

December 2001

Clinical Center News

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Anthrax threat places Clinical Center staff in crucial role

Lt. Cmdr. Lucienne Nelson and her colleagues face the realities of anthrax. They aren't wearing contamination suits and testing for spore traces in legislative buildings and post offices, but they are calming nerves, wiping tears and comforting the thousands of people affected by the deadly bacteria.

A group of 27 Clinical Center nurses and pharmacists were deployed to the Washington, D.C. area, to educate and test postal workers and congressional staff, and dispense antibiotics to anyone who may have come in contact with the anthrax spores. "It's what I train for," said Lt. Cmdr. Nelson, R.N., research nurse, Pediatric Oncology Branch. "We just came to try and help."

Nelson was called to the Hart Senate office building two days after returning from New York City, where she was among the 43 people on the Commissioned Corps Readiness Force, an immediate response team sent to Ground Zero to assist rescue workers. "It was like being in a foreign country looking at ancient ruins. All you could do is stare in total disbelief," said Nelson. "I needed those two days just to regroup and get my bearings."

At the Hart Senate office building, Nelson helped set up a treatment area for Capital Hill employees from Senator Tom Daschle's (D-South



Lt. Cmdr. Lucienne Nelson has been deployed four times since Sept. 11. Three of those deployments were to the Washington, D.C. area.

Dakota) office, where one of several anthrax-laced letters was mailed. Nelson worked two 17-hour days taking nasal swabs and educating employees about the nature of anthrax before being sent to the main Capital building.

"Most people were more concerned about whether or not they were going to bring this home to their kids," said Nelson. "We were trained in infectious diseases, so we knew that you couldn't get the dis-

Making the switch to Title 42

Nurses and allied health professionals hired under the General Schedule (Title 5) now have the opportunity to convert to Title 42, an alternative personnel system that gives managers flexibility in salary negotiation and allows employee promotion based on job performance without a waiting period.

Conversion is optional and solely dependent upon the individual. However, once the switch is made, an employee cannot go back into Title 5.

"If people don't perceive it to be advantageous to move into Title 42, then there is no pressure to make a change," said Tom Reed, director, Office of Human Resources Management. "I think that the trend toward Title 42 allows the Clinical Center to be successful in recruiting more people, faster. Title 42 make us more competitive and encourages people to come here instead of going to other places."

More than 93 nurses and allied health professionals have been hired under Title 42 since its inception last May. In fact, the nursing department has hired 48 nurses within six months, creating a low one percent vacancy rate.

See nurses, page four

See title 42, page two

Quality of Worklife Initiative and Diversity Council

Council recognized during awards ceremony

The Council was highlighted at the Nov. 5 CC Director's Awards Ceremony as a CC activity benefiting employees. This year, membership was expanded with an increased emphasis in diversity appreciation and education.

CC Director Dr. John Gallin expressed his support of council undertakings, particularly the Employee Suggestion Program. There are two suggestion boxes for QWI and/or Diversity suggestions: one is outside the second floor cafeteria, near the vending machines; the other is in the B1 cafeteria, on the wall near the B1 level entrance. Employees may also contact Sue Fishbein 301-435-0031 or Jacques Bolle 301-594-9768 for comments.

At the Director's Awards Ceremony Dr. Gallin not only underscored his interest in responding to feasible suggestions that bring about positive changes, but mentioned the new plan to expand the Building 10, 14th floor exercise facility so employees and patients can use it. For facility availability, contact George Patrick at 301-496-2278.

Celebrating American Indian/Alaska Native Heritage Month

The first observance of the American Indian/Alaska Native Heritage Month, on Nov. 16, was sponsored by the NIH American Indian/Alaska Native Employee Council. The theme was "Leading the Way to Good Medicine." Speakers included Dr. Jared Jobe, Cherokee, NHLBI; Dr. Clifton

Poodry, Seneca, NIGMS; Leo Nolan, M. Ed., St. Regis (Akwesasne) Mohawk, IHS; and Dr. Everett Rhoades, Kiowa, former Director, IHS and currently Director, Native American Prevention Research Center, College of Public Health, University of Oklahoma and Adjunct Professor of Medicine, University of Oklahoma. All currently work in the fields of health, health policy, and/or medicine.

