Your Donation at Work
Bethesda Charities Benefit from Combined Federal Campaign
By Jane DeMouy
It's 12:30 p.m., and five Holton-Arms third graders and their mothers have just delivered a stockpot full of chicken noodle soup to the Bethesda kitchen of Christ Lutheran Church's fellowship hall. A nearby table is set with bread, salad, ham sandwiches and cake donated by Safeway. The 8-year-olds make soup for the homeless twice a month, and take
SEE BETHESDA CHARITIES, PAGE 4

Nobelist To Give Stetten Lecture
On Ion Channels, Oct. 27
By Karin Jegalian
The body uses electrical currents to translate light into sight, relay information from nerve to nerve, coordinate the pumping of the heart and allow actions as fine as threading a needle and as powerful as sprinting. The controlled flow of currents, for these uses and many others, depends on ion channels, which permit charged particles to pass through cell membranes.

Dr. Roderick MacKinnon of Rockefeller University has been studying ion channels for the past 18 years. Since 1998, his research group has determined the atomic structures and mechanism of action of several ion channels. Last year, he received the Nobel Prize in chemistry for his
SEE STETTEN LECTURE, PAGE 2

The 'House of Hope' Opens
Hatfield Dedicates New Hospital, Urges Major New Study
By Rich McManus
Nearly 7 years after he visited NIH to break ground for a new hospital to be named after him, former Sen. Mark O. Hatfield (R-OR) returned on Sept. 22 for the dedication of the Clinical Research Center, which he called a "human mosaic" embodying the vision, skills and perseverance of many, resulting in a "new community of hope." He also called for a major new national initiative on genes, environment and health, which would enroll up to 1 million Americans from all population groups and all parts of the country, for the benefit of future generations.

"There is no medicine like hope," he told a crowd of hundreds

Giving Bldg. 1 the Run-Around
Largest Relay Race Ever Attracts Hundreds
By Rich McManus
Lots of things are more important than winning the 21st NIH Interinstitute Relay, which this year attracted a record 100 teams of five runners each. Having a clever team name and a distinctive T-shirt design are essential, as is having a large cadre of colleagues on hand to cheer you on and document your performance with digital cameras and videocams. Having your own bagpiper is extremely

Dr. Bruce Raaka of the receptor and hormone action section of NIDDK's Clinical Endocrinology Branch plays the "Olympic Fanfare" on bagpipes as colleague Ayo Olufade holds sheet music.

SEE RELAY RACE, PAGE 6
Dr. Roderick MacKinnon, 2003 Nobel laureate, will give the Stetten Lecture on Oct. 27 at 3 p.m. in Masur Auditorium, Bldg. 10.

According to NIGMS director Dr. Jeremy Berg, MacKinnon "has done whatever was needed to find out the structure and function of ion channels. As an M.D., he realized how fundamental these channels are to medicine. He's a problem-driven, determined, focused scientist who wasn't limited by what he was originally trained to do."

MacKinnon first became interested in ion channels when he was completing a residency in internal medicine at Beth Israel Hospital in Boston. He started attending weekly meetings held by ion channel researchers and visited their labs, where he saw that they could observe single channels in real time and track conformational changes as they happened.

"It was somewhat serendipitous that I became interested in ion channels," MacKinnon said, "but I kept having a yearning to pursue basic science. During my residency, I decided I had no choice but to become a scientist."

MacKinnon was attracted to the quantitative rigor of studying ion channels and in particular to two issues: channel discrimination and gating. He wondered exactly how, for example, a potassium channel permits the rapid passage of large numbers of potassium ions while excluding similar, but smaller, sodium ions. He's also still trying to understand the controlled opening and closing of ion channels, particularly in response to voltage changes.

MacKinnon made a bold decision in the mid-1990's. At the time, the way to study ion channels was to introduce mutations into them and then measure the resulting channels' electrical activity, testing whether the changes affected ion conduction. MacKinnon decided that to really understand how channels worked, he would have to see them. And to see them, he needed a crystal structure. This was a daring approach because membrane proteins are notoriously difficult to crystallize, especially large ones such as ion channels.

MacKinnon taught himself X-ray crystallography and devoted his research group to the task of figuring out a channel's atomic structure. Remarkably, his group had its first crystal structure in less than 2 years.

Pharmaceutical companies are interested in ion channels as targets for drugs to treat diseases ranging from cardiac arrhythmias to cystic fibrosis. Disorders of ion transport also affect the kidneys, nervous system and endocrine system.

MacKinnon heads the laboratory of molecular neurobiology and biophysics at Rockefeller, where he has been a professor since 1996. He is also an investigator of the Howard Hughes Medical Institute. MacKinnon received a B.A. in biochemistry in 1978 from Brandeis University and an M.D. in 1982 from Tufts University. After completing a medical residency followed by a postdoctoral fellowship with Christopher Miller at Brandeis, he was a professor at Harvard Medical School from 1989 to 1996. In addition to the Nobel Prize in 2003, MacKinnon's honors include the 1999 Albert Lasker Basic Medical Research Award and election to the National Academy of Sciences in 2000.

