

N Clinical Center News

**Dedication of the Mark O. Hatfield
Clinical Research Center**

Special Issue

Mark O. Hatfield Clinical Research Center dedicated as a 'house of hope'

by Pat McNees

September 22. Bright sunshine filtered into the Science Court, highlighting the beauty of the atrium at the heart of NIH's new hospital, the Mark O. Hatfield Clinical Research Center.

Only weeks before, the spacious room had been filled with construction equipment, debris and the smell of sawdust and plaster. Even today parts of the building weren't quite finished, but the public spaces were

immaculate and large sections of the hospital were ready for the self-guided tours that were to follow the dedication speeches and ribbon cutting.

It was the last day of summer and the first day of autumn; at 12:30 p.m. the seasons would officially change. Members of the Armed Forces Color Guard marched smartly into the atrium and aligned themselves in front of the

stage where dignitaries stood at attention, and the Marine Band Brass Quintet struck up a patriotic tune.

The audience had come not only to tour the new state-of-the-art research hospital but also to pay special homage to Mark O. Hatfield, the senator from Oregon, for whom it was named.

Ready to cut the ribbon are dignitaries, from L to R, Sen. Paul S. Sarbanes; Susan Lowell Butler, a 9-year survivor of simultaneous breast and ovarian cancer; NIH Clinical Center Director John I. Gallin; NIH Director Elias A. Zerhouni; Sen. Mark O. Hatfield of Oregon, for whom the Clinical Research Center is named; Health and Human Services Secretary Tommy G. Thompson; and Sen. Tom Harkin, ranking Democrat, Senate Agriculture, Nutrition and Forestry Committee.

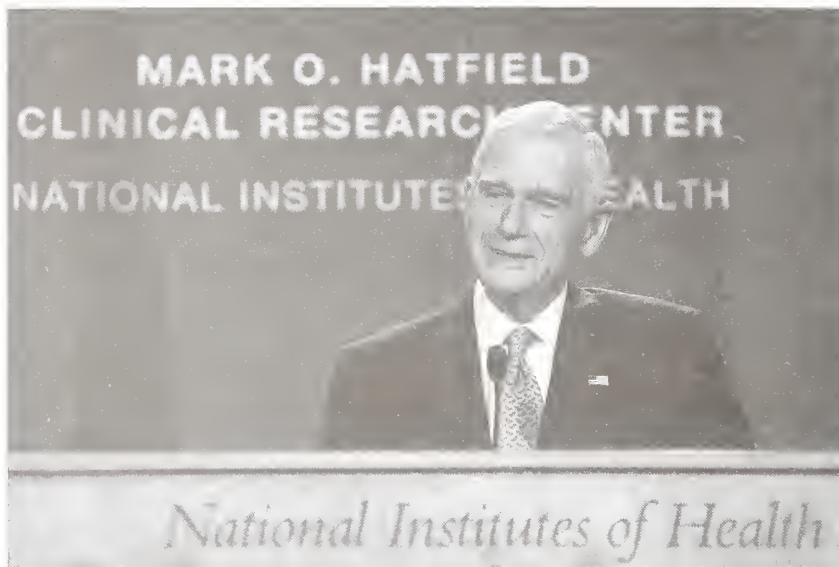


Before he retired, Hatfield shepherded through the legislation authorizing its construction. Maryland Sen. Paul Sarbanes praised his colleague for "the civility, the vision, the intelligence, the reasoned discourse" he brought to the Senate; the "dignity—indeed, nobility—he brought to public politics." And in the speeches that followed—several by politicians—it became apparent that

"This clinical research facility is so much more than bricks and mortar," said Sen. Mark O. Hatfield. "With this facility, we have created a new community of hope."

biomedical research was one area in which Democrats and Republicans could still work toward a common goal and praise each other.

"I couldn't do my job without enlightened legislators who understand the intricacies of medical research in the 21st century and are willing to use their political capital and credit" to win its support, said NIH Director Elias A. Zerhouni, who moderated the program. Zerhouni also thanked NIH's dedicated staff and paid tribute to the patients willing to come and take a chance as volunteers in the research that made medical breakthroughs possible.



Job's syndrome whom he had treated for years and who had given him a gift every Father's Day. Two years ago she said, "This will be your last gift." Months later she collapsed and died suddenly of complications from her disease. In many ways, the patients know more about these diseases than we do, said Gallin.

