January 2005

Clinical Center News

In this issue:

- NIH staff provide hurricane relief
- Patients react to the CRC
- Molecular imaging discussed at fourth annual Doppman Lecture

NIH staff provide relief in the wake of season's multiple hurricanes

by Pat McNees

NIH civil service and PHS Commissioned Corps staff responded overwhelmingly to successive calls for help over the last months of 2004 as a series of hurricanes pummeled the southern states. Hurricane Frances came ashore near Stuart, Florida, on Saturday, September 4, followed all too soon by hurricanes Ivan and Jeanne, disrupting lives and inflicting massive damage. Surgeon General Richard H. Carmona activated the Commissioned Corps of the Public Health Service (PHS) in what might have been the "largest disaster response ever." PHS officers working with FEMA trained thousands of volunteers to help out in Florida, Mississippi, Georgia, Alabama, and North Carolina, and many Clinical Center and NIH staff traveled south to help out.

Teams from different agencies and commands, who had not worked together before, came together from all over the country to provide disaster relief and services. PHS officers worked with Red Cross volunteers and with staff from the HHS Secretary's Emergency Response Team (SERT), Homeland Security, DOD, FEMA, Veterans Affairs, and, surprisingly, the USDA Forest Service (which, trained in disaster management for fires, delivered food, cots, and other essentials).

In all, some 600 PHS officers were deployed to take over operations from departing disaster medical assistance teams. Among them were 27 NIH employees, including 19 Clinical Center nurses.

Many went on the second wave, to relieve local nursing staff in hospitals and to help in shelters filled with elderly citizens. Some came to deal with the aftermath of one hurricane and had to help set up shelters for a new one. Most worked 12-hour shifts (often at night, so local staff could go home), but sometimes 36 hours straight. "The people who had been there since Frances, and the local people, were very tired," says research nurse Jeanne Odom (NCI), who worked in West Palm Beach County after Frances and during Jeanne. "It was very tough on them."

Dispensing TLC

In shelters all along the East coast, some of the elderly needed skilled nursing care, but many simply needed help with daily life activities. PHS officers and volunteers helped feed the elderly, get them to the bathroom, make sure they got their medications (the Red Cross negotiating for replacement of lost or damaged medications or gear such as nebulizers, which were susceptible to water damage), and take care of those with special needs (such as IVs or oxygen). "The mentally impaired would wander so we made sure that they were safe at all times," says CC nurse Felicia Andrews. "It

continued on page 2

Garage Collapse

A 30-ton slab of concrete collapsed in the parking garage under construction next to Bldg. 10 on Nov. 29, killing a construction worker and prompting the evacuation of parts of Building 10 for two days. Later that night, several more slabs on four levels of the parking garage collapsed. The 963-parking-space garage was scheduled to open in March. The revised opening date has not been set. A trust fund for the family of Ronal Alvarado Gochez, who died in the accident, has been established by the Coakley and Williams Construction company.

Donations may be sent to:
Trust to benefit Emerson Maurico
c/o United Bank
9872 Liberia Avenue
Manassas, VA 20110-9821

A message to Clinical Center staff

As you know, the patient move into the Mark O. Hatfield Clinical Research Center has been delayed to allow time for making sure the new facility functions as required. Software issues related to three major systems—air handling, unit access, and nurse call—are being resolved now, but we can not yet determine a firm date for completion. It's important that we have realistic assessment of how long this work and its validation will take before announcing a new date for the move. Stay tuned for the new date and stay focused on the work ahead. The new hospital will be a remarkable resource, and members of the Clinical Center staff are invaluable to our mission.

As we begin 2005, I want to thank you for your sustained dedication and hard work and wish you a very happy and satisfying New Year.

John I. Gallin, M.D., Clinical Center Director

hurricane relief
continued from page 1

was a busy job. It was rewarding."

The first night, says Odom, they didn't have enough mats or blankets to go around. The Red Cross's supplies had been depleted by the first hurricane and they hadn't been able to restock everything.