NIGMS has supported MacKinnon's research since 1990.

For more information or for reasonable accommodation, call Hilda Madine at (301) 594-5595.

Study of Genes, Aging and Cognition

Healthy volunteers, over the age of 55, are needed to study the genetics of aging and cognition. Participation requires a blood draw and non-invasive clinical, neurological and cognitive testing procedures. No overnight stays. No medication trials. Compensation provided. Call Bobby Das at (301) 435-4593 or email DasB@intra.nih.gov. Refer to protocol # 00-M-0085.
Chisari To Give Kinyoun Lecture, Oct. 14

Dr. Francis V. Chisari, a professor at the Scripps Research Institute, will give this year's Joseph J. Kinyoun lecture on Thursday, Oct. 14, at 2 p.m. in Lipsett Amphitheater, Bldg. 10. Chisari is well-known for his discovery that the immune system's so-called killer T cells also have a kinder, gentler side. His lecture is titled "The Host-Virus Standoff During Persistent Viral Infections."

Since 1975, Chisari has studied the host-virus interactions that determine the outcome of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections in the liver. Among his discoveries is the immunologic mechanism that allows the body to rid itself of HBV and HCV. He also demonstrated that when the immune system fails to clear these infections, immune-mediated liver injury underlies the development of HBV- and HCV-induced liver cancer.

In 1999, Chisari and his colleagues determined that killer T cells release chemicals, called cytokines, that cause HBV-infected liver cells to purge themselves of the virus without killing themselves. This cell-sparing action surprised many immunologists—including Chisari—because it was thought that killer T cells' main function is to destroy infected body cells. But some viruses, including HBV, can infect most or all cells in a vital organ; destruction of all infected cells would be catastrophic.

Using a transgenic mouse model of HBV infection that they developed, Chisari and his colleagues found that the cell-sparing action of killer T cells dominates in the response to HBV infection. Often, the twin actions of killer T cells can completely eliminate the virus with minimal loss of liver cells. However, some 350 million people worldwide are chronically infected by HBV because they do not mount an adequate T-cell response.

Chronic infection causes steady, slow destruction of liver cells by killer T cells and the inflammation and scarring characteristic of cirrhosis. Cirrhosis can kill people with chronic HBV or HCV infection, who also bear a greatly increased risk of developing liver cancer. Chisari says his research is driven by a lifelong desire to aid people with chronic HBV and HCV by better understanding the processes underlying viral persistence. A key aim of his current research is finding ways to boost the immune response in chronically infected people.

A native of New York, Chisari earned a B.A. degree, magna cum laude, from Fordham University, and received his medical degree from Cornell University Medical College in 1968. He completed an internship in internal medicine at the New York Hospital-Cornell University Medical Center and was a resident in internal medicine at Dartmouth Medical School. His training in immunopathology included a position as staff associate in the Division of Biologics Standards, NIH, where he helped demonstrate the transmissibility of HBV to chimpanzees.

In 1988, Chisari became head of the division of experimental pathology and in 1989 was named director of the General Clinical Research Center at the Scripps Research Institute in La Jolla, Calif. His service to NIH has been extensive, including service on NIAID's blue ribbon panel on bioterrorism research, the NIAID expert panel on immunity and biodefense and ad hoc membership on the NIAID board of scientific counselors.

Chisari has received many honors including election to fellowship in the American Association for the Advancement of Science and the American Academy of Microbiology. He was elected a member of the National Academy of Sciences in 2002 and of the Institute of Medicine in 2003. This year he received the Distinguished Alumnus Award from Weill-Cornell University Medical College. He is an author or editor of several textbooks, including The Liver: Biology and Pathobiology.

Disability Employment Awareness Month

"You're Hired! Success Knows No Limitation!" is the federal government's theme for October's National Disability Employment Awareness Month. This year marks the 59th anniversary of the lawdesignating the first week of October as "National Employ the Physically Handicapped Week," and the 14th anniversary of the Americans with Disabilities Act. It is a good time to reflect on the many contributions employees with disabilities make in our workplace every day.

This year, NIH marks National Disability Employment Awareness Month with an opening ceremony on the topic, "Emergency Preparedness for People with Disabilities," sponsored by the Office of Equal Opportunity and Diversity Management. The event will be held Tuesday, Oct. 12, at the Natcher Conference Center, Conf. Rms. G1/G2 from 9:30 a.m. to noon. Attendees will have an opportunity to exchange ideas and share information about the development, implementation and maintenance of emergency preparedness plans that involve people with disabilities.

Sign language interpreters will be provided. Individuals with disabilities who need reasonable accommodation to participate in this program should contact Carlton Coleman, (301) 496-2906, TTY (301) 480-3122, and/or the Federal Relay Service (1-800-877-8339).
turns helping during Bethesda Cares' daily lunch hour to see how their cooking is received.

When the little girls visit, the people they serve “just melt,” says Sue Kirk, a social worker and M.B.A. who has directed community-based Bethesda Cares for the last 8 years. “Many of them have children of their own, and they’ve been separated from their families.”

