



Chief of the Office of Hospitality Services Denise Ford led a tour in July for some of the 12 interns who will start at the Clinical Center in September through a partnership with Project SEARCH, which helps young people with disabilities transition into the workplace. Joining the hospital team are (from left) Van Berg, Aamer Khan, Ricky Day, Crystal Battle, Ashton Bell, Amethyst Thornton, and Justin Haynes.

Hospital welcomes Project SEARCH interns

Twelve new interns will arrive at the Clinical Center in September through a partnership with Project SEARCH, an international organization, for a 30-week unpaid internship.

Project SEARCH works with hospitals and businesses in the United States, the United Kingdom, and Australia to provide opportunities for young adults with disabilities to learn employability skills and gain work experience.

The CC is launching this intern program as a pilot under the management of Denise Ford, chief of the Office of Hospitality Services, and as part of the CC Volunteer Program.

Recent high school graduates from The Ivymount School in Rockville, Md., will work with job coaches from a local rehabilitation service to ease their transition into the workplace. They will join the CC team and will work with close mentoring in nine different departments.

The interns' tasks will include receiving and stocking supplies in the Materials Management Department, clerical work in the Office of Clinical Research Training and

Medical Education, and patient and visitor greeting with hospitality services.

"This will help people see beyond the disability and understand the interns as contributing members of our workforce," Ford said. "It's a win all the way around."

She hopes the CC's involvement in this transition program will create a recruitment stream to support the presidential goal of increasing the employment rate of workers with disabilities.

The ultimate aim for young people in the Project SEARCH program is competitive employment.

In July some of the interns and their families toured the hospital and visited the work sites they may be placed in. Chief Operating Officer Maureen Gormley and Ford introduced them to the CC history and mission.

Ricky Day, one of the Project SEARCH interns, said he is looking forward to working with patients since he knows what it feels like to be in a hospital and how much of a relief visitors and caring staff can be.

"I can't wait to work here," he said.

DC Partnership for HIV/AIDS Progress sees acceleration NIH institute involvement grants greater perspective

Seven months have passed since the NIH and the District of Columbia announced a joint initiative to address the city's high prevalence of HIV/AIDS and to expand intramural and extramural research opportunities for HIV/AIDS patients in the city. The DC Partnership for HIV/AIDS Progress, announced in January, has seen substantial acceleration in progress for the four original pillars of the program, reported Dr. Henry Masur, chief of the Clinical Center Critical Care Medicine Department.

In addition to directing the overall project in collaboration with Dr. Carl Dieffenbach, director of the National Institute of Allergy and Infectious Diseases' (NIAID) Division of AIDS, Masur leads one of the four pillars—enhanced care. The others—surveillance, prevention, and test and treat—complete the base of the initiative. The initial investment in this long-term program, \$26.4 million over the first two years, supports clinical research to help address the District's HIV/AIDS epidemic, where roughly 3 percent of the population is infected with HIV—among the highest HIV/AIDS rates in the nation. The project is a collaboration among several NIH institutes and centers and the NIH Office of AIDS Research.

A new dimension of the program is emerging as National Institute of Mental Health Intramural Program Clinical Director Dr. Maryland Pao has hired Dr. Suad Kapetanovic, a psychiatrist from the University of Southern California, who will work across the pillars to initiate intramural investigations that will expand knowledge of how to improve treatment for patients with HIV. Kapetanovic joins other project

Traveling quilts exhibit showcases “Art under the Microscope”

A unique traveling art exhibit has made a stop at the Clinical Center for July and August. “Art under the Microscope” is a collection of twenty art quilts created by the group Fiber Artists @ Loose Ends and inspired by scientific photographs taken by researchers at the University of Michigan (U-M) Center for Organogenesis.

In the course of diagnostic research, the microscope and special stains are used to examine tissues for alterations in structure or function that are characteristic of health or disease. The beauty of the photographs of these tiny biological structures inspired this series of quilts.

