

February 2001

# Clinical Center News

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- Foot clinic offers hope
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## Training program adds more long-distance sites

The Clinical Center clinical research training course, "Introduction to the Principles and Practice of Clinical Research," began its sixth year in January with the addition of five remote sites that will receive the training by videoconference.

Sites new to the program this year are Children's National Medical Center, Washington, DC; U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD; State University of New York, Binghamton, NY; State University of New York, Syracuse, NY; and St. Jude Children's Research Hospital,

Memphis, TN. Three former sites—National Institute on Aging, Baltimore, MD, Georgetown University, and University of Puerto Rico, San Juan—have joined in the program again this year.

"This program teaches researchers how to design a good clinical trial," said Dr. John Gallin, CC director. Dr. Gallin initiated the program in 1995. It covers epidemiological methods and focuses on study design and development, protocol preparation, patient monitoring, quality assurance and FDA issues. It also includes data management and legal

and ethical issues, including protection of human subjects.

Twenty-five students participated in the course's first offering as a pilot. This year, 487 researchers, mostly physicians, have registered, including 264 at the remote sites.

"This is an extraordinary era of innovation and progress for medicine and science," notes Dr. Gallin.

"Clinical research can be beneficial and successful only when physician-researchers have the necessary training and expertise to conduct it.

See sites, page seven

## Grady appointed to editorial board of human research publication

Dr. Christine Grady, head of the section on human subjects research in the Department of Clinical Bioethics, has been appointed to the editorial board of the *Institutional Review Board: Ethics and Human Research* journal, the only publication devoted exclusively to the ethics of research with human subjects.

The journal, published by The Hastings Center, a research institute based in New York, addresses fundamental ethical issues in the areas of health, medicine, and the environment as they affect individuals, communities, and societies.

"It's a great honor to be selected," said Grady. "It's an area that I work in anyway, and it's wonderful

to participate in one of the few IRB publications in the country."

This month, the publication revamped its focus and changed its name to draw more attention to human research ethics.

As part of the editorial board, Dr. Grady will play a part in directing the new publication.

"We asked Dr. Grady to serve on IRB's new editorial board based on her previously published work on ethical issues in human subjects research and her reputation as a thoughtful, articulate scholar," said Bette Crigger, editor of the publication. "We're delighted to have her bring her expertise and perspective to bear as we redesign IRB."



Dr. Christine Grady was appointed to the editorial board of the only research journal devoted to the ethics of research with human subjects.

# Quality of Worklife Council embraces diversity

Have you heard?

The New Year has brought some exciting changes to the CC Quality of Worklife Council. The main change relates to diversity appreciation, a concept that encourages inclusion and recognition of the differences we bring to work as a result of our varied backgrounds, interests, and experiences.

Our council believes that our understanding of, and value for, the diverse and unique qualities we all possess, can strengthen us as an organization and help us better serve our diverse customers. We advocate for and strongly encourage an inclusive and diverse CC work environment.

The CC as an organization recently decided to place new emphasis on the importance of diversity appreciation, including integrating this activity into its fiscal year 2001 strategic plan.

Management will seek a more focused approach toward achieving diversity goals by obtaining input and

support from our council.

What does this mean for the council?

The council will now begin to develop a framework for identifying CC activities that foster a respectful work environment and support diversity and quality of worklife goals and tenets. The council will be enhancing its name and current goals to reflect the increased focus on diversity. A retreat is planned for the near future to facilitate training and goal setting.

The council will continue to confer with other CC and/or NIH groups and individuals working toward similar goals and collaborate wherever possible. We will provide regular updates to you through the *CC News* and other communication tools. We will continue to serve as an advisory group and a CC resource on the subjects of quality of worklife and diversity.

The CC EEO Office will continue to assist employees and managers with questions and activities that

specifically relate to EEO and affirmative action, two compliance-oriented functions.

Current council membership has been enhanced to include many new members. We will provide a complete membership roster when it is complete.