Nurses in the shelters dispensed bandaids, over-the-counter remedies, hugs, backrubs, and TLC. Hurricane-related health problems included infected spider and ant bites, and children with asthma who had problems with mold. Mental health staff were kept busy helping people who had been through two or even three hurricanes, whose homes had been destroyed, who had lost their normal income, and who couldn't work, especially at outdoor jobs.

"In the shelters we had all kinds of people," says Odom. "Drug addicts, homeless people, elderly people who were dropped off without caregivers (because their caregivers had their own families and damaged homes to go back to), elderly people who shouldn't have been by themselves."

Camping in survival mode

On Sept 24 some 40 to 50 officers were deployed to Pensacola, in response to Hurricane Ivan, to relieve the nurses at Sacred Heart Hospital. Everything was in chaos the first two days after the hurricane, with no power and water and with National Guardsmen guarding all the hospital doors.

Many PHS officers were put up in motels or hotels, but the relief crew in Pensacola slept in the kinds of tour buses used to drive rock stars and their crews around in—close, but comfy, quarters, with 12 curtained-off sleeping berths 6 feet long and three feet deep. "We developed a survival-mode routine," says nurse practitioner Vickey Anderson (NIAID). "Sleep when you can, eat when you can, and call your family often. I'm so glad I have a cell phone." Water was scarce so they showered in the hospital, and made use of porta-johns, says CC nurse Bryan Emery.

Bunking in a bus proved a benefit when they were redeployed to Sebastian, Fla. They slept during the 10-hour drive and were ready to split into shifts and begin working at 6 a.m., as soon as they arrived, caring for displaced seniors in a shelter.

CC nurses deployed to provide hurricane relief:

LT Tamika Allen	LCDR Lori Hunter
LCDR Gettie Audain Butts	CDR Lenora Jones
LCDR Felicia Andrews	LT Laura Longstaff
CDR Mary Ellen Cadman	LCDR Leigh Matheny
CDR Rosa Clark	CDR Tino Merced-Galindez
LT Bryan Emery	LCDR Kelly Richards
LCDR Suzanne Fillippi	LT Madia Ricks
CDR Barbara Fuller	LCDR Angela Robinson
LCDR Patricia Garzone	CAPT Carol Romano
LCDR Sandra Griffith	

Among Institute staff on emergency response teams:

CDR Vickey Anderson, NIAID
LCDR Lisa Barnhart, NIAID
LCDR Michelle Bynum, NIDDK
CAPT Janice Carico, NIDA
LT Michael Krumlauf, NCI
CDR Carmen Taylor Maher, NIAID
LCDR Jeanne Odom, NCI
CAPT Justina Schwemberger, NIAID

The honor of providing relief

Research nurse Tino Merced (CC) was part of a team of nurse officers deployed to the Holmes Regional Medical Center in Brevard County, to relieve local nurses whose homes had been hit by two hurricanes. Arriving at midnight, October 1, his group was met by a tired but happy night nurse supervisor. She found them temporary sleeping quarters in an unused radiology suite, where they got 5 hours of sleep (on gurney mattresses on the floor, topped with waffle mattresses), before beginning their first 12-hour shift.

continued on page 3

Clinical Center News

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News, article ideas, calender events, letters, and photographs are welcome.

hurricane relief
continued from page 2

With 514 patient beds, Holmes Regional was normally challenged by a high census and a staff shortage, and the hurricanes stretched further the staff's burdens. Merced's unit was thanked for an astounding 10-day tour of duty, full of hard work and dedication. "You responded with grace and honor, leaving your homes and families to come to our aid," they were told. "Not only did you provide exceptional care to our patients, you did so with a positive attitude. Your tremendous support in our time of need will never be forgotten."

Deployed to Mobile, Alabama, CC nurse Barbara Fuller helped provide support in a small rural community hospital in Atmore, Alabama, where local staff had lost their homes to tornadoes. "We worked 12-hour shifts, and it was heartbreaking at times, but the wonderful staff was glad to have us there. It was a rewarding experience and I'd be honored to do it again."