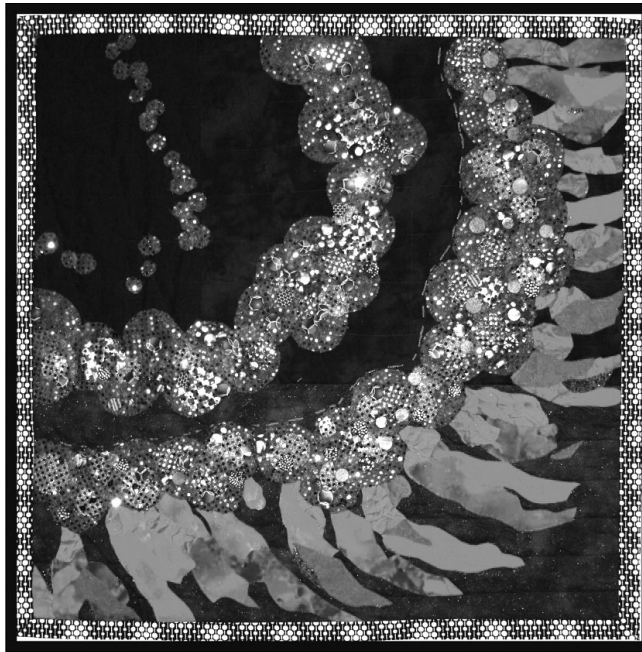
This traveling exhibit, organized by the U-M Health System Gifts of Art program and funded by the Society for the Arts in Healthcare, aims to honor these scientific research efforts, enrich community spaces by bringing the arts into everyday life, and raise public awareness about the importance of the arts in health-care settings.

Lisa Ellis is a founding member of Fiber Artists @ Loose Ends—based in the Washington, DC, area—and started the partnership between her quilting group and the U-M Health System.

“I have a passion for making art quilts that make health centers more pleasing for patients and educational for their families,” Ellis said. The “Art under the Microscope” project is Fiber Artists’ third with U-M. The first two highlighted diabetes and cancer. The research focus of their latest collaboration is important to show the different parties involved in health care, Ellis said.

The quilts hang in the CC’s East and West galleries in the Hatfield Building. A reception will be held on August 29 from 2:00 to 5:00 pm in front of the Travel office. The artists behind the displayed quilts will attend; all are welcome.

After the tour, which next takes the quilts to Vanderbilt University Medical Center, “Art under the Microscope” will become part of the permanent art collection of the U-M Health System.



“Fire in Her Eyes” by Judy Busby is a rendition of a photograph by Rebecca Bernardos of a section of a zebrafish retina. Bernardos describes, “When the cells that detect light (photoreceptors) die in the human retina, they are never replaced. Some fish have the remarkable ability to produce new photoreceptors after injury. The goal of our research is to understand how these cells regenerate with the hope that this will suggest ways to reverse the effects of retinal degeneration in humans.”

Foundation for NIH names director

The Foundation for NIH (FNIH) has a new executive director and chief executive officer in Dr. Scott Campbell, former national vice president of research programs at the American Diabetes Association.

The board of directors of FNIH, after an extensive search, announced their choice on July 19.

“We are delighted Dr. Campbell will be at the helm of the foundation and, given his experience and background in biomedical, programmatic and donor development, are confident in his ability to take the organization to the next level,” noted FNIH Chairman Dr. Charles A. Sanders.

FNIH supports the mission of the NIH through a wide range of initiatives that advance human health through public-private partnerships. The foundation collaborates with the Clinical Center on a number of programs, most notably the Clinical Research Training Program—entering its 13th year—and the Edmond J. Safra Family Lodge. The lodge houses families of CC patients and is made possible through donations to FNIH.

In his position with the American Diabetes Association (ADA), Campbell served as liaison to federal research efforts at the NIH, among other agencies. In addition to overseeing all research-related programs at the ADA, Campbell was responsible for acquiring major donations for the ADA Research Foundation.

“I am honored to serve as the new executive director of the foundation and look forward to working with the staff and colleagues of the foundation, NIH and the private sector to further the mission of NIH,” said Campbell.

Campbell received his doctorate in basic biomedical sciences in 1985 from the University of South Florida.



Dr. Scott Campbell

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news



Fellows program attracts new talent

New clinical fellows from medical schools and institutions across the country mingled at a reception on July 21 with leaders from the different NIH institutes and centers. National Institute of Mental Health Intramural Research Program Scientific Director Dr. Richard Nakamura (left) and Clinical Director Dr. Maryland Pao (right) welcomed their institute's fellows: (from left) Patricia Bauza from the Mayo Clinic, Rishi Kakar from Georgetown University School of Medicine, and Jose Franco-Chavez from the University of Puerto Rico School of Medicine.

Annual meeting of medical staff

Calling all credentialed medical staff. The Medical Executive Committee presents the annual meeting of medical staff on Monday, September 13 from noon to 2:00 pm in Masur Auditorium.