Brains, skill, compassion and dedication

Gallin introduced a patient who had survived. Diagnosed with simultaneous advanced breast and ovarian cancer in 1995, Susan Butler, at 51, had been told that her odds of surviving more than two years were less than 20 percent. She had come to the Clinical Center and NCI, she said, "to see if this ultimate hospital, this place of last, best hope, might have an answer for me. I remember very clearly how excited I was calling my family and friends, saying, I'm accepted in the clinical trial! It was the day that my heart began to lift and a feeling of hope came to me."

As a volunteer in a complex clinical trial for ovarian cancer, she continued, "I became immersed in this sometimes intimidating, enormous hospital, and like many patients the size and complexity overwhelmed me." But the people in the building changed that. "One by one, their skill and compassion lifted and supported

During the ceremony, the proceedings could be seen on one of the many monitors throughout the atrium. Dr. Zerhouni is seen on this one, situated directly over the architect's model, formerly on display in the Clinical Center's admission's lobby.



One patient at a time

Medical advances are achieved one patient at a time, said Clinical Center Director John I. Gallin, paying tribute to the strength and contributions to collective learning of the patients in the audience. He spoke warmly of the late Cecilia Ernestine "Cie Cie" Smith, a patient with

me through prolonged and arduous treatment. One by one, they cheered me when I was exhausted. And one by one,

wisdom of the NIH scientists and staff of this wonderful place. So I wish Godspeed to all who are treated and who work here



in this house of hope...the magical place where science and compassion come together to save our lives.”

Patient Clenton Winford II (right) with Dr. Steven Libutti, NCI, one of several doctors who manage his care.

Butler made three wishes for the Center's birthday: that NIH receive the funding increases needed; that it find creative and meaningful ways to attract and retain the best and the brightest scientists and clinicians; and that every American be informed about the enormous resources available at NIH and the Clinical Center. “Sometimes I think this place is a dangerously well-kept secret. All too

they took the time to meet my ever-present needs, day and night.

often, patients learn too late, or not at all, about the trials and research that take place here.”

“Of course, the treatment was not all sweetness and light...but because you are treated here, you are sometimes in the company of many people who are far more ill than you are, who clearly will not have an ideal outcome.... You see all around you the full panorama of life and death, and with this reality comes, at times, enormous inspiration at the power of the human spirit.... It is the family of man here—in all its glory and misery, pain and celebration. It is real life, here in the House of Hope.

Great accomplishments to come

“This building is to U.S. medicine what the U.S. Capitol is to government and

Patient Brianne Schwantes chats with former NIH directors Harold Varmus and Bernadine Healy (center) and with Ruth Kirschstein, senior advisor to the NIH director.

“This magnificent Clinical Center is first and last its people,” said Butler, “with brains and hearts dedicated to saving lives, prolonging lives, improving the quality of lives...special people of iron will who get up every day determined to do the best they know how for the sickest of people, those of us who come here, our hearts in our hands, hoping for a miracle.... I have had my miracle. I have lived to see my grandchildren, and I am the recipient of the enormous grace and



Sen. Paul Sarbanes praised Sen. Hatfield for "the civility, the vision, the intelligence, the reasoned discourse, not invective" he brought to the Senate. Biomedical research is one area in which Democrats and Republicans can still work toward a common goal and praise each other.

what the Pentagon is to defense," said Florida Rep. C.W. Bill Young, chairman of the House Committee on Appropriations. "It is really awesome," he said. "But it is more than a building."

"There is a reason we call this place the National Institutes of Health and not the National Institutes of Basic Research," said Iowa Sen. Tom Harkin. If Harkin and Sen. Arlen Specter did not have the supreme ability to work together as they do, said Zerhouni, we could not do the work we do.

"Every time I walk into a building on the NIH campus I am rejuvenated," said Secretary of Health and Human Services Tommy Thompson, whom Zerhouni praised for his energy and for his emphasis on preventive approaches to health care. "Today is one of those days when every one of us can look at ourselves and look at this great building and know what great accomplishments are in store for the world." Thompson then read from a letter by President Bush, stating, in part, "Our support of medical research is one of the most important investments that we can make" as a nation.

Thompson asked all NIH employees to stand and, when the crowd's loud applause had ended, continued: "Most of the people you will help will never have the chance to thank you in person, so let me thank you for them. The boy who gets up from the hospital bed...able to play ball again; the grandmother who gets another year to spend with her grandchildren; the families who will [avoid a] disease outbreak because it was prevented by a vaccine developed right here—all of these people will have longer, happier lives because of your work."