Anyone who would like to join the council, propose ideas for activities or enhancements, or simply come to meetings can contact the council co-facilitators, Sue Fishbein (435-0031) or Jacques Bolle (594-9769). The council meets on the second and fourth Thursdays from 10:00 a.m. to 12 noon (locations are announced prior to meetings).

Other CC staff, including, Ms. Ellen Williams, CC EEO Office, and Ms. Deborah Dozier-Hall, Social Work Department, will also provide support to the council and serve as CC resources. Mr. Walter Jones serves as the CC leader of the Quality of Worklife/Diversity Council initiative.

We continue to maintain two employee quality of worklife/diversity suggestion boxes. One is in the B1-level cafeteria entrance and the other is located near the exit of the second floor cafeteria, across from the vending machines.

Employee suggestions and any proposed solutions you care to share are welcomed and may be submitted in those boxes or sent directly to Fishbein or Bolle. As in the past, we will provide responses in this column or directly to the suggestor.

We are looking forward to what we believe promises to be an exciting initiative and year. More information will follow in upcoming *CC News* issues.

—by Sue Fishbein and Jacques Bolle

## B1-level cafeteria to open in spring *Unforeseen changes create a six-month delay*

Minor setbacks and planning conflicts stopped the B1-level cafeteria from opening on its original date last October. But with all of that behind them, workers are proceeding and plan to have the cafeteria completed by spring 2001.

“We’re moving forward and people can see it is happening,” said Dwayne Parris, concession manager with the division of support services. “It was just a little more work than was foreseen.”

Renovation of the cafeteria was expected to be completed by last fall, but as workers began to reconstruct

the space, they found that more modern-day equipment was needed for several of the new eateries.

“People have been very patient with us and they will see a quality food court with some changes, and the changes will be positive,” said Parris.

Eurest Dining Services is redesigning the cafeteria into a food court that will include eateries such as Sbarro, Blimpie and Memphis Barbeque.

Based on employee requests there will also be healthier selections such as fish, fruits and salads.

Clinical Center  
**News**

Editor: Tanya Brown

*Clinical Center News*, 6100 Executive Blvd., Suite 3C01, MSC 7511, National Institutes of Health, Bethesda, MD 20892-7511. (301)496-2563. Fax: (301)402-2984. Published monthly for CC employees by the Office of Clinical Center Communications, Colleen Henrichsen, chief. News, article ideas, calendar events, letters, and photographs are welcome. **Deadline** for submissions is the second Monday of each month.

*Clinical Center News* online: [www.cc.nih.gov/ccc/ccnews/current](http://www.cc.nih.gov/ccc/ccnews/current)



# volunteers needed

## Women needed

The National Institute of Child Health and Human Development is seeking women, ages 18-42, to participate in a study comparing bone density in healthy women. You may be eligible to participate if you: have no medical conditions, a regular menstrual cycle, not pregnant, nursing or planning pregnancy over the next three years, do not use oral contraceptives or prescribed medications, smoke less than two cigarettes per day, and drink less than two alcoholic drinks per day. Participation involves four visits over a three-year period, blood test, bone density test, urine test and cognitive testing. Compensation is provided. Call 301-435-7926 or 301-594-3839.

## Asthma sufferers

The National Institute of Allergy and Infectious Diseases is seeking volunteers, ages 18-50, with asthma made worse by exposure to allergens (dust, pets, pollen) for a research study of allergen immunotherapy (allergy shots). Participants will have allergy and lung function tests and will have blood drawn. For more information contact Mary Huber at 301-496-7935. Compensation provided.

## Blood draw

Researchers at the National Institute of Neurological Disorders and Stroke seek adults with hypertension for a blood draw. Participants will be needed for approximately one hour and will receive a \$50 compensation. Appointments will be scheduled at 9:15 a.m. and 10:30 a.m. only. For more information call Tereza at 301-496-1115.