Presenters at the meeting will include Clinical Center Director Dr. John I. Gallin, National Institutes of Allergy and Infectious Diseases Clinical Director and MEC Chair Dr. H. Clifford Lane, NIH Deputy Director for Intramural Research Dr. Michael Gottesman, National Institute of Arthritis and Musculoskeletal and Skin Diseases Clinical Director and Intramural Clinical Research Steering Committee Chair Dr. Daniel Kastner, CC Deputy Director for Clinical Care Dr. David Henderson, and CC Laboratory for Informatics Development Chief Dr. James Cimino.

If there are topics you would like to be sure are discussed, please e-mail them before the meeting to Natascha Pointer at npointer@mail.nih.gov.

Summer intern program draws variety of students

By Mimi Yu

More than 10,000 students applied to intern at the NIH this summer, and 1,100 were offered a position—including 57 who are working in Clinical Center departments. They came from high schools, colleges and universities, and medical schools around the country.

The students' work ranges from research projects and data analysis to nursing assistance and patient recruitment. They are gaining experience working in this unique translational research facility and knowledge from the expert staff.

Philip Mussenden Jr. is one of the nine medical students at the CC this summer. A student at Howard University Medical School, he works in the Hospital Epidemiology Service.

"I work with the infectious disease program, mainly data analysis," Mussenden said, "to find out what makes one person more susceptible to disease than another."

Walter Jones, director for diversity management and minority outreach in the CC Office of Clinical Research Training and Medical Education and manager

of the CC Summer Internship Program, said, "Summer students receive an unparalleled opportunity to interact with world-class researchers at the most preeminent clinical research facility in the country."

Interns train with the country's top research clinicians, and their experience is augmented by interaction with patients and state-of-the-art equipment. Undergraduates account for most of the CC summer students, with 35 interns. Approximately 60 percent of the interns are female.

"I've learned about different antibiotics and resistant bacteria," Mussenden said. "I've been attending infectious diseases lectures and learning about things you don't see a lot in other places but are sort of the norm here."

In the last two years the CC has created a database that allows staff to contact students after their participation in the internship program to track their progress in their education and careers.

"We hope that the program will spark an interest that will result in a lifelong career in clinical research," Jones said.



In June Clinical Center Director Dr. John I. Gallin welcomed CC summer students, including Takisha Robinson.

CC staff among NIH Director's Award honorees

NIH Director Dr. Francis S. Collins said the 2010 NIH Director's Awards elicited more laughs in the first 20 minutes than in all the past years' ceremonies he attended combined.

Lively opening remarks by John Burklow, associate director of the NIH Office of Communications and Public Liaison, and a rendition of "All the Good People" by Collins on guitar kept the crowd smiling on July 15.

The director reviewed his 11 months in office. "We covered a lot of ground and shoveled a lot of snow," he said.

Highlights of the last year Collins noted included hosting the White House H1N1 Influenza Summit on Preparedness and responding quickly and efficiently to American Recovery and Reinvestment Act timelines. NIH contributed to scientific policy regarding the use of embryonic stem cells and assisted in recovery after the Haitian earthquake and the Gulf oil spill, Collins said.

Another moment worthy of mention at the ceremony was the Clinical Center's response to the "snowpocalypse" of early February. "The Clinical Center made sure there was no break in the outstanding care for patients," Collins said.

The CC Blizzard Response Team was one in the group of CC employees honored with 2010 NIH Director's Awards. Tannia P. Cartledge, Sean D. Dancy, Beverly Farrington, Monique Harrison, Rodney Higginbotham, Ronald Jones, Karen Kaczorowski, Travis Palmer, James Rowe, Michael Sandifer, and Yvonne O. Scypion received awards for the extensive efforts behind the scenes that kept the hospital operational during the blizzards.

As part of the Traumatic Brain Injury Team honored for effective collaboration in early implementation of the Congressionally established research initiative in traumatic brain injury, Dr. David A. Bluemke, director of Radiology and Imaging Sciences, and Dr. Leighton Chan, chief of the Rehabilitation Medicine Department, were given director's awards.

Patricia Coffey, director of the Medical Record Department, was awarded for shepherding the CC toward an electronic



The CC Blizzard Response Team accepted a 2010 NIH Director's Award from NIH Director Dr. Francis Collins (right) and CC Deputy Director for Clinical Care Dr. David Henderson (left) in July.

patient record.