The Chevy Chase Newcomers Club fixes lunch once a month, as does the Japanese Christian Fellowship, but most of the time, Bethesda Cares’ lunches—served from area churches 6 days a week, with dinner on Sundays—are the handiwork of Blake, who doesn’t like to use his given name. He’s “just Blake,” says the retiree who learned to cook during stints in the Army and Air Force.

Kirk calls him a “magician,” who forages donations from Entenmann’s, Giant, Safeway, local restaurants and bakeries, and other sources he’s developed over the years. “You never know whether there will be 25 people or 65, but he’s improvisational. He always comes up with something.”

Blake’s sidekick, Sam Wilson, picks up food donations in his truck, helps with the cooking and finds room in the fridge when there are more donations than expected. Blake and his crew of volunteers might serve 30 on an ordinary day, but when the weather gets cold, and Blake’s made his good bean soup, numbers can soar. He likes to do spaghetti—“good, hot and spicy”—lasagna, hamburgers, fried chicken. For Thanksgiving, he and a friend deep-fried 13 turkeys.

Among the 6,000 people who signed in for lunch over the course of a year, some are homeless, some live in a shelter and some work at seasonal jobs that will evaporate by Halloween. Kirk notes that sometimes a whole crew of landscape workers files through the door. “They only have seasonal work, and it saves them lunch money.” But most of her clients—some 80 percent—have mental health problems. Many are alcoholics who sometimes enter an NIH protocol to overcome the problem. Some have just been released from jail and are trying to get a foothold on a new life. That’s where the less visible services of Bethesda Cares are put to good use.

A person who has some social and job skills can pick out a suit from the Clothes Closet, apply for temporary housing and put together a résumé with help from Kirk or one of the other social workers who make up Bethesda Cares’ staff. There’s a client phone where they can make and receive calls. When an interview goes well, a client can be gone in a couple weeks, Kirk says. “The mentally ill are a lot harder. They’re not going to get a job, and often, they won’t take their meds.”

Nevertheless, Kirk’s mostly part-time staff, helped by 450 volunteers from the community, tries to create a place where homeless people can come in from the street, maybe for a shower, or lunch or because they need a pair of socks or shoes. Kirk tries to provide a welcoming place where a homeless person can feel safe, and get to know and trust the staff. When they learn a person’s story, social workers can help get prescriptions, medical help or housing through other resources in the county.

Sometimes it works, but Kirk’s work is not for the impatient. Kirk recalls one man who lived on the streets of Bethesda for 27 years. He had worked at NIH as a groundskeeper. After a stint in Vietnam as a paratrooper, he suffered from post-traumatic stress disorder and became alcoholic. He survived through odd jobs and some disability money from the Veterans Administration.

A Bethesda Cares social worker talked with him and continued talking until he eventually agreed to go through the VA’s addiction program. After finishing his rehab, he tore up the certificate and took up drinking again, saying he just wanted to prove he was capable of giving it up. The social worker kept talking, encouraging him to try one more time. Finally, he got sick and agreed to try the program again.

Once sober, he was eligible for housing available to disabled Vietnam vets. The interview process was difficult for him, but with the social worker’s help, he was approved and given some furniture for his new space. For the first 6 months, Kirk recalls, he slept in a chair. He couldn’t bring himself to sleep in a bed.

Kirk and her colleagues can count many more success stories like this one, but still she says, “The power of an addiction is frightening,” and panhandlers can readily make enough to buy “a case of Milwaukee’s Best, a pint of vodka, some cigarettes.” She asks do-gooders not to give to the people standing on medians with cardboard signs at rush hour. “It helps them stay where they are,” she asserts. Bethesda Cares has drop cards listing their services and a drop-in center address that donors can put in panhandlers’ cups instead. The group also accepts toiletries, used clothing, gym bags, back packs and sleeping bags, and of course, contributions through the CFC.
What happens when people taking prescription medications also use herbal supplements? There is increasing evidence that herbs have pharmacological properties; they can enhance, cancel out or adversely affect the clinical efficacy of prescription drugs, sometimes with life-threatening consequences.

One notable example is the well-known herbal St. John’s wort, which many people take to treat depression, anxiety or sleep disorders. Research has found that St. John’s wort promotes the metabolism of many drugs including the immunosuppressant cyclosporine, the HIV protease inhibitors indinavir and nevirapine, the cancer drug irinotecan, the anticoagulant warfarin and even oral contraceptives. St. John’s wort, taken with these drugs, can reduce their concentrations to dangerously low levels and make the drugs ineffective.

The molecular basis for this kind of herb-drug interaction is now understood, thanks to the research of scientists such as Dr. Steven A. Kliewer, the next speaker for the Distinguished Lectures in the Science of Complementary and Alternative Medicine, a series hosted by the National Center for Complementary and Alternative Medicine.

On Tuesday, Oct. 26, Kliewer will give a lecture entitled “Reverse Herbology: Predicting and Preventing Adverse Herb-Drug Interactions,” from noon to 1 p.m. in Masur Auditorium, Bldg. 10. Kliewer is professor of molecular biology and pharmacology and holds the Nancy B. and Jake L. Hamon distinguished chair in basic cancer research at the University of Texas Southwestern Medical Center’s Graduate School of Biomedical Sciences.