American Indian and Alaskan native contributions have been numerous and significant. These contributions range from the use and development of herbal medicines to participation in research studies which lead to the development of vaccines for Hepatitis B and influen-

za. The program included the presentation of award-winning artwork, flute and drum music, and dancing, and emphasized the themes of healing, spirituality, and reverence for nature and for the community.

A number of common misperceptions about American Indians were dispelled simply, and with humor. For example, the term "Chief" was first used by early Europeans who thought the feather war bonnets American Indians wore resembled the hats of "chefs."

For more information about the program or the organization, e-mail the NIH American Indian/Alaska Native Employee Council at: WebO@od.nih.gov, or call 301-402-3681.

Converting to Title 42 is optional

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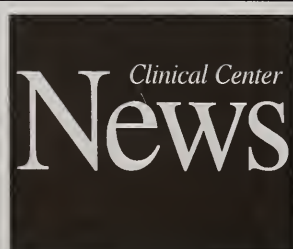
"Title 42 has been incredibly helpful because it has enabled us to reduce our vacancy rate quickly, while also dramatically reducing the time from inquiry to offer," said Clare Hastings, chief, Nursing and Patient Care Services. "It has also allowed us to offer more competitive salaries at the senior staff levels."

Hiring under Title 42 does not require the General Schedule rating and ranking system that selects the top three candidates, passing their applications along to the hiring official. Instead, all qualified applications are submitted to the hiring official, creating a larger pool of appli-

cants.

The General Schedule follows job grades and steps, that limit employees to a set salary and generally require a one-year, in-grade waiting period before being promoted. With Title 42 employees can be promoted at any time based on their performance. Salary is based on pay bands that use competency and not longevity to determine the amount of individual pay increase or supplemental pay (awards, bonuses), given to employees.

For more information regarding Title 42 conversion, visit the Office of Human Resources Management website at <http://ohrm.cc.nih.gov>.



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IPPCR registration

Registration is now open for the 2002 Introduction to the Principles and Practice of Clinical Research. The course will run from Jan. 15, 2002 - April 23, 2002. Classes will be held on the NIH campus on Tuesday and Wednesday evenings from 5:30 p.m. to 7 p.m. There is no charge for the course; however, the purchase of a textbook is required. A certificate will be awarded upon the successful completion of the course, including a final exam. Deadline for registering is Jan. 4, 2002. For information regarding coursework or to register, visit the course website at <http://www.cc.nih.gov/od/core>.

NIH/PITT training

Applications for training in clinical research from the University of Pittsburgh will be available beginning Nov. 1 in Building 10, Room B1L403. The program requires that students spend 8 weeks in residence at the University of Pittsburgh, beginning in July 2002. The eight-week summer program is then supplemented by additional courses offered at the Clinical Center via videoconferencing. Tuition for the 2002-2003 academic year is \$480 per credit, with partial tuition waivers for some courses. The room charge for the eight week summer session is \$800. Prospective participants should consult with their institute or center regarding the official training nomination procedure. For more information please send an e-mail to crtp@imap.pitt.edu or call 412-692-2686. Deadline for applying is March 1, 2002.

Free concert

Come and enjoy the thirteenth season of the Manchester String Quartet on Jan. 28, at 12:30 p.m. in Masur Auditorium. For more information, call Sharon Greenwell at 301-496-4713.

Family lodge support

Support the family lodge by contributing to the Foundation for NIH (#7109) during the 2001 Combined Federal Campaign. The Family Lodge is an on-campus residence for families of adult patients participating in clinical trials. For more information about the foundation, visit the website at <http://www.fnih.org>.

