldg. 31, Conf. Rm. 6
- Sept. 2 Executive Plaza South, Classroom 9

For more information about the program and online application process, visit <http://learningsource.od.nih.gov/stride.htm> or contact Pauline Irwin, irwinp@od.nih.gov. ■



Dr. Kathryn C. Zoon recently joined NIAID as deputy director for planning and development in the Division of Intramural Research. Before coming to the institute, she was principal deputy director of the NCI Center for Cancer Research. Prior to that, she served for more than 10 years as director of FDA's Center for Biologics Evaluation and Research. As deputy director, Zoon will be responsible for developing new scientific programs with special emphasis on emerging diseases and biodefense. In addition she will head a laboratory group studying alpha interferons. She received her Ph.D. degree from Johns Hopkins University and was a senior fellow at NIH and at FDA. She is a member of the Institute of Medicine.

VAN HOLLEN, CONTINUED FROM PAGE 1

would be considered “an honorary member of the broad scientific community today” because of a brief period during which Van Hollen majored in physics at Swarthmore. Apparently, a quantum physics course helped Van Hollen decide that his studies and career might be better aimed toward law. The congressman accepted the lighthearted introduction with humor, joking that his secret science past is now out.

“The main purpose of my visit today is to say to all of you that our door is always open on whatever issue you may be interested in communicating your views about—

whether it’s an international issue, a national issue, something about NIH or a one-on-one constituent issue,” he said, acknowledging that he has received no shortage of communication from members of his constituency since being elected to the post in November 2002.

“This is, as you might imagine, a very challenging district to represent,” he said. “No matter where you are, there are people following very closely what is going on in the federal government. Take health issues, for example. You’ve got people from NIH, from FDA, and if they’re not working for [the Department of] Health and Human Services or one of the other federal agencies, they’re often working for one of the businesses trying to influence the behavior, results and work of one of our federal agencies. That’s true not only of health care, but also of national security and other issues.

“We don’t just get the typical form letter in our office,” he quipped. “We often get these memos with three different options and a recommendation. It does keep us on our toes. It makes us quickly recognize the limits of our knowledge. It also makes us appreciate hearing ideas and input from people who are very knowledgeable about a lot of issues.”

Before opening the floor for questions, Van Hollen briefly addressed several topics that have been under discussion at both Congress and NIH in recent months, including the budget forecast for fiscal year 2005 and beyond, reports of conflicts of interest among NIH scientists, stem cell research, and the need to revisit government policies on outsourcing.

“There’s been strong bipartisan support for many years for NIH,” he pointed out, recounting the



NIH deputy director Dr. Raynard Kington

doubling of NIH’s budget from 1998 to 2003 during which time increases were about 14 percent annually. “After that period we saw a dramatic slowdown of increase. In talking to people around the country at colleges and universities and people involved in research, there’s a real concern about a lot of the opportunities that were opened up during the doubling, areas with big potential that we were not able to explore before. If we don’t sustain a higher budget level, we’re not going to be able to pursue those cures and treatments...It doesn’t mean that we have to have 14 percent increases every year, although I’d like to see it. It does seem to me that we need increases above the rate of inflation. This year’s budget increase—depending on how you calculate it, it’s between 2.6 percent and 2.9 percent—does not keep up with inflation. All of these issues that we’re following in Congress require trade-offs and setting priorities. We need to make sure that our national investment in biomedical research remains one of our very top priorities.”

The congressman also said he believes proper balance and flexibility are essential for NIH and Congress to uphold their responsibilities to the nation’s citizens.

“I think it’s important that we in Congress allow you at NIH and others who are experts in biomedical research to make the key decisions about where

“All of these issues that we’re following in Congress require trade-offs and setting priorities. We need to make sure that our national investment in biomedical research remains one of our very top priorities.”

to invest the funds so that we can put them to the best use,” he noted. “In order to keep Congress from micromanaging, it’s important that NIH have a transparent process so the public knows how the money’s being spent. To the extent that people feel that they have input and that their concerns are addressed, then Congress can resist the temptation to say where research funds will go. That is the balance that I ask.”

About conflict of interest, Van Hollen said, “In order to attract the best scientists, who can go just about anywhere they want, it’s important that we have flexibility. At the same time, it’s important to ensure the public trust.”