Kliewer’s discoveries have had a significant impact on the fields of endocrinology and pharmacology, particularly in the area of drug metabolism. He discovered the xenobiotic receptor PXR, which is activated by St. John’s wort and other herbs and is responsible for an important class of drug-drug interactions. His work has significant implications for drug development and drug interactions. A practical consequence of this work is that new drugs can be screened efficiently for harmful interactions with other medications.

Kliewer will present recent findings regarding activation of PXR by St. John’s wort and other herbs and will discuss how this knowledge can be applied to predict and prevent harmful interactions between herbs and prescription drugs.

All are invited to attend the lecture. It will also be webcast at http://videocast.nih.gov. For reasonable accommodation, contact Terence Hope at (301) 402-9686, or the Federal Relay at 1-800-877-8339.

Dr. Steven A. Kliewer
classy, as demonstrated by the team Western Blobs. But it is the spirit that mattered most on Sept. 24 as the largest crowd ever to watch the relay jammed the environs of Bldg. 1.

The event says nothing but good things about the state of intramural science at NIH—it’s fit, sassy, vital and values having a good time. Heck with the fence and parking and nasty national politics and war in the desert—this is an annual chance to show that creativity and energy abound at NIH, both at work and at play.

As a fashion show, the race has always been ironic (Wurtz Possible Runners, Cytolytic Slugs), counterintuitive (Team Pain-demonium ran on a sweltering afternoon in feathered boas tied around their necks, and Insecurities intimidated the competition by wearing Krispy Kreme Doughnut baker’s caps), irrelevant (Kiss Meiosis, Catch Herpes If You Can) and utterly do-it-yourself (one team ran in those toss-away paper surgical gowns, each of which had been tailored to vest-size, and hand-decorated with nothing more elaborate than a ball-point pen). Race regalia could be as minimal as the turquoise headbands worn by the OARistocrats.

Dr. Michael Gottesman, NIH deputy director for intramural research, launched the first 5-person team heat with a whistle blast; gone are the days when a starter’s pistol could make it past security at NIH. Each member of the 5-person teams completed a loop around Bldg. 1; the final runner on each team carried the baton up a chute to the finish line on the lawn of Bldg. 1, where food, drinks, T-shirts and live music were provided courtesy of race organizer R&W, with help from the NIH Federal Credit Union on water and bananas.

Winning this year’s relay was Proud Snail Hunters, whose time of 14:16 was only three seconds faster than second-place Parasites on the Run, which had won the race the past two years (their time of 14:19 was a second faster than last year’s winning time and 8 seconds faster than their winning time in 2002). Proud members of the Snail Hunters are Kathi Canese and Patricia Zerfas, both of whom are well-known competitors in area athletic events, joined by Christian Camacho, Chris Lanczycki and Greg Schuler.

The Interinstitute Relay Race was re-instituted in 2002 after a 7-year hiatus; it was founded in an era when the now-defunct NIH Health’s Angels Running Club (whose throwback T-shirts were for sale at the event) was a popular campus group. Several ex-Angels, including Dr. Alison Wichman, Jerry Moore and FDA’s Phil Sny, were on hand to help R&W President Randy Schools and Julie Harris of R&W manage the event. The NIH Police Department, under the leadership of Lt. Udon Cheek, coordinated all of the road closures and helped keep exhausted runners from veering into oncoming traffic along Center Dr.

The race is by no means confined to the svelte young intramural scientist; all ages and sizes are welcome—participation is more important than place of finish. And the term “intramural” is strictly geographic; runners this year included Dr. Norka Ruiz Bravo, NIH deputy director for extramural research, and Leonard Taylor, acting director of the Office Research Facilities.

While no runner ran uncheered—for—indeed, some lost precious seconds as they acknowledged the crowd with jaunty waves of the baton—some were lauded by banners. One runner sped past a poster raised aloft by cackling friends—“Speedy Ikonomou!!”

The most inspiring tribute to his team was offered by NIDDK scientist Dr. Bruce Raaka, who from his bagpipe loosed the airs of the Olympic Fanfare (familiar as television’s official Olympic theme song)
as Western Blob competed in heat two. “My wife (NIDDK’s Elizabeth Geras-Raaka) put me up to it,” he laughs, “to generate some enthusiasm, and stir the troops up for battle. I’ve only been playing the full set of pipes for less than a year—it’s a new hobby for me.”

Said Geras-Raaka, “During the race we situated ourselves on the uphill stretch. One female runner requested Amazing Grace to inspire her. Another runner called out, ‘Pipe me home, pipe me home’ as he battled up the incline.”

There was one other brief musical interlude: guest trumpeter Chris Battistone played the familiar “Post Call” melody—which summons horses to the start of such races as the Kentucky Derby—just before Dr. Richard G. Wyatt, executive director of the Office of Intramural Research, started the second 50-team heat.