## Speech disorders

The National Institute of Neurological Disorders and Stroke seeks families with stuttering or speech articulation disorders. Compensation provided. For information call 1-800-411-1222.

## Outpatient study

College-educated adults ages 30-50, are needed for a two-day outpatient study with the National Institute of Mental Health. Involves blood draw and routine clinical, neurological and cognitive procedures. Compensation provided. For more information or to volunteer, please call 301-435-8970.

## Male volunteers

Overweight male volunteers, ages 25-40, are needed for a study comparing the effects of low-fat and low-carbohydrate diets on weight-regulating hormones. Must be moderately overweight and following either a low-fat or low-carbohydrate diet for at least 2 weeks. Participation involves a clinic visit and a 24-hour admission to the CC for blood sampling. Compensation available. Contact Dr. Al-Zubaidi at 301-496-7731 or Lori Hanton at 301-496-0862.

## Female volunteers

The Behavioral Endocrinology Branch is seeking female volunteer mothers ages 18-40, who have had one or more past episodes of postpartum depression following a full-term pregnancy. Must be six-months post-delivery and not lactating, have no current symptoms of depression and must be medically healthy and medication-free. Volunteers may be asked to participate in a six-month protocol investigating the effects of ovarian and stress hormones on brain behavior. Compensation provided. For information call Linda Simpson-St. Clair at 301-496-9576.

## Ovarian function

The National Institute of Child Health and Human Development is seeking healthy women, ages 18-55, 60 and above for an ovarian function study. Call 1-800-411-1222.

## Donate a phone campaign

Don't throw out that old cell phone (even if it doesn't work)! CIVIL, a NIH group of experts that address workplace violence, is joining forces with NIH's R&W, the Work and Family Life Center, the Employee Assistance Program, and NIAID to help victims of domestic violence receive donated wireless phones.

Starting now through April 28, boxes will be set up at each R&W store for donations of any wireless, hand-held cellular or PCS phone that you no longer need. This collection is for the Donate a Phone Campaign under the CALL to PROTECT program co-sponsored by the Wireless Foundation, Motorola, and the National Coalition Against Domestic Violence (NCADV). The phones are distributed to potential victims and are pre-programmed to dial 911 and one nonemergency number, such as a domestic violence shelter or counselor.

If you would like to donate a phone, please place it in one of the drop boxes, along with the battery and charger (if available), OR you can mail it directly to: CALL to PROTECT, c/o Motorola, 1580 E. Ellsworth Road, Ann Arbor, MI 48108.

Newer, functional phones will be distributed to victims; older phones, or phones in need of repair, may be sold with proceeds used to support NCADV or other domestic violence programs. If you are in need of one of these phones, please call a local shelter or your area police to find out if there is a participating organization in your community. For more information about this campaign, visit the website at [www.donateaphone.com](http://www.donateaphone.com).

NIH R&W Gift Shop Locations: Bldg. 10, Rm. B1C06, Bldg. 31, Rm. B1W30, Bldg. 38, Rm. B1N-07, EPS, Rm. 150C, Rockledge II, Rm. 1012, (also at the NOAA location, 1325 East-West Highway, Silver Spring).

# Clinic offers steps of hope to hopeless patients

Keith Sargent came into the Rehabilitation Medicine Department's foot clinic hobbling painfully on partially amputated feet. Before he left, he was running in the hallway.

"This feels great! I don't feel any more pain. I have no pain," said Sargent.

Sargent is just one of hundreds of patients who have come to the foot clinic with one last ounce of hope that their foot problems will finally be solved by this 10-member team of doctors.

This year, the clinic celebrates 15 years of service.

The foot clinic has become the last resort for patients with complicated foot problems that have been consistently treated by podiatrists and surgeons without success. When all treatments have been exhausted, the patients are then referred to Dr. Gerber and the foot clinic.