Shop to help NIH School

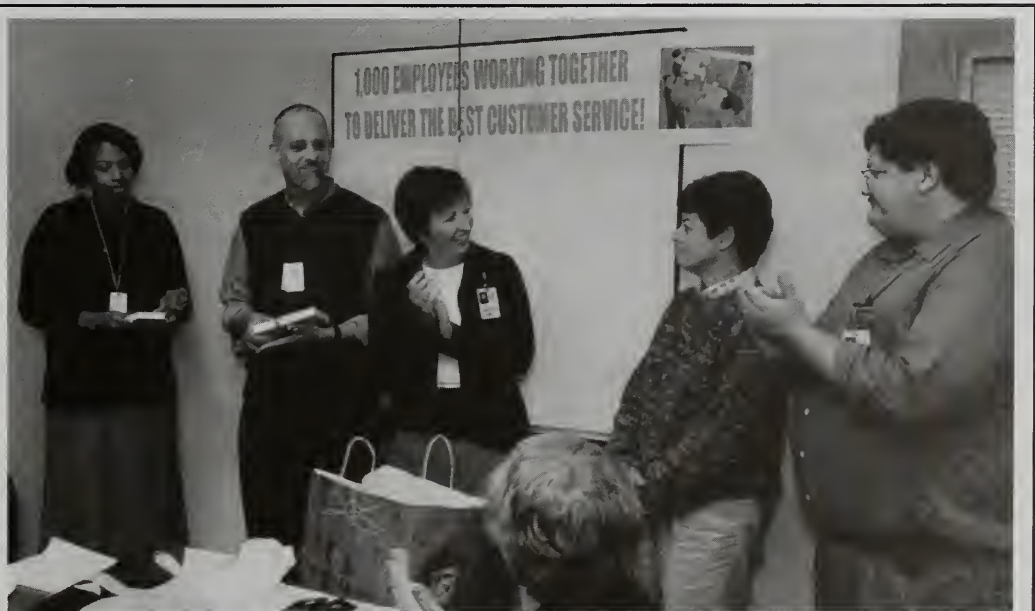
To help NIH School earn free educational equipment, shoppers at Safeway and Giant Food need only register for a club card and give the school code: Giant #2983, and Safeway #0623. Registered shoppers automatically earn credit for the school each time they use their club cards.

Foil the flu

Beginning Dec. 17, the Occupational Medical Service will provide flu vaccinations by appointment only. The program is only for NIH employees with an NIH photo ID. Contractors are not permitted to receive the flu vaccine through this program. Call OMS at 301-496-4411 to make an appointment.

TSP open season

The Thrift Savings Plan open season runs through Jan. 31, 2002. Effective Jan. 2002, employee contributions will increase to 12 percent for FERS employees and 7 percent for CSRS employees and members of the uniformed services. All participants who want to contribute the maximum must submit requests before Jan. 31, 2002. Visit the human resources website at <http://ohrm.cc.nih.gov> for more information.



Reaching a milestone

1,000 Employees trained in customer service

A thousand employees have now been trained in the Clinical Center's Customer Service Program. The Program's intent is to help staff improve their delivery of patient services. The 1,000th employee-training marker was reached on Nov. 14, 2001. Program Coordinator Deborah Gardner (center) recognizes training facilitators (left to right): Deborah Dozier-Hall, Social Work Department; Larry Bauer, Nursing Department; Susan Gantz, Nursing Department; and Charley Carter, Department of Transfusion Medicine for their participation and efforts in achieving the Customer Service Program's 1,000th milestone.

Nurses and pharmacists bring comfort

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ease from casual contact, however, we had to ease the minds of these individuals. They were concerned for their lives and for their families lives.”

Anthrax is an illness caused by bacteria called *bacillus anthracis*. The bacteria can form a protective coat around themselves called spores. When actively multiplying, the bacteria release poisonous substances into the bodies of infected people. According to the Centers for Disease Control and Prevention (CDC), anthrax is not easily transferable. An infected person cannot pass the disease on by coughing or touching another person. The skin form, or cutaneous anthrax, can only be harmful if the bacteria enter through a cut in the skin. A sore develops and in a few days turns into a blister with a black scab in the center. Skin anthrax is more easily treated than inhalation anthrax. Inhalation anthrax is the most serious form of the disease and is caused by inhaling the anthrax spores. The spores begin to nest in the lymph nodes where the bacteria multiply, creating toxins. The body