R&W’s Schools says the relay race “in most years draws 60 to 70 teams on average. This year I had to limit the participants to the team numbers which we ordered (100) and had a waiting list of 10 teams as well. In our planning for next year we may need to either widen the race area, or do three heats if the enthusiasm continues.”
Rejoicing at the ribbon-cutting for the CRC are (from l) CC director Dr. John Callin, NIH director Dr. Elias Zerhouni, Hatfield and HHS Secretary Tommy Thompson.

PHOTOS: BILL AND ERNIE BRANSON

Zerhouni accepts the gift of a flag that had flown over the U.S. Capitol that morning from Rep. C.W. Bill Young (R-FL) at the ceremony.

So, How Big is the CC Now?

For years, the notion that the Clinical Center is one of the largest—if not the largest—brick buildings in the world has circulated the campus, absent any substantiation. It sounds plausible enough, though; the thing is massive. But have you seen the University of Maryland's hospital in downtown Baltimore? It looks like the CC's twin brother, in terms of sheer masonic massiveness.

According to the General Services Administration, which keeps figures on all federal facilities, the Clinical Center complex—including the CRC, old Bldg. 10, the ACRF and various wings added here and there over the years—is not even the second largest federal building in metropolitan Washington. First place goes to the Pentagon, according to Jim Sullivan of the policy analysis division at GSA. “That building has a gazillion square feet,” he said. Next comes the new Ronald Reagan Bldg. in downtown D.C. According to the GSA, it takes up 3,967,589 square feet.

So how does the CC complex weigh in? According to Stella Serras-Fiotes of the Office of Research Facilities, the area of the entire Bldg. 10 complex is 3,890,680 gross square feet, ranking it at least third in the race for largest federal building. Not to worry though. If the CRC spends the next half century behaving like the original Bldg. 10, it will surpass the size of the Reagan Bldg.—via additions—within a decade or two.
He also acknowledged that “clinical research is serious business. The outcomes are not always happy.” He told the story of Ernestine “Cie Cie” Smith, a long-term patient of his who always presented Gallin with a card on Father’s Day. Though she died suddenly while on a protocol, “she gave everything she could to fight her disease,” Gallin said. “She was a true partner in our mission.” Smith’s mother and sister were on hand to witness the tribute.

Offering powerful confirmation of the value of cutting-edge clinical research was Susan Lowell Butler, who came to NIH with advanced ovarian and breast cancer, and was given a 20 percent chance of living another 2 years; that was almost a decade ago. “This is the ultimate hospital,” she declared. “This is the place of last, best hope—the full panorama of life and death can be seen at the Clinical Center. It really is the family of man here...it is real life here in the house of hope.”

Butler claims no less than to have “had my miracle here—I’ve lived to see my grandchildren.” She offered three wishes to the CRC on the occasion of its birth: that NIH funding continue to increase; that NIH find ways to attract and retain scientists and staff; and that “we do all in our power to assure that every American knows about the enormous resources available at NIH...sometimes I think NIH is a dangerously well-kept secret.”

She concluded, “This is a magical place where science and compassion come together to save our lives,” and received a standing ovation.

A variety of legislators then paid tribute to both the project and its namesake. Rep. C.W. Bill Young (R-FL), chair of the House appropriations committee, called the CRC “a place where good enough is not good enough, and a place where illness and disease will meet their match.” He said the CRC is to health what the Pentagon is to defense, what the New York Stock Exchange is to finance, and what the Capitol is to government. Before excusing himself for a vote back at the Capitol, he presented Zerhouni with a flag that had flown that morning atop the Capitol Bldg.

Sen. Paul Sarbanes (D-MD) had chaired a 1993 committee that had asked the General Accounting Office to study all federal laboratories, especially at NIH; a subsequent report underscored the need to replace an aging Clinical Center. “That recommendation led to the creation of this center, which together with the Warren Grant Magnuson Clinical Center forms the world’s largest clinical research complex,” he said. He lauded Hatfield’s “civility, vision, intelligence and the way he preferred reasoned discourse to invective...I served with him for 20 years and it was a joy to work with him. Mark Hatfield brought a dignity, indeed a nobility to our politics. He set a very high standard of public service. Mark,” he said, turning to Hatfield, “we’ll do our very best to measure up to your example.”

Sen. Tom Harkin (D-IA) documented a series of medical “firsts” that occurred in the original Clinical Center, owing largely to the proximity of the lab bench to the patient population, and anticipated many more such breakthroughs. He said he will never forget a line from the speech Hatfield made when he retired from the
CONTINUED FROM PAGE 9

Senate: "In the future, we have to understand that the threat will no longer be 'the Russians are coming, the Russians are coming.' It will be 'the viruses are coming, the viruses are coming.'"

Hatfield said the occasion ranked right up there with his wedding day and the births of his four children, all of whom were on hand.

"When I look at the CRC, I see the human mosaic it embodies," he began. "I see craftsmen, advocates, scientists, researchers, mentors, patients and their loving families...What a privilege and a blessing to be part of this company of friends." But he didn't linger long on sentiment. He cited the need for progress against top killers stroke, heart attack and cancer, then added to their ranks SARS, monkeypox, West Nile virus, Lyme disease. "The enemy is constantly changing its face," he warned. "There is always a need and a benefit for more research." He quoted his old friend Mary Lasker, "If you think research is expensive, try disease."