A Ruth L. Kirschstein Mentoring Award went to Dr. Juan Lertora, director of the Clinical Pharmacology Program, for exemplary performance while demonstrating significant leadership, skill, and ability as a mentor.

Dinora Dominguez and Frinny Rocio Polanco were among those noted for participation in the Volunteer Program for English Proficiency that creates an opportunity for NIH non-professional/non-scientific staff to improve their communication skills.

The Long Term Administrative Services Contract Team honored for contributions to the goal of reducing the need for multiple individual contracts included Lynda Ray.

Registration for clinical pharmacology course open

The Principles of Clinical Pharmacology course, sponsored by the Clinical Center, will begin in Lipsett Amphitheater on September 2. The course will be held Thursdays from 6:30 pm to approximately 7:45 pm and will run through April 28, 2011. The registration deadline is August 20.

"Many medical schools don't offer formal courses in clinical pharmacology," said Dr. John I. Gallin, CC director. "This course covers what researchers need to know concerning the clinical pharmacologic aspects of drug development and use."

Topics such as pharmacokinetics, drug metabolism and transport, assessment of drug effects, drug therapy in special populations, and drug discovery and development are taught.

"We have assembled an outstanding faculty for this course, drawing from the scientific staff at the NIH, the FDA, the

pharmaceutical industry, and many prestigious academic institutions in the United States," said course director Dr. Juan Lertora, director of Clinical Pharmacology, CC, and a member of the Office of Clinical Research Training and Medical Education (OCRTME).

Since the course was first offered 13 years ago, it has expanded beyond the CC to include a number of off-site partners. Last year 489 students from 21 long distance sites registered for the course, in addition to the 373 enrollees at the NIH. This was a record number of registrants.

"We have been very pleased with the great interest generated by this course," added Dr. Frederick P. Ognibene, deputy director for educational affairs and strategic partnerships at the CC and director of the OCRTME.

Registration is open to all interested individuals without charge unless the course is being taken for graduate credit.

This course may be taken for graduate credit through The Foundation for Advanced Education in the Sciences, Inc. (FAES) as PHAR 500 I and PHAR 500 II. Contact the FAES directly at 301-496-7976 before August 20. Certificates of participation will be awarded at the end of the course to all students who attend at least 75 percent of the lectures.

The recommended textbook is *Principles of Clinical Pharmacology, Second Edition* (2007), edited by Arthur J. Atkinson, Jr. and other course faculty. This textbook is available in FAES Bookstore on the CC B1 level and online.

Additional information regarding the Principles of Clinical Pharmacology course, including online registration, is available at <http://www.cc.nih.gov/training/training/principles.html>. The Clinical Pharmacology program coordinator can be reached at 301-496-9425.

Palliative care chief recounts to summer students her time in their shoes

One of the biggest misconceptions about palliative care is that it is synonymous with end-of-life care, Dr. Ann Berger, chief of the Clinical Center Pain and Palliative Care Service, told a room of summer students on July 16. Her department celebrates its 10-year anniversary this month.

Recounting her own experience as a student at the CC in 1987 with pain management, Berger credits NIH with planting the seed for her life's work.

"I love this place," said Berger. "I plan on being here, essentially, to the end."

As part of the Clinical Center Summer Student Lecture Series, Berger presented on the challenges of pain and palliative care in the unique environment of the CC. Traditional barriers of the field—limited medical expertise, stigma of service only for terminal patients, and lack of integration in health care—are not so much a concern at the CC, thanks in large part to Berger, but clinical research offers its own set of hurdles.

The patients here have often exhausted the standards of care and are therefore sicker than most hospital patients, the chief said. The rare conditions of interest in NIH clinical studies present another challenge.

"The protocols are usually high-risk,

but we think, we hope, high reward," she said.

Berger's service—one of the busiest consult teams in the CC—employs three doctors, two nurse practitioners, and a coordinator, and depends on a larger group of liaisons from other departments such as rehabilitation medicine/recreation therapy, social work, nutrition, pharmacy, and complementary medicine. These varied experts help provide pain management and palliative care, which Berger defines as care that "serves to relieve or alleviate suffering without curing the patient."

Techniques her group use include art therapy, massage, reiki, acupuncture/acupressure, hypnosis, biofeedback, labyrinth, pet therapy, relaxation, guided imagery, and prayer. Berger is also famous for her tea parties, complete with hats and boas—a patient and staff favorite.