Teamwork, learning, and camaraderie

Networking was an unexpected benefit of deployment. Officers from different services and different parts of the PHS (including the Bureau of Prisons, CDC, FDA, HRSA, and Indian Health Services) eagerly learned from each other's professional experience. "There was real camaraderie —sort of a MASH camaraderie" says Anderson. "I met a lot of really interesting, smart, fun people, and learned that there's great medical care outside of the NIH. We felt like we were all a team."

"It was the first major deployment I'd ever been on and I didn't know what to expect," says Anderson. "In the end, even folks who were unhappy to be displaced from their regular jobs and away from their family felt that it was a good experience, felt glad they had been given the opportunity to help. We literally couldn't walk down a corridor in our uniforms without having every single person stop us and thank us for being there. They were all so grateful for anything we could do for them."

"As a civilian in wartime, the best thing you can hear is, 'We are the Marines, and we are here to help,'" said Dr. Andrew Daigle, one of the senior emergency room physicians at Pensacola's Sacred Heart Hospital. "Now I have learned that after a disaster the best thing you can hear is, 'We're the United States Public Health Service, and we're here to help.'"

Molecular imaging expert delivers Doppman Memorial Lecture

Attendees of the 4th Annual John L. Doppman Memorial Lecture for Imaging Sciences October 20 at the Clinical Center heard about new strategies for molecular imaging, presented by Dr. David Piwnica-Worms of the Washington University School of Medicine in St. Louis.

In his talk entitled "Molecular Genetic Reporter Strategies for Imaging Protein Function and Protein-Protein Interactions In Living Animals," Dr. Piwnica-Worms discussed philosophies and new directions in imaging sciences and molecular imaging.

"While some attempts were made in the past to link clinical radiology and molecular biology," Dr. Piwnica-Worms said, "there was really a difference in culture and perspective and technologies that related to these two worlds. What's been exciting over the last three to five years has been the linkage, through molecular imaging, of cell and molecular concepts and approaches in cell biology to some of the anatomic and molecular aspects of radiology."

Dr. Piwnica-Worms talked about various molecular imaging strategies using different signal sources—endogenous genes and proteins or exogenous genes (trans genes or engineered cells in animals, etc.)—and how to interrogate those signal sources by imaging probes, such as injectable agents or genetically encoded reporters.

Professor of radiology and director of the Molecular Imaging Center and Division of Radiologic Sciences at the Mallinckrodt Institute of Radiology at Washington University School of Medicine, Dr. Piwnica-Worms received both M.D. and Ph.D. degrees from Duke University. He completed a residency in diagnostic radiology at Harvard Medical School and Brigham and Women's Hospital in Boston and held several academic and clinical positions at Harvard before moving to Washington University in 1994. He was appointed to his current position in 1998.

His research interests include molecular imaging of gene expression and protein function in vivo; permeation peptides for imaging in therapy; molecular imaging reporter constructs for PET, SPECT and bioluminescence; and mechanisms and regulation of ATP binding cassettes superfamily of transporter proteins, as well as multidrug resistance in cancer, the radiopharmaceutical industry and medicinal utility of metal complexes.

Dr. Piwnica-Worms' talk was the fourth in a yearly lecture series created in 2000 to honor the memory of Dr. John L. Doppman, former chief of the Clinical Center's Diagnostic Radiology Department. Dr. Doppman joined the Clinical Center in 1964 and served as chief of Diagnostic Radiology from 1974 until his retirement in April 2000. Dr. Doppman developed, refined, and performed numerous semi-surgical radiologic procedures, including angiography, visualization and treatment of vascular malformations in the spinal cord, and techniques for locating ectopic and glandular tumors. Many of the procedures Dr. Doppman pioneered have become standard practice in medical centers worldwide. He died of cancer in August 2000 at the Clinical Center.