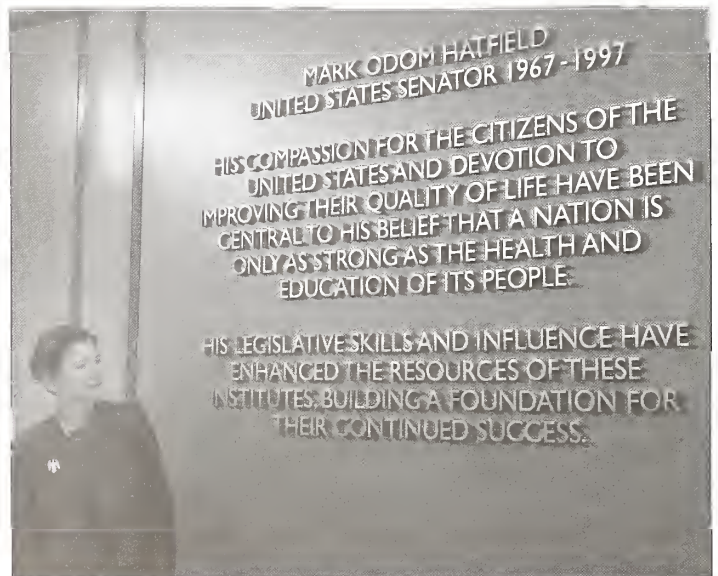


More than bricks and mortar

The guest of honor, the senator from Oregon, Mark O. Hatfield, looked to the future. "I may be retired," he said, "but give me a microphone and a podium and I'm ready to go again—on a platform." And so, after thanking NIH for the honor and for the privilege of helping to make the dream of this hospital a reality, Hatfield presented two research goals.

"Today we are making progress on the top three killers: stroke, heart disease and cancer, yet there is more work to be done. The enemy is changing its face. The increasing prevalence of animal-borne diseases such as SARS, monkey pox, West Nile, mad cow, Lyme dis-

Dr. Elizabeth Hatfield-Keller inspects the inscription honoring her father, Sen. Hatfield, which she unveiled as part of the ceremony.





The ribbon-cutting ceremony draws smiles from Dr. Gallin, Dr. Zerhouni, Sen. Hatfield, Secretary Thompson and Sen. Harkin.

ease—there was always a need and a benefit for more research. As my friend Mary Lasker used to say: ‘If you think research is expensive, try disease.’”

He also made a plea for helping the underserved—the 25 million Americans with orphan diseases—6,000 rare diseases, 5,000 of them genetic. “Few have registries. Few have research funding. And...the funding they do get is but \$12 million, half of the authorized level....” To get appropriation of the full \$25 million would be a “very conservative action and beginning. Many are tough to diagnose. Many wait years and years with only their hope.” They need both full funding and advocacy.

Thanks to the Genome Project and other sources, said Hatfield, it is now possible to imagine discovering all of the factors that lead to diabetes, heart disease, mental illness, asthma, osteoporosis and cancer—the com-

mon diseases that fill U.S. clinics and hospitals—and applying that knowledge to the prevention and cure of disease. But, he continued, “if we are truly to reap the benefits of this new era, we also will need to organize a major new national initiative, on genes, the environment and health combined. Think of how much we learned from the Framingham Study in matters related to cardiac medicine.” A comprehensive study on genes, the environment and health may need to enroll as many as a million Americans, he said, but “would yield insights and benefits for



Theresa Hatfield Cooney unveils the plaque honoring her father, Sen. Hatfield.

many years ahead and for many generations."

"This Clinical Research facility is so much more than bricks and mortar," concluded Hatfield. "Three thousand people will be here on a daily basis, doing translational research. As medical knowledge increases, so does hope. Writer O.S. Marden once said, 'There is no medicine like hope, and no incentive so great, and no tonic so powerful as the expectation of something.' The people here will be creating and testing the next generation of treatments and cures, but they also will create something that's difficult to measure: hope. With this facility, we have created a new community of hope. My prayer would be that the good Lord will grant you, Dr. Zerhouni, and all of your scientific associates, an abundance of patience, perseverance and cures." ❖