She stressed the importance of keeping the patient in mind when designing and administering treatment. Medicine is often too specialized and success is measured by cure rate, Berger said. She presented a case study of a terminal patient whom she advocated for when the patient was not eligible for a protocol.

"It's taking care of their quality of life in the here and now," she said. "What are their goals and what are our responsibilities?"



Dr. Ann Berger, chief of the Clinical Center Pain and Palliative Care Service presented on "Bridging the Gap between Science and Humanism" to CC summer students in July.

NCRR events

Metabolomics

The NIH National Center for Research Resources (NCRR) and the NIH Office of Intramural Research will sponsor a one-day symposium designed to share the latest advances in metabolomics technologies on September 17 at the National Library of Medicine.

Metabolomics—measurement and analysis of metabolites (e.g. sugars, fats)—is an emerging field with potential to inform the development of personalized approaches to disease prevention, diagnosis, and treatment.

Register for this event by September 2 at www.palladianpartners.com/metabolomicstechnologies/. Exhibit opportunities are available. For information, contact Dr. Padma Maruvada at maruvadp@mail.nih.gov.

Veterans and CTSA

The NCRR Clinical and Translational Science Awards (CTSA) program and the Veterans Health Administration will sponsor a one-day workshop designed to encourage collaboration and resource sharing among members of the Department of Veterans Affairs and the CTSA consortium. The event will be held September 28 at the Natcher Conference Center.

Register for this event by September 17 at www.research.va.gov/CTSA/registration.cfm. For more information, contact Alexander Ommaya at Alex.Ommaya@va.gov.

Rare Diseases

The Rare Diseases Clinical Research Network and the CTSA program are pleased to announce a one-day conference focused on conducting clinical research in rare diseases on September 21 at the Bethesda North Marriott.

Topics will include recruitment strategies for rare diseases, utilizing the resources of the CTSA program, and pathways for developing orphan products.

For full program details, registration material, and travel award application, visit <http://www.RareDiseasesNetwork.org/conference>.

Patient returns to Clinical Center optimistic about new protocol

There he is with a statue of George Washington. Here he is on the metro. There is another with some of his nurses. In all the photos he proudly shows from the recent weeks at the Clinical Center and around the DC area, Tim Hermetz is beaming.

To see that smile, one would never guess that Hermetz was days away from surgery to address a major growth of mesothelioma, a cancer of the lining of the organs. His positive attitude comes from confidence in his physicians and appreciation of the facility, Hermetz said.

This is his second time as an inpatient at the CC for treatment of the disease. Last year he responded well to surgery and chemotherapy. A recurrence of tumor growth was found in June, though, and Hermetz returned for a new plan of attack.

Through protocols led by surgeon Dr. Itzhak Avital and medical oncologist Dr. Raffit Hassan of the National Cancer Institute, Hermetz is helping to increase knowledge of a rare but aggressive cancer and a potential new drug to fight it.

"It is important that we learn more about this disease as treatment options are limited," Hassan said.

Each year 3,000 to 4,000 people are diagnosed with mesothelioma and patients usually survive only a few years after diagnosis. Few institutions treat the disease, but the CC sees at least 20 patients with mesothelioma of the peritoneum (the tissue that lines the abdomen) annually, most with very advanced cancer, said Avital.

"We usually do the cases that are rejected by others," he said. "Sometimes we're a patient's last hope."

Hermetz was one such patient. After falling ill with traditional cancer symptoms in May 2009, he was diagnosed with stage IV malignant peritoneal mesothelioma during a 10-day hospitalization at Cullman Regional Medical Center (CRMC) in his hometown of Cullman, Alabama. Initially, his local oncologist and surgeon said his incurable cancer could be treated only medically—with chemotherapy and radiation.

Surgery wasn't an option, Hermetz was told, until local doctors reviewed his case and changed their minds, insisting he find a surgeon immediately. Hermetz was overwhelmed trying to find a mesothelioma surgeon on his own. He turned to the CMRC Nurse Navigation Program. Nurse Lori McGrath connected Hermetz



Tim Hermetz credits the NIH, including Dr. Itzhak Avital of the National Cancer Institute (above), with saving his life after a stage IV malignant peritoneal mesothelioma. Hermetz's sister Toni Hermetz Treadway has accompanied her brother on his multiple trips to the Clinical Center over the last year.

with Mary Hesdorffer, nurse practitioner with the Mesothelioma Applied Research Foundation, who referred him to the NIH.