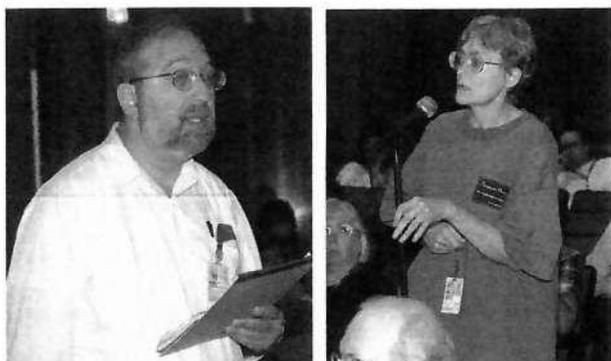
The congressman’s remarks on two other issues drew rousing applause from the audience: his support for expanding research on stem cells and his contention that the A-76 process should be reevaluated for fairness and efficiency.

Congress is continuing to debate stem cell research, he acknowledged, but “I hope it’s an area where the

PHOTOS: JANET STEPHENS



At a town-hall-style meeting at NIH, Congressman Chris Van Hollen is greeted outside the Natcher auditorium.



Several employees asked questions about issues ranging from contracting-out to telecommuting.

science will inform public policy rather than politics determining the outcome of the science...I hope we can put politics aside and move forward."

Van Hollen pointed out that federal agencies have used contractors "for decades, so the issue isn't contracting out, per se. It's a question of the rules of the road that govern the process and whether they are fair to federal employees. It's important that the rules are not tilted against federal workers."

Discussing one of NIH's recent A-76 victories, he said, "I think that competition showed that when you're looking for quality work to be done, then the best group of people to do that are here at NIH. We have to be careful with this contracting-out process that we don't so undermine the morale of the federal



In his freshman year as congressman, Van Hollen (l) says he wants to hear from NIH'ers.

workforce that they can't accomplish their mission. We're going into a period where it's becoming harder and harder to attract and retain highly motivated, qualified people to federal service...We need

to find the right balance and I look forward to continuing to work with you so that the rights of federal workers are properly protected."

Van Hollen also provided updates on current legislation related to NIH interests: He reported that Project Bioshield legislation, which involves research to develop potential therapies for bioterrorism, was scheduled to be passed by the end of the week (President Bush signed it July 21). In addition, he said Congress was still negotiating the annual so-called pay parity provision between military and civilian federal employees. "The larger issue," he explained, "is trying to make sure that salaries in the public sector are commensurate with salaries in the private sector." Noting that health insurance costs are rising in both sectors, Van Hollen also mentioned bills he cosponsors that would have

the federal government pay for up to 80 percent of health benefits premiums for its workers. Currently, up to 70 percent of premium costs is covered by federal employers. The congressman admitted that such legislation is not likely to see movement before the November elections, however.

"Thank all of you for the work you do for our community and country in the area of biomedical research," he said, turning to health-specific topics. "You've got a terrific team of scientists and everybody else who is part of the NIH mission. The fact that the rest of the world was able to respond so quickly to the SARS virus is a testament to the work that is being done and the advances being led by NIH. I'm also pleased with your work in the mental health area. I understand that you've recently been able to identify some of the genes related to schizophrenia. These advances are constant. They are advances that have a direct impact on families throughout our country and throughout the world. I thank you for your efforts there."

As a member of the House committee on education and the workforce, Van Hollen said another of the issues where he has benefitted recently from NIH expertise is child nutrition legislation, or the school lunch program.

"One of the things we focused on this year," he remarked, "was the whole issue of obesity, which as you know, is a national epidemic. I know that you have a lot of different institutes here that focus on particular areas and obesity is obviously something that cuts across many different disciplines. I'm pleased that you're putting together interinstitute, inter-center cooperation on this. With all the gains we're making in cardiovascular [diseases] and diabetes and other disorders, we'll have to take one step backward if we don't address obesity, which will have an impact on all those areas."

During the question period, employees commented on several other issues, including the need for expansion of the telework/telecommuting policy. Van Hollen agreed traffic and environmental problems could be helped if more employees were allowed to work away from the workplace and that bipartisan legislation has been discussed recently that could force federal agencies to increase the number of telecommuters.