Hatfield called especially for more attention to the 6,000 rare or “orphan” diseases affecting some 25 million Americans, but whose sufferers have not yet organized advocacy groups or gained research funding. He asked that the windfall of new knowledge from the Human Genome Project be directed towards cures "for the common diseases that fill up our hospitals and clinics today." The major initiative on genes, environment and health could be to diabetes, heart disease, cancer and asthma what the Framingham Heart Study has been to cardiac disease, he argued. "Our research tools are about to become much more powerful," he asserted. "With this facility, we have created a new community of hope."

The morning's final speaker, HHS Secretary Tommy Thompson, said he can't walk into an NIH building without feeling "rejuvenated, enthused, and impressed," and predicted great accomplishments for the entire world as a result of the new hospital. Leavening the stress of election-year politicking, he joked, "Isn't it nice to be in a place where Democrats and Republicans say nice things to one another?" then went on to say the nicest things about NIH's leadership and employees, even asking all NIH'ers on hand to rise and be recognized. Thompson also read greetings from President George Bush and First Lady Laura Bush, who said the CRC "will bring hope and healing to many," and that those who serve there "represent the best of our nation."

The 95-minute ceremony concluded with a ceremonial ribbon-cutting, and the unveiling of both a commemorative plaque and inscription honoring Hatfield. Attendees then enjoyed a reception in the lobby and employees were free to roam the building on self-guided tours. The CRC will welcome its first patients on Saturday, Dec. 4.

To view a videocast of the Sept. 22 dedication, visit www.videocast.nih.gov.

New Hospital Shows Off Its Flexibility

When is a building a cathedral, a barracks, a jazz club, a movie theater, a restaurant and an auditorium, all on the same day? Perhaps hinting at its much-touted flexibility, the new Mark O. Hatfield Clinical Research Center adapted itself easily to all of these functions during the dedication held Sept. 22. NIH'ers who watched the ceremony on video were probably certain that the broadcast originated from some kind of auditorium, like Masur or Natcher. That's how easily the first-floor atrium can be converted into a sort of main hall—just add scads of folding chairs and a stage.

Even though the atrium rises 9 stories (two stories above the seventh, and top, floor), the sound in the space was clear, and guests enjoyed not only reverberation-free speeches, but also the musical selections of both the U.S. Marine Band Brass Quintet...
played a medley of each armed service's theme song and the Walt Whitman High School Jazz Ensemble.

The Marine Band—"The President's Own"—played a medley of each armed service's theme song as a color guard stood by; that brought to mind the barracks idea. As guests arrived in the cavernous space before the ceremony, a special movie about the CRC was screened, including interviews with NIH doctors and patients. That gave the room a movie-hall feel. The invocation by Dr. O. Ray Fitzgerald, and the passionate testimony of former patient Susan Lowell Butler could have issued from the pulpit of a great cathedral. And when guests dispersed to enjoy the extensive buffet tables, the room could have been one of the showcase downtown restaurants. Not a bad debut for a hospital expected to contort itself to the public health needs of the next half century, and beyond.

Navy To Host Disaster Drill, Oct. 21

Don't get ruffled on Wednesday, Oct. 21, when our neighbors across Rockville Pike at the National Naval Medical Center conduct their first-ever joint "mass casualty exercise," which will involve some aspects of NIH, and Suburban Hospital. The event, also done in coordination with Montgomery County Emergency Management Services, will take place from 11:30 a.m. to 3:30 p.m. Around 75 people will be wearing moulage, or wound-simulating makeup.

The exercise is the first step to evaluate the concept of military, federal and private emergency preparedness collaboration. It is designed to test the medical readiness and response of the Navy-Suburban-NIH "mega-plex" during a mass casualty incident with potential radiation exposure.

Mock victims will be decontaminated and treated at Navy, Suburban and NIH.

Among the features of the exercise are: 20 emergency response units from Navy, Montgomery County Fire Rescue Service, Walter Reed Army Medical Center and NIH's HAZMAT team; a portable decontamination shelter; and teams dressed in personal protective equipment performing decontamination at the disaster scene.

So if you see what looks like a crisis unfolding before you on Oct. 21, it's not an early Halloween scare or a real emergency—it's just an exercise.

STEP Session on Project Management

The staff training in extramural programs (STEP) committee will hold an Administrative Strategies forum titled, "Project Management Tools for Teams" on Tuesday, Oct. 19 from 8:30 a.m. to 12:30 p.m. in Natcher Conference Center, Rm. E1-E2.

Managing many projects simultaneously is a routine challenge. More and more, NIH must achieve its goals through interdisciplinary teams. Team projects can be simple or complex, short or long, and no two are alike. Yet how can we enhance productivity and ensure success within workplace teams? Project management tools are available for creating conditions for effective teamwork, and adapting to the strengths and weaknesses of teams. This forum introduces skills for taking advantage of team dynamics. Learn how to manage your team projects rather than being managed by them. Participation in this session will earn ESA training credits.