Lt. Felicia Andrews was one of 27 Clinical Center nurses and pharmacists who assisted postal workers and others who worked in Washington, D.C. Other Clinical Center employees who assisted were: Lt. Jg. Alexis Mosquera, Lt. Cmdr. Nana Kwatema, Cmdr. Reggie Claypool, Cmdr. Laura Chisholm, Lt. Cmdr. Chad Koratich, Cmdr. Tino Merced, Lt. Philantha Montgomery, Lt. Cmdr. Beverly Smith, Lt. Kimberly Ellenberg, Lt. Cmdr. Susan Orsega, Lt. Cmdr. Rosemary McConnell, Lou Anne Costello, Joyce Downing, Simon Eng, Belinda Fortin, Stacey Henning, Daniel Yirenki, Alice Pau, Natalie Thompson, Lois Kovac, Patricia Cosca, Murial Anderson and Pam Costner.

responds to the toxins by creating flu-like symptoms. The increase in toxins is what eventually causes death.

“This is what gets people confused. They come in to the hospital and tests are negative, so they think they have the flu. However a couple of days later, when the toxins begin to take over the body, the individual thinks that it couldn’t be anthrax because the initial test was negative,” said Nelson. “By then, unfortunately, the person may die and the problem wasn’t that they had a bad doctor or that they went to a poor hospital, it’s just the nature of the organism.”

It’s that nature that sent thousands of postal workers and others who work in the Washington, D.C. area to D.C. General Hospital to be tested and receive antibiotics. The hospital, which was downsized and taken over by a private company earlier this year, reopened portions of the building to handle the barrage of people.

“There were some angry people,” said Lt. Felicia Andrews, R.N., unit coordinator on 13 West. “They were afraid and would come into the hospital and have panic attacks because they were so upset.”

Andrews spent two days at D.C. General Hospital and saw nearly 2,000 people each day. The first two days that the hospital was open, nasal swabs were taken from each individual. Afterwards, no swabs were taken, but most individuals were given a 10-day supply of antibiotics.

“People were under the impression that they were going to be swabbed, because they thought it would determine if they had anthrax,” said Andrews. “When we told them that we weren’t doing anymore swabs, and the person knew that their buddy was swabbed the day before, they became upset and wondered why they couldn’t be swabbed.”

Since there is no type of screen-

See fear, page five



Since joining the Public Health Service a year ago, Lt. Cmdr. Katherine Berkhausen has been deployed three times to the Washington, D.C. area.

in the midst of deadly, hidden fear

continued from page four
ing for anthrax, no test exists to determine if an individual has been exposed to the bacteria. Based on a CDC report, the only way exposure can be determined is through a public health investigation. Nasal swabs and environmental tests are done to determine the extent of exposure in a given building or workplace, not to determine whether an individual should be treated. Even the use of a home test kit cannot determine if a person has been infected with the bacteria, but rather is a device to test environmental samples.

By the second day, workers at D.C. General Hospital had swabbed enough people to determine what areas in Greater Washington were of high risk. "We were answering questions and dispensing antibiotics to anyone who walked in the door," said Lt. Cmdr. Katherine Berkhausen, R.N., B.S.N., clinical research nurse, HIV/AIDS Outpatient Research Clinic.

Postal officials were bringing employees by the busload, while concerned citizens lined up to receive antibiotics.

"Their main concern was that they wanted to be treated," said Lt. Cmdr. Scott Dallas, senior staff pharmacist. "We had exactly what they needed, but we wanted to make sure that they got the maximum benefit from it." Dallas evaluated individuals

"I'm just honored to be able to do my job"

—Lt. Cmdr. Lucienne Nelson

and then dispensed Ciprofloxacin or Doxycycline, two antibiotics used to fight the anthrax bacteria.

Berkhausen spoke with people one-on-one to ease their concerns, and in some cases made phone calls to parents and guardians of employees with disabilities and special needs. "We didn't turn anyone away. Our main concern was dispensing

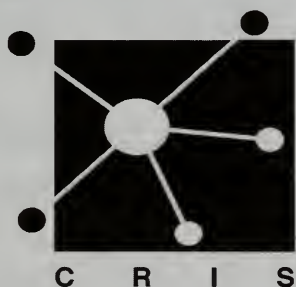
antibiotics to people not at risk. We didn't want to say no and turn them away, because we really did not know."