Ending his visit, Van Hollen also said he appreciated all the outreach work NIH supports outside its campus. "You also are a great driver of our local economy," he concluded, noting that the region is number four behind California, Massachusetts and North Carolina in attracting biotechnology companies looking to relocate. "It's no coincidence that the I-270 corridor has become home to a lot of new businesses in the biotechnology area. Our goal of course is to move up from fourth, but the reason we have been so successful in attracting businesses is because we have places like NIH." ■

Van Pool Riders, Drivers Needed

A new van pool will be departing from First Baptist Church of Glenarden and the New Carrollton Metro to NIH at 6 a.m., 6:30 a.m. and 7 a.m. Riders and drivers are needed, but seats are going fast. Parking is available at the church and at the NIH satellite parking lot across the street from the New Carrollton Metro Station. This service replaces the old "Beat the Beltway Blues" bus service that was cancelled in June 2003. Interested commuters should contact Mozelle Sam at (301) 496-8934 or Robert Hunter at (301) 435-6766.

Sailing Association Open House, Picnic

The NIH Sailing Association will hold an open house and picnic on Saturday, Aug. 7 from 10 a.m. to 3 p.m. at the Selby Bay Sailing Center in Mayo, Md. The event will introduce the NIH and NOAA communities to NIHSA. Brief excursions will be available to adults over 18 on a first-come, first-served basis, weather permitting, and there will be cookout food and drink. Cost is \$5 per person. Membership applications will be available, as will sign-ups for fall basic training class (if spaces are available). For more information, including directions to the picnic, visit www.recgov.org/sail.

Alexander Ends 30-Year NIH Career

By Rich McManus

James S. Alexander, who was most recently director of the Fellowship Training Program in the newly created Office of Intramural Training and Education, retired June 30 after 30 years at NIH, an institution he felt lucky to serve.

"To be even remotely connected to an organization whose work results in the alleviation of human suffering is really special," said Alexander. "Once I came to NIH, I knew I was here for the duration. I was never tempted to go elsewhere."

Alexander joined NIH in 1974 as EEO officer for the Clinical Center, a post he held until 1988. That year he was named chief of the Office of Special Programs in the CC, which included responsibility for the recruitment of physicians for the Clinical Associates Program, management of the Clinical Electives Program and the Summer Research Fellowship Programs (which he helped establish), as well as oversight of the Normal Volunteer Program.

Long involved in trainee programs, Alexander said he always gave young professionals the same advice: they were about to embark upon a rare opportunity and they ought to make the most of it. "I have suggested that they were indeed fortunate to be compensated for an educational experience that many would be willing to pay for," he said.

When the former Office of Education was established by the NIH scientific directors in 1990, Alexander was named deputy director, a post he held until a month prior to retirement (although he was acting director of the office from 1997 to 1999). He credits a cast of former CC officials with trusting him with the chance to show what he could do, among them former CC directors Dr. Mortimer Lipsett and Dr. John Decker, as well as former CC Executive Officer Earl Laurence and former associate CC director for medical education Dr. Jay Shapiro. "They gave me opportunities that I will always be grateful for," Alexander said.

"Jim has been an effective and devoted supporter of the NIH intramural research program for his entire career," noted Dr. Michael Gottesman, NIH deputy director for intramural research. "In the last dozen years or so, he helped build the Office of Education in the Office of Intramural Research and will leave a legacy of well-run and high-impact training programs at the NIH."

Added Brenda Hanning, former acting director of OE who now directs the Medical Education Program, "Jim's lodestar, throughout his NIH career,



James S. Alexander

has been our mission to improve human health. His constancy and unwavering focus on training the students, for whom a research experience here has shaped their careers, have truly changed many students' lives. If NIH's greatest resource is its people, Jim is one of our luminaries."

Alexander won the CC Director's Award in 1981, received an Achievement Award from the National Alliance for Business for contributions to the youth motivation task force in 1984 and won an NIH Award of Merit in 2001. He also received the Recognition Award for contributions to the development of minority physician-scientists from the National Association of Medical Minority Educators in 1985.

Alexander embraced the mission of NIH and does not rule out the possibility of future consulting work, after he's had a few months to enjoy his freedom. As he used to tell trainees, "This is not your average 9 to 5 job. This is a rare opportunity to learn from people who are at the cutting edge of science. For those fortunate enough to come here, there are thousands who would love the opportunity."