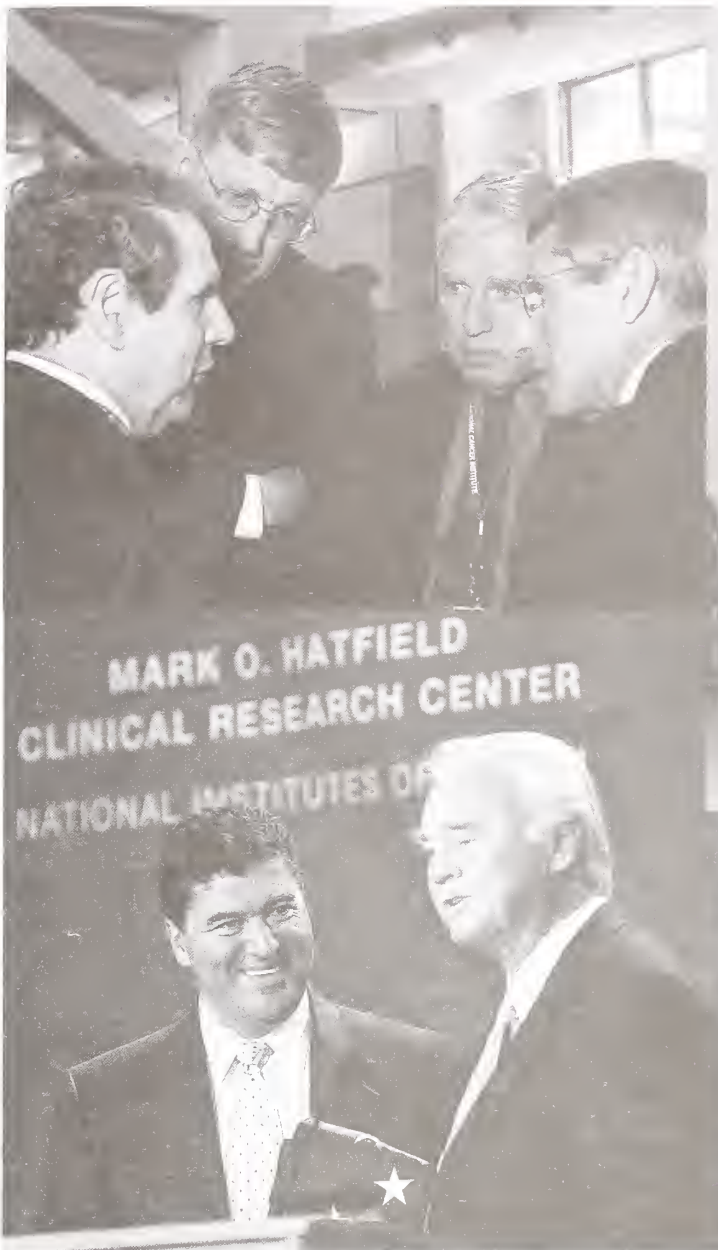
Dr. Gallin with patient Susan Butler. "I wish Godspeed to all who are treated and who work here in this house of hope," she told a rapt audience, "the magical place where science and compassion come together to save our lives."

Videocast available

A videocast of the dedication ceremony is available at <http://videocast.nih.gov/PastEvents.asp?c=998>



The ceremony concluded with self-guided tours of the new hospital. Shown here in high spirits are, left to right, front row: patient and NIH employee Wanda White, with her hand on the shoulder of patient Ellen Berty; Ashley Appell, patient; Laura Krummenacker, patient; Marybeth Krummenacker, Laura's mother. Back row: Tammie Bell (peeking over Berty's shoulder), NCI employee who gave her kidney to Wanda White; Donna Appell, Ashley's mother; Pat McNees, author of *Building 10 at Fifty*; Heidi Hughes, patient; and Heidi's mother, Carol Hughes.



Clockwise from upper left: Four institute directors converse (L to R: Stephen I. Katz, NIAMS; Francis S. Collins, NHGRI; Andrew C. von Eschenbach, NCI; and Anthony S. Fauci, NIAID); Armed Forces present colors; former NIH directors Harold Varmus, Bernadine Healy and James Wyngaarden; the audience in the sunlit atrium; Rep. C.W. Bill Young (right), chairman of the House Committee on Appropriations, presents NIH Director Elias A. Zerhouni with the flag flown on Capitol Hill the morning of the ribbon cutting.



NIH Clinical Center
 Director John I. Gallin,
 NIH Director Elias A.
 Zerhouni, Sen. Tom
 Harkin, ranking Democrat
 of the Agriculture, Nutrition
 and Forestry Committee,
 and Secretary of Health
 and Human Services
 Tommy Thompson.



The CRC (above) will be home to new inpatient units, day-hospital stations, and research labs. It connects to the Warren Grant Magnuson Clinical Center, which opened its doors to patients in 1953. Together, the Magnuson and Hatfield centers form the NIH Clinical Center, the world's largest clinical research complex, serving a dual role: providing humane and healing patient care as well as the environment clinical researchers need to advance biomedical knowledge and treatment.

Clinical Center News

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