"We are determined to improve our patients function," said Dr. Lynn Gerber, chief of the Rehabilitation Medicine Department. Dr. Gerber heads up the foot clinic and has been a part of it since its inception in 1986. "We challenge ourselves. We try our best to avoid sending our



Joe Shrader preps Keith Sargent's foot for a cast that will serve as the mold for his new Oregon Brace System that will help him walk better.



Foot clinic members include (from l to r) Dr. Lynn Gerber, Dr. Monique Perry, staff physiatrist; Dr. Galen Joe, staff fellow; Dr. Hereward Cattell, consultant orthopedist; Dr. Ben Pearl, consultant/podiatrist, Dr. Holly Cintas, physical therapist; Joe Shrader, physical therapist/pedorthist; Hany Bedair, medical student; Chris Gracey, physical therapist/pedorthist; Karen Siegel, physical therapist biomechanics.

patients out without helping them. We don't like to say 'you deal with this.'"

Each of the 10 doctors represents a different podiatric discipline that includes physical medicine, physical therapy, pedorthists, biomechanists, podiatrists, orthopedists and students.

During a session, the doctors interview one patient, analyze the problems, and brainstorm ideas among themselves to come up with the best remedy.

"You will never find ten professionals in a room spending time with one patient anywhere," said Karen Lohmann Siegel, physical therapist with the Rehabilitation Medicine Department and a member of the foot clinic.

The clinic meets twice a month for about two hours and examines one to four patients each session. According to Gerber, the patients continue to attend sessions until they have shown improvement and are able to return to normal activities.

For Sargent, returning to normal activity is his ultimate goal. "My first priority is to walk better than before, then move on to hiking, then skiing," said Sargent.

Five years ago Sargent was

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*"We try our best to avoid sending our patients out without helping them."*

—Dr. Lynn Gerber

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cycling home when an accident caused his bike to go off the road and into a river. The accident left him disoriented and stranded in frozen water.

Now Sargent stuffs the front of his shoes with tissues to fill out the area his toes and part of his foot would occupy if frostbite had not caused them to be amputated. The rest of his shoes are packed with gel and foam pads, which have been futile in helping him return to his active lifestyle.

"This is the most positive experience I've ever had with doctors," said Sargent, who received a temporary, custom-made orthotic to replace the patchwork of foam pads and gels inserted in his shoes. Sargent waited two hours as Chris Gracey and Joe Shrader, physical therapists with the Rehabilitation Medicine Department, constructed the orthotic and allowed

See **foot clinic**, page eight

# The dream still not a reality

## Speaker sheds light on the reality of racism in the health care community

Dr. Martin Luther King, Jr., had a dream. A dream that, according to Dr. Rodney Hood, president of the National Medical Association, has not been realized, nor achieved even 33 years after the death of the civil rights leader.

Dr. Hood was joined by the Morgan State University choir and the NIH Pre-School Song and Dance Troupe in celebrating the life of Dr. Martin Luther King, Jr. during the NIH 30th annual Martin Luther King, Jr. observance last month in Masur Auditorium. Dr. Hood spoke on the theme "Health Parity in the 21st Century," which he argued is unsatisfactory and for minorities has nearly remained stagnant for 300 years.

"If Dr. King were alive today, how would he judge the progress," asked Hood. "Everything we know about who and what this man was suggests that he would be appalled and saddened."

Appalled by the "shameful condition" of health and health care among African Americans and minority groups in America, said Dr. Hood. And saddened by what Dr. Hood termed the slave health deficit –

health disparity and the death gap in the African American community, as compared to other communities, that is rooted in discrimination that dates back to slavery.

Just as slaves received some of the worst health care, the same is true today with African Americans, said Dr. Hood.

"African Americans suffer excessive morbidity and mortality rates and have the highest death rate in fourteen of the sixteen leading causes of death in the country," he said. "Many of these deaths are preventable with known, basic, cost-effective medical treatment."