"He was two to three weeks from death," Avital said. Surgery removed 95 percent of the cancer, and Hermetz had two rounds of intraperitoneal chemotherapy (applied directly to the cancerous stomach lining) at the CC before returning home for local chemotherapy.

The treatment sometimes calls for a planned follow-up surgery, but Hermetz responded so well—tumor markers eventually dropped from more than 3000 to 29—that he did not need another operation.

"Dr. Avital proclaimed me a miracle during my January 2010 outpatient clinic visit to the NIH," Hermetz said.

In June, though, he started to feel ill again and felt a bulge on his side that he described as a small cucumber. His cancer had started to grow again. Back at the CC, Hermetz was impressed with the speed of service. He was admitted at 12:30 pm, had three computed tomography (CT) scans and X-rays at 3:00 pm, and was looking at the results with Avital by 4:30 pm in his hospital room, he said.

Another surgery was necessary, but a bowel obstruction and blood infection delayed the procedure for three weeks. In his time at the CC, Hermetz reunited with nurses who remembered him from last year and took advantage of the hospital

amenities.

"Everyone here is so caring, kind, compassionate and professional," Hermetz wrote in an e-mail to his supporters.

Speaking the day before the July 13 surgery to assess his condition and remove as much of the cancer as possible, Hermetz seemed calm. He knows what to expect this time around, he said, and he trusts his doctors.

"There is no place I know of that treats patients better than the NIH. I'm living proof!" he said.

Avital reported that the surgery went well, but that Hermetz's cancer resurgence was harder to remove than its first presentation. He took samples for his protocol examining the natural history of cancer stem cells. Blood samples taken every three months will further contribute to the study of the disease.

Hermetz will be one of the first patients with peritoneal mesothelioma in a new protocol by Hassan testing the efficacy of the drug IMC-A12, an antibody designed to block the effects of protein Insulin-Like Growth Factor I, which plays a role in the growth and division of cancer cells.

Both the patient and his doctors expect that Hermetz's recovery will be as swift and successful as it was last year.

New clinic builds on research done with HIV/AIDS patients

continued from page 1 staff recruited from The Mount Sinai Medical Center, the University of Maryland, and The George Washington University in forming the core faculty for this program.

Masur hopes other NIH institutes and centers will see the opportunity the DC Partnership for HIV/AIDS Progress provides to develop additional dynamic, nationally prominent research initiatives, and to leverage intramural and extramural resources.

"We're very eager to get other institutes involved in this," he said. "Each institute has an area of expertise that could greatly enhance the contributions that intramural NIH can make to developing better management strategies for the many associated conditions that cause HIV-related morbidity and mortality in 2010."

One of the most exciting programs in the initiative is the DC Cohort, which will link electronic records from the 12 largest HIV providers in DC to a database that can be used for research and for quality improvement studies. These 12 clinical partner sites see 85 to 90 percent of the District's HIV patients. The team plans to have data from 3,000 patients, of an expected 12,000, in the system by

the end of the year, Masur said.

The collected information will provide important data for epidemiologic and clinical investigations that assess, for example, how many patients are co-infected with HIV and hepatitis C or why clinics in one quadrant of the city have higher treatment response rates.

"We think we will have an unparalleled opportunity to look at an urban cohort," said Masur.

The George Washington University team is also leading two prevention studies to enhance understanding of disease acquisition. These are almost fully accrued and will help inform better strategies for reducing high risk behavior.

The three clinics where NIH specialists are embedded to improve HIV subspecialty care for the underinsured—directed by Dr. Dawn Fishbein and within Masur's pillar of enhanced care—have seen 150 patients with HIV and hepatitis C infections. A fourth site will join the present collaborations with Family & Medical Counseling Service, Inc.; Walker Jones Health Center of Unity Health Services; and the Whitman-Walker Clinic later this month. The new clinic will open at the old DC General Hospital site in Southeast under the direction of Dr. Anu Osinusi. Her clinic will contribute to the continued work to improve subspecialty care for HIV-infected patients with hepatitis C, the primary aim of the sub-

specialty care so far.

The first research protocol for the enhanced-care pillar will start shortly, looking at a novel oral agent in combination with subcutaneous interferon and ribavirin. Masur hopes to initiate trials that use oral drugs for the treatment of hepatitis C exclusively, in the future.