In the end, Alexander was proud of his association with NIH but humbled, too, by the company he kept. "There are two things you can do at NIH," he said. "You can either do science or support it. Those who do are far more deserving [of accolade] than those of us who don't. I'm genuinely appreciative of having been a part of this agency." ■

NIH Offers ClinPRAT Training

The NIH Clinical Pharmacology Research Associate Training (ClinPRAT) program is a 3-year postdoctoral research fellowship training program sponsored by the Clinical Center and NIGMS. The program emphasizes laboratory pharmacology, biostatistics, pharmacokinetics and chemistry in the study of drug action in humans. Postdoctoral training positions are available starting July 1, 2005, and in subsequent years. Candidates must have the M.D. degree. In general, they will have completed 3 years of residency training and will be board-eligible in a primary medical specialty when entering the program. Candidates must be U.S. citizens or permanent residents of the United States. Candidates' qualifications are evaluated by the clinical pharmacology steering committee. Selection is highly competitive and preference will be given to applicants with outstanding potential. Most successful candidates either have had Ph.D. degrees in addition to their M.D. degree or substantial prior research experience. ClinPRAT fellows have the opportunity to participate in the NIH General Loan Repayment Program. For more information visit <http://www.cc.nih.gov/researchers/training/clinprat.shtml> or call Donna Shields at (301) 435-6618. ■

NICHD Mourns Administrator Whalin

By Marianne Glass Miller

Dr. Michael E. Whalin, a scientist and administrator at the National Institute of Child Health and Human Development, died unexpectedly on July 5. He was 49 years old.

"All of us are shocked and saddened by Dr. Whalin's unexpected passing," said Dr. Duane Alexander, NICHD director. "Dr. Whalin was a gifted administrator who inspired teamwork and camaraderie among his colleagues. He was fair-minded, fun-loving and compassionate, and he will be greatly missed."

Whalin formally joined NICHD's Office of Extramural Policy as a health scientist administrator in 2003, after working with the office on a part-time basis since 2001.

He coordinated many of the institute's extramural operations, working with program, review, grants management and referral. He was chair of NICHD's minority/disability/reentry supplement program and was the institute's liaison to NIH for population tracking.

"Michael was the institute's policy guru," said Dr. Tyl Hewitt, chief of the Developmental Biology, Genetics and Teratology Branch, where Whalin previously worked. "We all looked to him for policy guidance."

Born and raised in Alabama, Whalin served in the Navy from 1973 until 1977. He attended the University of South Alabama, where he received his undergraduate degree and, in 1990, his Ph.D. in basic medical sciences/pharmacology. From 1990 to 1992, Whalin was a postdoctoral fellow at the FIDIA-Georgetown Institute for the Neurosciences.

Whalin came to NICHD in 1992, joining the Division of Intramural Research as a National Research Council biotechnology/neurobiology associate. In 1995, he was an IRTA fellow in the Office of the Scientific Director, section on growth factors.

From 1998 to 2003, Whalin was a health scientist administrator in the Developmental Biology, Genetics and Teratology Branch, where he was responsible for programs on developmental genetics and genomics. During his time there, he developed a growing interest in policy issues and was recruited to spend part of his time in the institute's Office of Extramural Policy, headed by Dr. Susan Streufert. Eventually, he decided to specialize in policy, and joined Streufert's office in 2003.

At a memorial gathering in his home, friends and colleagues joined with Whalin's wife, Kate McLeon-Whalin, in sharing their remembrances of Mike,

both professional and personal. Many people spoke of his love of music, particularly classical guitar. "Music was a big part of his life," said Hewitt. "Michael kept a guitar in his office. He would come in early, make a pot of strong coffee, then go into his office, close the door and practice his guitar for a while."