According to National Vital Statistics, in 1996, the average life expectancy of a black male was 66 years, as opposed to 74 for other groups. When compared to other groups, 35 percent more blacks die of cancer, 40 percent more blacks die of heart disease and the black population suffers on average 91,000 excess deaths each year that are preventable, said Dr. Hood.

"Causes for the health gap in African Americans are certainly multi-factorial, however the major,



**Dr. Rodney Hood challenged NIH to create the MLK National Racism Institute to begin exploring the reasons why racism is still playing a major role in the medical treatment of minorities.**

underlying insidious factor must be recognized and addressed," said Dr. Hood. "This factor is racism. Racism that was referred to by Dr. King as chains of discrimination. Today, these chains are no longer visible, but nonetheless, they are chains of the new racism that are manifested in action...whether intentional or unintentional," he said.

He added that the manifestation of this racism dates back to 130 A.D. when Roman physician Galen concluded that blacks have inferior brains, sharp teeth and chapped skin. The teachings continued throughout the 17th, 18th and 19th centuries when European and American physicians and scientists introduced racist teachings into medical books, writing that blacks were inferior and subhuman.

During the 1700s, Benjamin Rush, known as the "Father of American Psychiatry," presented a paper "and he declared that the reason that black people have black skin was because of a degenerative disease caused by leprosy," said Dr. Hood.

Dr. Samuel Cartwright, a physician in psychology, theorized that blacks should "medically be treated differently due to the non-human biological peculiarities," said Dr.

See racism, page seven



**The Morgan State University Choir, directed by Dr. Nathan Carter, led the audience in singing "We Shall Overcome." The world-renowned choir, which consists of 150 members, has performed in Osaka, Japan and Prague, Czechoslovakia.**

# Parking lot 10K to close in spring

Construction of the NIH Fire Station beginning spring 2001 will require the closing of Parking Lot 10K at the northwest corner of the main campus.

To accommodate the parking needs of NIH employees, the Office of Research Services (ORS) is expanding attendant-assisted parking in Lot 41A in the early spring. As with other managed parking facilities on the campus, employees arriving first can park and lock their cars in the existing striped spaces. Once the lot is full, attendants will direct employees to established parking locations where employees will leave their ignition keys and receive claim tickets.

Vehicle keys will be secured by attendants using key security locks. As self-park spaces open, stacked cars will be moved into available spaces. Any departing employee whose car is stack-parked will present their ticket, and attendants will

unsecure the key and move any blocking vehicles.

Attendant operating hours are 8 a.m. to 8 p.m., Monday through Thursday. The attendant booth located near Building 41 will remain open and hold remaining keys for employees until 2 a.m. Keys that are not picked up by 2 a.m. will be kept in a safe until the next business day.

Shuttle buses will be available at Lot 41A/B to transport employees around campus every 10 minutes. Shuttle bus services run from 6:30 a.m. to 6:30 p.m. An evening shuttle bus runs between Building 10 and Lot 41 from 6:00 to 8:00 p.m. From 8:00 p.m. to midnight, the shuttle driver is on call at the Bldg. 10 South Lobby. For more information on parking and the shuttle schedules please visit the ORS website at <http://www.nih.gov/od/ors/> or call the Office of Facilities Planning at 496-5037.

## Construction creates minor changes *Modifications to P3 parking lot begins mid-Feb.*

The continuing construction process will soon redirect NIH staff to walk and drive different routes.

Beginning mid February, vehicle access to the P3 parking garage from Memorial Drive will be moved to create a new vehicle drive lane.

This move will eventually become the final entrance to the P3 level. However, over the course of the next year, construction on the entrance to the P3 level will be shifted back and forth between this entrance and the old one. Ample notification will be given when these moves will occur.

Additionally, the fire stairwell that has served as an emergency egress and as a direct pedestrian route to and from the CC to buildings 1 and 31, will be demolished.