The addition of Osinusi to the DC Partnership for HIV/AIDS Progress is another example of the initiative's recruitment pull. The partnership also improves NIH visibility, patient recruitment, and community relations, Masur said. DC Mayor Adrian Fenty named the partnership as a priority of the city in his State of the District address in April.

The involvement of more NIH institutes and centers can only build upon the progress already made. Conversations have begun with other institutes about participation in the DC Partnership for HIV/AIDS Progress.

"This is a chance for NIH to do something good for the city and to expand our intramural research agenda into more areas that will contribute to reducing the impact of HIV/AIDS in urban America," said Masur.

Recreation Therapy Section celebrates teens with retreat

The Clinical Center Rehabilitation Medicine Department's Recreation Therapy Section—in collaboration with The Children's Inn—celebrated NIH's adolescent and teenage community with the Fourth Annual Teen Retreat in June.

The Teen Retreat offers two days of comprehensive programs that balance therapeutic teen activities with team-building exercises to help teens recognize that they are not alone in the experience of being a patient or sibling at the CC.

This year's lineup included a variety of art projects, athletic activities, cook-outs and other opportunities for teamwork and collaboration among the dozens of teens in attendance. The first day's events closed with an "ULTIMATE Teen Challenge" that involved games, activities, and a hip-hop version of "I'm a Little Teapot".

Bridget Kuzma, family program coordinator at The Children's Inn,



At the Teen Retreat in June members of The Children's Inn band, including staff members Alex Florez (left) and Joe Hage, serenaded attendees in the CC Main Playroom.

thought the last event—the young adult panel discussion—was the best of the retreat.

"It gives everyone the opportunity to express themselves, share, and work together to support each other. Everyone comes from such different backgrounds, experiences, and

locations, but the teen panel gives them the opportunity to connect," she said.

A second session of the Teen Retreat was held July 26 and 27.

Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon
Lectures will be videocast at <http://videocast.nih.gov>.

August 4, 2010

Progress Report: Perspective on National Health Care Reform and Its Implications for Both Health Care Delivery and Clinical Research

Atul Grover, MD, PhD
Chief Advocacy Officer, Association of American Medical Colleges

August 11, 2010

Ethical Challenges at the Intersection of Clinical Research and Clinical Practice

Christine Grady, MSN, PhD
Acting Chief, Department of Bioethics, and Head, Section on Human Subjects Research, NIH Clinical Center

August 18, 2010

Moral Development and Professionalism in Medicine: Learning to Use Two Traditions of Open Ocean Navigation

Thomas Inui, MD
Professor of Medicine, Sam Regenstrief Professor of Health Services Research, and Associate Dean for Health Care Research, Indiana University School of Medicine

August 25, 2010

Lost in Translation: Language Barriers, Interpreters, Communication, and Quality in Healthcare

Glenn Flores, MD, FAAP
Professor of Pediatrics & Public Health, Director of the Division of General Pediatrics, and Judith and Charles Ginsberg Chair in Pediatrics, University of Texas Southwestern Medical Center, Children's Medical Center of Dallas

Dedicated day celebrates patient siblings



In an operating room, siblings learned how staff sterilize the environment and got a chance to practice surgery in a mock belly. Nurse Shayna Herbert showed patient siblings Katalina Khoury (left) and Kassidy Koch some of the tools surgeons use.

The Third Annual Sibling Day—organized by Dr. Lori Wiener, coordinator of NCI's Pediatric Psychosocial Support Program, with assistance from summer fellow Lynne McIntyre and in conjunction with the Clinical Center Rehabilitation Medicine Department Recreation Therapy Section and The Children's Inn—hosted seven siblings of CC patients on July 13.

"It is truly important that there is a time when instead of saying, 'What about me?', they can be a proud, contributing member of their family," Wiener said.

Participants visited the Department of Laboratory Medicine, the Department of Perioperative Medicine, and a mock scan-

ner in the National Institute of Mental Health Behavioral Health Clinic.

Chief of the Recreation Therapy Section Donna Gregory facilitated therapeutic activities encouraging the siblings to talk about their experiences with a sick brother or sister and starting a conversation on what they face and how they cope with it. Art therapist Megan Robb helped them create worry boxes where they could store their fears.

"Most of the time, all the attention is given to our sick brothers and sisters. Today, it's all about us!" said Arthur Knopfmacher at the closing event.



Sibling Day ended with an awards ceremony noting each participant as a "super sib."