New information about the infected letters, and a continuous stream of buildings that tested positive for the bacteria was constantly changing. With no bathroom breaks and shortened lunch breaks, Berkhausen said it was like being cut off from the world. "When you are seeing 2,000 patients a day it's hard to keep up with what is happening. When the patients came in they were almost more up-to-date and educated than we were."

Despite the never-ending work-days, just to be able to help is reward enough. "I was on a mission and I was going to do whatever it took to accomplish that mission," said Nelson. "If all I get is a couple of hours of sleep each day, then I appreciate it. I'm just honored to be able to do my job."

—by Tanya Brown

Preparing for a new clinical information system



The Clinical Research Information System (CRIS) Project Management Team has scheduled a series of educational sessions. These sessions are targeted to all interested personnel. The sessions will present real-life examples of the challenges and risks of similar system installations in the hope that realistic expectations will be developed for the CRIS implementation. For more information about the sessions, call 301-496-3825.

January 7, 2002, 1:30-3 p.m.

Lipsett Amphitheater

Process Improvements and Organizational Changes - Technology as Push or Pull?

Leading Change James K. Reed, M.D., M.B.A., Chief Operating Officer and Chief Medical Officer, Northeast Health, Troy, NY

Case Study Reductions of Medical

Errors Rainu Kaushal, M.D., M.P.H., Associate Physician, Brigham & Women's Hospital, Senior Scientist, Institute for Health Policy, Massachusetts General Hospital Boston, MA

February 7, 2002, 1:30 - 3 p.m.

Lipsett Amphitheater

System Implementation Lessons Learned But Not Forgotten

Clinician Acceptance & Changing Clinical Practice Joy Keeler, M.B.A., Chief Information Officer, The

University of Illinois at Chicago Medical Center, Chicago, IL, CPRI Davies Award Recipient

Implementation: The Good, The Bad & The Ugly Ann C. Sullivan, Chief

Information Officer, Maimondes Medical Center, President & Chief Executive Officer

Technology4Healthcare, Brooklyn, NY

March 11, 2002, 1:30-3 p.m

Lipsett Amphitheater

System Benefits Technology Value: What's in it For Me?

Incentives, Risks & Benefits John P. Glaser, Ph.D., Vice President & CIO, Partners HealthCare System, Inc., Boston, MA

Clinical & Process Outcomes Thomas H.

Payne, M.D., Medical Director, Academic Medical Center Information Systems. University of Washington, VA Puget Sound Health Care System, CPRI Davies Award Recipient

Potential vaccine receives overwhelming response

When Dr. Norberto Soto sought out people to receive an experimental vaccine for shingles he thought it would be a difficult task. But it wasn't. Within two years, Dr. Soto's team at the Laboratory of Clinical Investigation, National Institute of Allergy and Infectious Diseases (NIAID) recruited 1,741 individuals from the Washington metropolitan area and more than 38,000 people nationwide.

"I don't think there's ever been a vaccine study of this magnitude done in older adults at the Clinical Center," said Dr. Soto, principal investigator for the Shingles Prevention Study. "It's just really been amazing to be able to enroll this many people."

The goal of recruiting a large test group was met through a mass media campaign, mailings and community outreach programs that involved going to senior communities to educate residents about the study.

The Patient Recruitment and Public Liaison office reports that the Clinical Center screened 3,515 participants, and referred 3,063 of them to the study team. Of those who were referred, 1,741 were selected to participate in the five-year study. Participants had to be healthy adults over age 60, who have never had shingles.

The Clinical Center was one of 22 recruitment centers nationwide. The study is being conducted in collaboration with the Department of Veterans Affairs, NIAID and Merck & Company, Inc., the vaccine producer.

An estimated 600,000 to 1 million people develop shingles annually. The disease generally strikes people over the age of 50, but anyone who has had chickenpox is at risk of developing the disease. When a person gets chickenpox the bumps and scarring go away, but the virus causing the chickenpox lies dormant in nerve cells and can be reactivated as a person gets older, causing shingles.