According to his NICHD colleagues, Whalin's knowledge and expertise, along with his great sense of humor and wit, made work easier for everyone with whom he came into contact. "Michael was always there to turn to for help and partnership," said Streufert. "This is a great loss for the whole institute. Without Michael, there's no music." ■



Dr. Michael E. Whalin

CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Mac OS X for Migrating Users	8/9, 16, 23
Write to the Point for IT Professionals	8/10-11
Creating Presentations with PowerPoint 2003 for the PC	8/12
SAS Data Mining	8/12
What's New in SAS(r)9?	8/12
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NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

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Intercultural Communications for the NIH Scientist	8/9
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Study Needs Healthy Girls

Parents, NIH would like your healthy girls 4-10 years of age to participate in a growth and development study. No blood draws. Compensation provided. Call 1-800-411-1222 (TTY 1-866-411-1010). Refer to study # 00-CH-0180.

NIDCR's Wilberding Retires After 42 Years

By Mary Daum

The woman on the other end of the phone confided that she and her sister were on the brink of committing their mother to a psychiatric ward. The woman said her mother constantly complained that her mouth burned, but the sisters understood from various doctors that there was no such condition. Luckily the caller was talking to Sally Wilberding, an information specialist in the NIDCR communications office. Wilberding explained that yes, there is a condition called burning mouth syndrome that can be associated with various oral or systemic conditions. The caller was so relieved and grateful for the information that she contacted Wilberding's boss, who passed along the compliment to the institute director.

"To be able to offer information on a disorder and really enhance someone's life like that is very rewarding," says Wilberding. "It's satisfying to be able



Sally Wilberding, who has been dispensing information from the same office for more than 20 years, retired June 30 after 42 years of federal service.

to help answer a question, whether it's about a root canal or a genetic condition," she says. "It gives people a starting point, some basic information to take to their doctor and discuss. They also don't feel so isolated when they learn they're not the only one in the world with a certain problem."

Wilberding, who has been dispensing information from the same office for more than 20 years, retired June 30 after 42 years of federal service.

"Sally came to work every day with an eagerness about her job and a smile on her face; she exuded that warmth to every person she communicated with in the course of getting accurate health information out to the public," said Brent Jaquet, former chief of the institute's information office and now an appropriations fellow in the office of Rep. C.W. Bill Young (R-FL). "She seemed to connect with everyone who needed help or health information. And she always went the extra mile.

"In the old days (before the web) if we didn't have printed information on a particular problem, Sally would find it by reading through dental text books or medical encyclopedias," Jaquet added. "She is the epitome of a government public information specialist. I know she has earned her right to retire, but it's a shame we have to let her go."

Wilberding began her government career at Walter Reed Army Hospital and then took a job at the Pentagon. She arrived at NIH in 1966, when she worked for the Division of Biologics Standards. Two years later she joined the information office at the (then) NIDR as a secretary. She subsequently served as an editorial assistant and in 1982 assumed the job of information specialist.

"By sitting in the same room with the former information specialist, I was able to hear how she handled the calls," Wilberding recalls. "We didn't have a clearinghouse at the time, so every call and letter that came in was handled by our office," she said. "That's how I learned the subject matter."

"Sally has a wonderful combination of traits: wisdom, compassion, generosity and grace under pressure—not to mention an encyclopedic knowledge of oral diseases. And it's a good thing, because her job required all of those," said Susan Johnson, NIDCR's communications director. "It wasn't only the public that looked to Sally for help; so did her colleagues at the NIDCR, and we were never disappointed. She organized tours, handled press calls, served as FOIA officer, and oversaw the design and production of many high-profile publications and exhibits. Sally is one of those people who gets things done and makes it look easy; heavy workloads and short deadlines don't faze her. I learned a lot from Sally in the 20 years we worked together."

Reminiscing about her career, Wilberding laughs as she describes the office when she began working. "I had an electric typewriter, some oral pathology books and journals, and a rotary telephone. But no parking problems! In fact, everyone who worked in Bldg. 30 (the institute's research building) could park right out front."

After answering public inquiries for more than 20 years, Wilberding said she still got questions she'd never heard before. "Oftentimes, people would call after being diagnosed with a systemic disorder," she said. "And sure enough, after looking it up I'd discover there was an oral complication related to it. So I'd be able to offer them information they could discuss with their doctor or dentist."

Offering information seems to come naturally to Wilberding, who is teased by her colleagues for giving out "free advice." "I'll really miss the people here," she says. "But I'm looking forward to the next chapter in my life." Retirement plans include spending more time with her family, fishing and travel—a trip to Austria is already being planned. ■

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