To provide pedestrian access to the CC from the Memorial Drive side, two temporary entrances have been designated. The B1 entrance at

the south end of the A wing provides access from buildings 3, 5, 7, 8, 9, 50, and 1.

The second point of access will be the P3 garage elevators. This entrance should be convenient to staff from buildings 2, 4, 6, 31, and building 1.

Access through the P3 garage to the elevators will be clearly marked. It is highly recommended that users follow the signs, dedicated walkways and remain alert because of the high volume of vehicle traffic.

Clear signage will be placed along the routes and at both entrances. Flyers will be distributed to offices in buildings 1 and 31 and will also be available at the security desk in the main lobby of the Clinical Center.

For questions and further information regarding the changes, contact Don Sebastian, CRC project officer, at 301-402-9243.

## briefs

### Free concert

Join the Manchester String Quartet on February 12 at 12:30 p.m. in the Masur Auditorium for a free concert. The quartet will perform the Mendelssohn Quartet in A Minor, Opus 13. For sign language interpretation or accommodations for other disabilities, email Sharon Greenwell at [sg115f@nih.gov](mailto:sg115f@nih.gov) or call 301-496-4713.

### Management interns

The NIH Management Intern Program is accepting applications until March 12. The 12-month career development program will accept up to five participants for the position at the GS-5, GS-7 and GS-9 levels. Employees above the GS-9 level must accept a downgrade but may retain their previous salary levels. Graduates are eligible for noncompetitive promotion to the GS-12 level. Apply online at <http://internships.info.nih.gov>. For information call 496-2403.

### Library training

The NIH Library invites all employees to attend training classes on how to use electronic resources effectively, including how to access full-text journals, order and receive articles via email, and set up a recurring literature alert service. For more information call 301-496-1080 or visit the NIH Library website at <http://nihlibrary.nih.gov>.

### Snow policy

Confused about what to do when the government closes or delays due to bad weather? You can review the Clinical Center policy on such matters at the following web site: <http://ohrm.cc.nih.gov/benefits/emergency.html>.

If you have any questions about these policies, discuss them with your supervisor.



## Demo shines at convention

Sixty speech-language pathologists and speech scientists attending the 65th National Convention of the American Speech-Language Hearing Association in Washington D.C., recently visited the Oral Pharyngeal Function and Ultrasound Imaging Laboratory in the CC Department of Rehabilitation Medicine.

Dr. Barbara Sonies, chief of Speech-Language Pathology, along with Dr. Gloria Chi-Fishman, Dr. Jeri Miller and Beth Solomon conducted live demonstrations of clinical research tools used to study swallowing.

Ultrasound imaging, 3D ultrasound imaging of the tongue and electromyography as a biofeedback technique for dysphagia were highlighted in the demonstration.

## Additional sites help train in clinical research

(continued from page one)

Historically, medical students depended on willing and able mentors to teach the intricacies of clinical research. That approach simply doesn't work today."

The CC offers an excellent environment for exploring new approaches to identifying and providing the tools that researchers need.

"Effective training in clinical research depends on a thorough grounding in the basic techniques, rich opportunities for practical application, and the flexibility to meet the changing needs of medical science and healthcare consumers," said Dr. Gallin.

The course began Jan. 30 and will continue through May 21. Sessions meet on Tuesday and Wednesday in Lipsett Amphitheater.

—by Colleen Henrichsen

## Racism still a factor in health care

(continued from page five)

Hood. "Listen to what I said. They should be treated differently. Is it happening today?" he asked.

Indirectly, Dr. Hood answered yes by briefly citing a handful of studies out of the 400 that he has accumulated.

"In 1994, a study in Los Angeles, Hispanic patients were twice as likely to receive no analgesia when presented to the emergency room with fresh bone fractures," said Dr. Hood. "The same group from Los Angeles found that black patients with broken arms and legs were less likely than white patients to receive an analgesia when presented to the emergency room."