The shingles vaccine is a modified version of the current chickenpox vaccine and is used to boost the immune system to protect people from developing shingles later in life. Shingles produces a painful outbreak on the skin. It usually occurs on one side of the body and a rash of fluid-filled blisters generally form on the face, chest or waist, according to Dr. Soto.

"It can be very painful," said Rosemary McCown, R.N., who along with Marilyn Kelly, R.N., M.S., served as study coordinators for the trial. "You may get a rash for two to three weeks, but the pain may

never go away. It can stay with you the rest of your life."

Prolonged pain caused by shingles, affects 20 percent of people with the condition. That rate increases to 40 percent in people over the age of 60. Other complications from shingles include irreversible hearing and vision loss, or permanent blindness if the disease develops on the face.

"We want to improve the health quality in these individuals," said Dr. Soto. "Preventive measures and health maintenance is more effective than treating people once they are sick."

New online and after-hours tech support

Need to change your computer password, have a question about your Parachute account, or just want to know how to change your desktop telephone service? If so, look no further than the new online service from the NIH Center for Information Technology (CIT). Available 24-hours a day, seven days a week, CIT can provide expert assistance when users need it.

The new Customer Support online service not only provides answers to basic Information Technology (IT) questions using the CIT Knowledge Base, it displays up-to-the-minute IT news and frequently asked questions. If none of these options provides the solution, an electronic "Help" request ticket can be issued. Customers may also submit tickets via the web interface when the Technical Assistance Support Center (TASC) is open. TASC will respond to all electronic requests the following business day. The new website even lets users review the status of their existing service calls online at <http://support.cit.nih.gov>.

Also debuting is CIT's emergency after-hours live telephone support. The new service, staffed from 6 p.m. to 7 a.m., is intended for emergencies and problem reports only. A call to the TASC helpline 301-496-6248, allows users the option of leaving a voice message for non-emergency issues, or speaking with the on-call technician. TASC will contact users the next business day after a call. The TASC help desk is open from 7 a.m. to 6 p.m., Monday through Friday. The hours of operation will change during the holidays.

TASC Holiday Schedule

Closed: Christmas (12/25/01) and New Year's Day (1/1/02)

Open: 12/24/01 - Christmas Eve - 7 a.m. to 2 p.m.

12/31/01 New Year's Eve - 7 a.m. to 2 p.m.

12/26-28/01 - Christmas Week - 8 a.m. to 4:30 p.m.

The TASC help desk resumes its regular schedule on Wednesday, Jan. 2, 2002. TASC holiday hours are also available at <http://support.cit.nih.gov>.

Healthy volunteers

The Pulmonary Critical Care Medicine Branch seeks healthy, non-smoking females between the ages of 20 to 70, to participate in a one-time outpatient study. Compensation provided. For information call 301-496-9077.

Outpatient study

College-educated, middle-aged adults needed for a two-day outpatient study at NIMH. Involves blood draw and routine clinical, neurological and cognitive procedures. Compensation provided. For information call 301-435-8970.

Healthy women

NICHD is seeking healthy women ages 18 to 55 or 60 and older to participate in an ovarian function study involving five brief outpatient visits. Blood draws, ultrasound and an injection of a natural body hormone are involved. You may be eligible if you do not smoke or take any drugs, including birth control. A past pregnancy is necessary. Compensation provided. For information call 301-435-8201.

Bipolar disorder study

The Mood and Anxiety Disorders Program at the NIMH is conducting a study to examine the effectiveness of pramipexole (Mirapex) in the depressive phase of bipolar disorder. Participants will be placed on pramipexole or a placebo for eight weeks. The medication will be added to the patient's current treatment of lithium or valproate. Participants should be between the ages of 18 to 60, be diagnosed with bipolar disorder and currently depressed. Participants must also be taking lithium or valproate for mood stabilization. For information call 301-496-5645.