Individuals who need reasonable accommodation should contact the STEP office at (301) 435-2769.
Group from Chinese University Visits NIH

The National Institute of Nursing Research and the Fogarty International Center recently hosted a delegation of academic leaders from Sun Yat-sen University School of Nursing, in Guangzhou, China. The group's visit marks the final leg of a 5-year journey to develop a doctoral program at the university's School of Nursing. The program is expected to accept applicants soon.

One goal of the visit was to learn about research grants—their development, administration and the responsibilities of grant recipients. Another goal was to observe how nursing research is taught within doctoral programs in the U.S. The program will also allow the people of China to benefit from research and advanced-practice nurses. The visitors hope to apply what they learned to the new doctoral program at Sun Yat-sen University.

The program included presentations from the HRSA division of nursing and the Association of American Colleges of Nursing.

On hand for the visit were (from l) Dr. Anthony Densey, Lue Ke, Dr. Martha Hare, Dr. Patricia Grady, Dr. Katherine Hill Chavigny, Dean You Li Ming, Wong Zong Fang and Greg Davis.

Help Define 'Bioactive' Food Components

The potential role of bioactive components in foods and supplements in health promotion continues to captivate the interests of many scientists and consumers as evident by the number of scientific and lay publications devoted to this topic. Several scientists at NIH, along with their colleagues at the Departments of Health and Human Services, Defense and Agriculture have undertaken the tasks of defining the term "bioactive components" and then exploring approaches to evaluate their significance in health promotion and disease prevention. This ad hoc federal working group is requesting written comments pertinent to defining bioactive food components, through a notice that appeared in the Federal Register on Sept. 16, 2004. NIH scientists who are interested in commenting on the definition of bioactive food components or learning about this initiative are asked to contact Dr. Leila Saldanha at saldanha@mail.nih.gov or by phone at (301) 496-0168.

NCI Offers 'Clinical Trial Education'

Only 3 percent of cancer patients participate in clinical trials, and most cancer patients are unaware that participation in clinical trials is an option. NCI's Office of Education and Special Initiatives has created the Clinical Trials Education Series (CTES) to reduce barriers to clinical trial participation and increase awareness of clinical trials as a viable cancer prevention and treatment option.

The CTES is a complete collection of resources created to educate cancer patients, health care professionals, advocates and the public about cancer clinical trials. As NIH staff, you can adapt the materials in the series within your programs and encourage its use or adaptation with your grantees and colleagues. Since these resources have already been created, approved and pilot tested, there's no need to reinvent the wheel.

The new series consists of 13 education resources, including workbooks, slide presentations, booklets, brochures, videos and a web-based course. Most can be adapted to fit any audience and many are available in Spanish language and easy-to-read formats.

To order materials, call 1-800-4-CANCER or visit http://www.cancer.gov/clinicaltrials/learning/clinical-trials-education-series.

Healthy African Americans, Africans

Healthy African Americans and Africans with low white blood count needed. You can help researchers at NIH understand why individuals with low white blood count remain healthy. Call 1-800-411-1222 (TTY 1-866-411-1010) and refer to study # 03-DK-0168. Compensation is available.
**Tougaloo College Scholars Visit NIH**

Recently, undergraduates from Tougaloo College, an historically black college, experienced biomedical research first hand at the National Heart, Lung, and Blood Institute during a 3-day tour of NIH.

The students are participants in a Jackson Heart Study training program established by Tougaloo to create highly trained students for careers in public health. The Jackson Heart Study is a population-based study of cardiovascular disease in African Americans. The study is sponsored by NHLBI and the National Center on Minority Health and Health Disparities, and is conducted in partnership with Jackson State University, Tougaloo and the University of Mississippi Medical Center. One of the study’s goals is to increase the number of minorities in research and public health. Students enrolled in the training program take classes in public health, epidemiology, biostatistics, research methods and medical research ethics. The program also provides hands-on training experiences for the students—such as the recent visit to the NIH campus.

NHLBI acting director Dr. Barbara Alving and Dr. Helena Mishoe, director of the institute’s Office of Minority Health Affairs, welcomed the students, and later Dr. Paul Sorlie of the Division of Epidemiology and Clinical Applications gave a presentation on “What is population-based research and why is it important?” Then students visited the new Mark O. Hatfield Clinical Research Center and the Division of Intramural Research at NHLBI. With guidance from Dr. Jason Hoffert of the Laboratory of Kidney and Electrolyte Metabolism, students examined an immunostained kidney tissue section that revealed regions of water channel aquaporin-2 expression. They also visited NHLBI’s Laboratory of Cardiac Energetics. The tour continued in Washington, D.C., as students explored various science-focused museums, including the recently opened Marian Koshland Science Museum of the National Academy of Sciences, and then met with senators and representatives from their home state on Capitol Hill.

Returning to NIH, they concluded their visit with a tour of the National Library of Medicine. Upon their return to Jackson, a number of students sent emails expressing their excitement and a new appreciation for the process of scientific discovery. One student commented, “The trip to Bethesda has forever changed my outlook on life and my thoughts as to what I can become.”