He added that a 1999 study printed in the *New England Journal of Medicine* showed that blacks were less likely than whites to receive surgical treatment for non-small-cell lung cancer, a disease potentially curable by surgery. In the same study, blacks were found more likely to die sooner than their white counterparts

because of the imbalance.

"This is not an African American problem. This is an American problem," said Dr. Hood. "Now is the time to support and eliminate the slave health deficit."

Just like Martin Luther King, Jr., Dr. Hood has a dream, a solution for NIH to initiate the cure for racial injustice in health care through the MLK National Racism Institute, or the NRI.

"This institute is necessary to investigate social and scientific means to eliminate racism, a cure that does not lie in biological research alone, but also considers the influence of social-behavioral factors," said Dr. Hood. "But until that time, we must all dedicate our energy and encourage our colleagues, pressing our government, forcing our health institutions to engage in an honest and diligent effort for the eradication of the aspects of racism all over America."

—by Tanya Brown

# Foot clinic makes strides to help patients function

(continued from page four)

Sargent to try it out. Based on Sargent's suggestions, Gracey and Shrader sanded and glued until it was a perfect fit.

"I feel fortunate that they aren't running off to one hundred other patients," said Sargent. "It's like complete, customized service."

Sargent will soon be the recipient of a new device called the Oregon Brace System that will allow him to walk better and ultimately return to regular activities.

Nancy Griffin also knows how

painful feet can halt normal activities. Last April, Griffin had three screws placed in her right foot to hold it together after arthritis wore away the joints. But since the surgery, Griffin's foot has remained red and swollen.

"I think the surgeon screwed the screws in too tight," she joked as she showed the team of doctors her foot.

She can't walk on flat surfaces and has to wear flip-flops in the shower just to be able to stand. She has gone through a variety of braces and boots to ease the pain and help

her walk, but all have been unsuccessful until now.

"You don't know how relieved I am to have all of those fine minds to help me find a way to walk and be productive," said Griffin. "I have hope again."

She has hope because "a lot of physicians deal with management, not function," said Dr. Galen Joe, senior staff fellow with the Rehabilitation Medicine Department. "We focus on function and day-to-day living."

—by Tanya Brown

## f e b r u a r y

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**Grand Rounds  
noon-1 p.m.  
Lipsett Amphitheater**

*Disclosing Information to Subjects about Unanticipated Information from Gene Expression Studies in Surgical Cancer Specimens*  
Eric T. Juengst, Ph.D., Case Western Reserve University

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

*Beyond Health Disparities: Behavior and Culture Diversity in Health*  
Susan Scrimshaw, Ph.D., University of Illinois at Chicago

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**Grand Rounds  
noon-1 p.m.  
Lipsett Amphitheater**

*Ischemic Heart Disease: An MRI Perspective*  
Andrew Arai, M.D., NHLBI

*Congenital Disorders of Glycosylation: A Window into Human Glycobiology*  
Donna Krasnewich, M.D., Ph.D., NHGRI

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

*The Ethics of Clinical Trials*  
Marcia Angell, Former Executive Editor, New England Journal of Medicine

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**Grand Rounds  
noon-1 p.m.  
Lipsett Amphitheater**

*Inflammatory Breast Cancer*  
Sandra Swain, M.D., NCI  
*Imaging Language Development: Brain Mapping in Children*  
William Gaillard, M.D., NINDS

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

*Tuning signal transduction with synthetic ligands*  
Laura Kiessling, Ph.D., University of Wisconsin

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**Grand Rounds  
noon-1 p.m.  
Lipsett Amphitheater**

*Fatal Transfusion: Associated Graft vs. Host Disease in a Patient with Lupus Nephritis Treated with Fludarabine and Cyclophosphamide*  
Gabor Illei, M.D., NIAMS

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

*Structural insights into signal recognition particle function*  
Jennifer Doudna, Ph.D., Yale University

All are welcome to attend. There's no fee or registration requirement. CMEs are available.