African American men and women

The Heart Disease Risk Factors in African Americans Study is investigating the relationship of obesity to heart disease risk factors in healthy, nondiabetic African American men and premenopausal women, ages 18 to 50. Currently being enrolled are African American men who weigh 180 pounds or more, and African American women who weigh 150 pounds or more. There will be a series of four outpatient visits to the Clinical Center. Compensation provided. For information call 301-402-7119.

Volunteers needed

The National Institutes of Health seeks individuals being treated with selective serotonin reuptake inhibitors (SSRIs) such as Prozac or Zoloft, which are widely used antidepressant agents. They also seek individuals who are not on SSRI medications but who are taking non-SSRI substances such as Wellbutrin. Participants will be asked to donate four tablespoons of blood for routine screening and evaluation of platelet function. The visit will be no longer than one-hour and compensation is provided. For information call Donna Jo Mayo at 301-496-5150.

Volunteers needed

Males and females 14 years of age and older who will be receiving a cochlear implant in the future are needed for a study involving language coding in cochlear implant recipients. Compensation provided. Call 301-496-5368, ext. 205.

Male volunteers

Men, ages 45 and older, are needed for a research study to assess risk factors for atherosclerosis. Compensation provided. For information call 301-496-3666.

Healthy adults needed

Healthy African American, Taiwanese and Japanese adults are needed to donate blood. Blood samples will be used to test for a platelet membrane glycoprotein that is absent from the platelets of a small percentage of people in these ethnic groups. Must be at least 18 years of age. Compensation provided. For information call 301-496-5150.

Depression study

The Mood and Anxiety Disorders Program at the NIMH is conducting a study to examine the effectiveness of Riluzole (Rilutek) in major depression. Participants should be between the ages of 18 to 60, currently depressed, but otherwise medically healthy. This study includes medical and psychiatric evaluations and research medication at no cost. Reimbursement for transportation provided. For information call 301-496-5645.

Hormone study

The Behavioral Endocrinology Branch, NIMH, seeks female volunteers ages 18 to 55, to participate in studies of the effects of menstrual cycle hormones on brain and behavior. Volunteers must have regular menstrual cycles with no changes in mood in relationship to menses, be free of medical illnesses, and not taking any hormones or medication on a regular basis. Compensation provided. Call Linda Simpson-St. Clair at 301-496-9576.

Post-traumatic stress study

Healthy adults over age 18 are needed for a study to determine if a combination of medications can improve post-traumatic stress. For information call 1-866-627-6464.



Celebrating a great heritage

The NIH American Indian/Alaska Native Employee Council observed its first heritage month in Nov. The theme was "Leading the Way to Good Medicine." On the drums are (l to r) Brian Hammill (Ho'Chunk), Albert "Moontee" Siquah (Hopi/Choctaw) and Eldred Matt (Apache/Blackfeet/Flathead).

d e c e m b e r

5

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

*What Information Should
Parents Receive About
Their Children's Research
Participation*

Jeffrey R. Botkin, M.D.,
University of Utah

**Wednesday Afternoon
Lecture**
3 p.m.
Masur Auditorium

*Mechanisms of DNA
Unlinking and
Chromosome Segregation*
Nicholas R. Cozzarelli,
Ph.D., University of
California, Berkeley

12

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

*Contemporary Clinical
Medicine: Great Teachers
A Case of Resistant
Hypertension*

Norman L. Kaplan, M.D.,
University of Texas
Southwestern Medical
School, Dallas

**Wednesday Afternoon
Lecture**
3 p.m.
Masur Auditorium

*A New "Dimension" to
DNA Sequence Analysis*
Wilma K. Olson, Ph.D.,
The State University of
New Jersey, Piscataway

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

*Immunity Induced by
Conjugate Vaccines to
Staphylococcus aureus
Bacteremia*

John B. Robbins, M.D.,
NICHD

*Treatment of Lipoatrophic
Diabetes: Is It All Due to
Leptin Deficiency?*

Elif Arioglu Oral, M.D.,
NIDDK

**Wednesday Afternoon
Lecture**
3 p.m.
Masur Auditorium

*Immunological Memory:
Lessons for Vaccine
Development*

Rafi Ahmed, Ph.D., Emory
University School of
Medicine