Dr. Piwnica-Worms's lecture can be viewed on NIH's Videocasting website at: http://videocast.nih.gov/PastEvents.asp?c=27 **-Marian Segal**

Patients find new hospital bright, warm, and spacious

by Pat McNees

"Unbelievable!" said Marybeth Krummenacker, who toured the Hatfield Clinical Research Center the day of its dedication with her 18-year-old daughter Laura, a patient at the Clinical Center since she was three. "Magnificent." Krummenacker had just visited a family in the 'old' hospital and "hadn't realized how crowded and small those rooms are. There seems to be more room in the new patient rooms. They seem so open, and I couldn't get over how cheerful and bright and sunny it was, anywhere we went—in the labs, in the patient rooms, even the ICU units."

Laura Krummenacker and Heidi Hughes, first-year college students who had both taken time off from school to attend the dedication, also appreciated all the natural light. The same age, they have both been coming to the Clinical Center since early childhood for studies and treatment of cystinosis, usually scheduled their visits at the same time, and had become close friends over the years, although one grew up in New York and the other in Florida. They looked wistfully at the cheerful pediatric ward and, outside it, the imaginative playground, which they had just outgrown. "It's great that the rooms are larger," said Ashley Appell, a long-term patient with Hermansky-Pudlak syndrome, who will also soon outgrow the pediatric ward. "And it's great that each room will have computer access!"

"The CRC feels more spacious than the old hospital—especially in the patient kitchen area on each floor," said Ellen Berty, a diabetes patient who has written a book about her experience getting islet-cell transplants at the Clinical Center. "In the old hospital the space was so small—like a small closet—that you had to close the door in order to move around. You could take maybe one step—and that was only if you had small feet! Now that area is so much bigger and luxurious. And having the many different conversational areas and the outside garden is especially nice." Berty says all the natural light gives the hospital an uplifting feel.

A sense of community

Many of the patients whose stories were featured in a booklet handed out at the dedication came for the event and took self-guided tours of the new hospital after the speeches and the ribbon-cutting ended. As much as anything, they welcomed a chance to meet each other and hear each other's stories. "It gave me more inspiration for my own trials and tribulations," said patient Richard "Sam" Breidenbach, whose own story is as inspiring as any. In early December 2003, he began treatment for a melanoma that had replaced half his liver. Dr. Steven A. Rosenberg's immunotherapy protocol involved wiping out Breidenbach's immune system and injecting him with jazzed-up versions of his own immune cells. It's not an easy course of treatment. But 71 days after beginning treatment, all signs of the cancer gone, Breidenbach and his friend Pete Daly, another NCI patient, undertook the arduous 51-kilometer cross-country ski race known as the American Birkebeiner. It took them 7 hours, 13 minutes, and 57 seconds to ski those 31.7 miles, but they went the full distance.

"It's a strange thing," said Breidenbach, "but identifying or having similar pain and suffering, so you can relate to other people who are in the same position, makes you feel like you're not alone. Something in the power of numbers gives you cause to keep on fighting. It's something I definitely felt in 2-East and pretty much everywhere throughout the Clinical Center."

"I thought the day [of the dedication] was great," he continued. "I was really inspired, especially by Susan Butler," a fellow cancer patient and a featured speaker. "She spoke very much to the core of my impressions of NIH, that it's really the public's

On a tour of the hospital following the dedication 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, article author; Heidi Hughes, patient; and Heidi's mother, Carol Hughes.

Patient Brianne Schwantes (left) greets Dr. Ruth Kirschstein, senior advisor to the NIH director, at the dedication ceremony. Between them are Dr. Harold Varmus and Dr. Bernadine Healy, former NIH directors.

"the building and gardens are beautiful, and there seem to be many beautiful places to hang out" —Brianne Schwantes

hospital—it's really for the greater good of the country and the world. I say that in no uncertain terms. It embodies the best of what government is and what government for the people, by the people, really means. It's not just hollow words."