**NINR Grantee Among ‘Most Powerful’**

This year’s Modern Healthcare list of “the 100 most powerful people in healthcare” includes Dr. Linda Aiken—a grantee of the National Institute of Nursing Research—who placed 10th on the list of healthcare movers and shakers.

Aiken is director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing, where she is also a professor and a nurse advocate who stresses the critical importance of care at the bedside.

“Our research has fundamentally changed the way people are thinking about the nursing shortage and its consequences,” said Aiken. For example, in a recent NINR-supported study, Aiken and her associates were able to demonstrate empirically the link between nursing burnout and patient satisfaction. They noted that “changes in hospital nurses’ work environments would appear to offer the opportunity to simultaneously improve patient satisfaction and stabilize the nurse workforce.”

“Placing 10th in a field of nearly 10,000 nominees is a positive reflection of Dr. Aiken’s scholarship and leadership in nursing research—particularly in patient safety, nurse staffing and quality,” said Dr. Patricia Grady, director of NINR. “We are proud of Dr. Aiken’s achievements and value the research she has done with NINR as we work together to improve the health and well-being of our citizens.”

According to Modern Healthcare, nearly 180,000 votes were cast.
**NLM Artist Designs New Nickel**  
*By Belle Waring*

**If he were a rap star, would Joe Fitzgerald be known as “Five Cent?”** Fitzgerald, NLM’s chief of graphics, has made a piece of art that will touch everybody in America.

His award-winning design for the new nickel, recently unveiled at the U.S. Mint Bldg. in Washington, D.C., shows a tight close-up of Thomas Jefferson’s profile and “Liberty” in Jefferson’s own script. The word looks alive, as if floating on Jefferson’s breath—as if uttered before our eyes.

There’s never been another coin like it.

“I honestly thought it had no chance of winning, because it doesn’t show the whole head,” says Fitzgerald. “But if you see just the face, you get more of a feel for the person, his intellect. People will take it out of their pockets and say, ‘Who is this? What have they done to my money?’”

What they’ve done is to create the first completely redesigned nickel since 1938, and now Fitzgerald is the 25th person in the history of the Republic to execute a design for the front of a circulating coin.

At the Mint on Sept. 16, Fitzgerald, along with mint sculptor and engraver Don Everhart, received his award.

“The people at the Mint were great,” says Fitzgerald. “I’ve never had so much fun in any paid activity.”

Not to diss his day job. “I’ve enjoyed my 23 years at NIH, where I work with some of the most wonderful people in the world. This job has provided me with a tremendous amount of experience.” Still, a good artist knows when to stop, and next spring Fitzgerald will retire after 33 years of government service.

A graduate of the University of Maryland and a fifth generation Washingtonian, Fitzgerald always knew he wanted to be an artist. Influences are Degas, Monet, Turner, Rembrandt and Van Gogh. (“He rips himself open for you,” Fitzgerald says of the latter.)

Fitzgerald himself paints portraits and landscapes in lush and subtle pastels. Happily, on his last week of employment in May 2005, he’ll have a retrospective at the Foxhall Gallery in Washington. Afterwards he plans to paint and to travel with his wife, Jean Fitzgerald, a photographer and artist.

“I start with an abstract idea in my head and then I try to get my artwork to match,” he says. “Artists see things in different ways because if you see them the same way as all the others, you’re not committing art.” And in his office, art is everywhere. His basement space in the Lister Hill Center emanates light and color from framed posters of his one-man shows, prints, sculptures, a jack-in-the-box and snapshots of his treasured pug, Fabio.

His paintings hang in collections as diverse as the U.S. Embassy to Turkey, the Hyatt Hotels and Judge Robert Bork.

But the new nickel is art with a difference. The drawing of Jefferson is just one side of the coin. On the back is the tree-lined view of the ocean as seen by Lewis and Clark with the accompanying text, “Ocean in view! O the joy!” It’s a stirring sight to the explorers.

And seeing his designs on actual U.S. nickels in 2005 will be a stirring sight for Fitzgerald “because people will collect coins, pass them on to their children and store them in banks and vaults. These little sculptures will last for thousands of years.”

When you get that new nickel, check for the initials “JF”—that’ll be Joe Fitzgerald, NLM’s favorite artist.

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**Wednesday Afternoon Lectures**

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Michael P. Rout on Oct. 20; his topic is “The Structure, Origin and Mechanism of the Nuclear Pore Complex.” Rout is associate professor and head, laboratory of cellular and structural biology, Rockefeller University.

On Oct. 27, Dr. Roderick MacKinnon will give the DeWitt Stetten, Jr., Lecture on “Ion Channels: Life’s Electronic Hardware.” MacKinnon is 2003 Nobel laureate in chemistry, Rockefeller professor and head of the laboratory of molecular neurobiology and biophysics, and HHMI investigator, Rockefeller University. See story on p. 1.

For more information or for reasonable accommodation, call Hilda Madine, (301) 594-5395.