What all of the patients wanted to keep from the old building was that sense of community, of the shared memories of generations of patients, of being less lonely because there are other people who know what you are going through. They feared that budget cuts would reduce opportunities to get together with other patients or to participate in recreational activities. And they were grateful for the cheerful feel of the new hospital, the sense of spaciousness, and the abundance of natural light—even in the ICU, which for many was a tough experience made worse by dark and tight quarters. Sick as they were, most patients who spent any time at all in the old ICU longed for natural light. Now they'll have it.

"Better not to be sick," said Dinora Hernandez, a cancer patient from Maryland who had spent difficult time in the ICU. "But if you're sick, better for everyone to be in a spacious room. The new hospital is wonderful and the new system of air circulation is going to be great."

To the extent that a building affects camaraderie, most of the patients agreed that the CRC seems physically brighter, warmer, and more cheerful than the old hospital, with courtyards and other gathering places to facilitate getting together between tests and appointments with medical staff.

Being able to meet and socialize with patients with different illness, from different walks of life and parts of the country, feels like part of the therapy to many of the patients. Being able to meet each other at the end of a day of being poked, prodded, or treated—being able to sit outside in good weather and to talk about each other's diseases and families, even, in a strange way, to laugh and joke about what's going on—is part of healing. And it feels to most of the patients as if the CRC will encourage that.

Nostalgia for the old hospital

Not that there aren't regrets about leaving the old part of Building 10. What they are losing, says Breidenbach —who has a business restoring and renovating old homes in Madison, Wisconsin—is the patina of age, the feeling of "everybody through the years being through there."

"I really like the new building a lot," says Brianne Schwantes, a patient with osteogenesis imperfecta (brittle bone disease), who has been coming to the CC from Wisconsin since she was three months old and who helped the CC's rehabilitation department

continued on page 6

Patients Dinora Hernandez and Sam Breidenbach at the dedication ceremony.

patients respond to CRC
continued from page 5

pioneer in the use of long-legged braces for children whose bones broke so easily that doctors used to recommend just letting them lie on a pillow, for safety's sake. "It's just that I am not a huge fan of change. I will always have a warm place in my heart for the old building. That's where I grew up. That's where I made friends, and ran around in the playrooms and learned how to count by the numbers in the elevator. I loved the old building and knew every nook and cranny: where the fastest elevators were, and the cheapest vending machines, where the nicest nurses hung out for coffee breaks."

And patients will be grouped differently in the new building. "In the old building so many floor units were just bursting with patients," says Schwantes, "and everyone kind of felt at home in their own specific area. For instance, I am a 9-West girl and couldn't dream of being any place else. Even when they tried to convince me, when I was 24, that I no longer was a child and had to move (gasp!) to 9-East. That's just not home. It will be interesting to see how it is going to work out having all of the genetic kids, AIDS kids, cancer kids, and everyone else all together in one area. I guess time will tell."

On the other hand, Schwantes likes the height of the new hospital, "the building and gardens are beautiful, and there seem to be many beautiful places to hang out when you aren't in appointments. The patients and families won't feel so trapped in this new building and are going to really appreciate the open areas."

"This new building is going to need to be broken in," said Brianne Schwantes. " It's going to take all of us patients a while to feel comfortable. And 50 years from now, I will probably be saying how much I love the Hatfield Clinical Center."

"This is just like a new home," said Ashley's mother, Donna Appell, "and it is a new home for all of us."

Rubinow is new MEC chair

Dr. David R. Rubinow, clinical director, NIMH, is the new chair of the Medical Executive Committee. The MEC is made up of the various clinical directors of the NIH intramural clinical research programs and other senior medical and administrative staff. It advises the Clinical Center director and develops policies governing standards of medical care in the Clinical Center. The committee represents and acts for the medical staff and other clinical professionals in the Clinical Center and enforces the rules and policies of the center. Rubinow previously served as vice chair. He replaces Dr. Richard O. Cannon, clinical director, NHLBI. The position is a one-year appointment and may be renewed for one year.

CC policy for inclement weather

With the arrival of winter, Clinical Center employees are reminded that the hospital's patient care services and functions must continue regardless of the temporary closing of NIH and other federal agencies due to inclement weather. Certain employees, designated as "emergency employees," are expected to report to or remain at work during temporary closings to carry out these essential functions. All other Clinical Center employees ("non-emergency employees") follow closure and early dismissal procedures outlined by the Office of Personnel Management (OPM).

The Clinical Center provides accommodations for employees who are unable to leave the Clinical Center during inclement weather; however, emergency employees who stay on campus beyond their tour of duty are eligible for pay only if they actually work during that period.

CC department heads must designate emergency employees and notify them of this designation in writing when they first enter on duty and in October of each year.

All emergency employees are required to report for duty as scheduled regardless of any general announcement by internet, radio, or television that federal employees are not required to report to work. They are responsible for providing their transportation to and from work. However, the Clinical Center coordinates a 4-wheel drive transportation network during inclement weather. Information on 4-wheel drive transportation will be available from the CC admissions office.

Any emergency employees who cannot report to work must call their supervisor within one hour before the start of their shift, and the supervisor will determine the type of leave to be charged (annual, sick, or leave without pay).

Non-emergency personnel follow procedures for closure or early dismissal announced by OPM. Announcements may be made before or after the workday begins.

If inclement weather requires closure before the workday begins, OPM will provide one of five announcements to the media. Employees are responsible for checking with their local radio or TV stations or OPM's website at www.opm.gov.

If early dismissal is called for after the workday begins, OPM will provide another announcement to the media and on their website at http://www.opa.gov.

CRC visitors tour the new hospital

Nearly 100 nurses and senior nursing students from throughout the area attended the CC Nursing Department's Open House in October. The event included tours of the new Mark O. Hatfield Clinical Research Center. Nurse managers were on hand for on-the-spot interviews, and program of care posters were on exhibit in the lobby. Cynthia Herringa (left), CC nurse recruiter, talks with attendees at the reception desk. "The nurses who attended the Open House were welcomed by our enthusiastic and dedicated staff. It was a wonderful opportunity to open the doors of our new patient-care units and beautiful facilities to the nursing community," said Tannia Cartledge, chief of the Nursing Department's adult, pediatric and behavioral health service.

More than 50 members of the American Institute of Architects toured the Mark O. Hatfield Clinical Research Center earlier this fall. The tour was part of the AIA's annual Academy of Architecture for Health conference, "The Interdisciplinary Healthcare Enterprise: Weaving Design Through the Fabric of Research, Education and Patient Care." Margaret DeBolt (left), a partner from the architecture firm Zimmer Gunsul Frasca Partnership, led the tour.

Part of December's 89th meeting of the Advisory Committee to the Director of NIH was spent at the Mark O. Hatfield Clinical Research Center. Dr. John I. Gallin, CC director, gave a tour to those attending, including Dr. Annelise E. Barron (center), associate professor of chemical and biological engineering and chemistry and biomedical engineering at Northwestern University, and Dr. Bettie Sue Masters, The Robert A. Welch Foundation Professor in Chemistry at the University of Texas Health Science Center.

Leon Fleisher

Internationally acclaimed pianist Leon Fleisher performed for NIH staff and patients in Masur Auditorium on Nov. 17. In 1964, Fleisher's career was interrupted when the fingers on his right hand began to curl under. Diagnosed with dystonia, he entered a Clinical Center trial in 1992. He received treatment here that enabled him to play again with both hands. In April 2000, Fleisher became the first living pianist to be inducted into the Classical Music Hall of Fame.

January Grand Rounds

12:00 noon – 1:00 pm, Lipsett Amphitheater

January 5

Early Diagnosis and Minimally Invasive Treatment Strategies for Localized Prostate Cancer
Peter L. Choyke, M.D., Chief, Molecular Imaging Program, NCI
Jonathan A. Coleman, M.D., Staff Clinician, Urologic Oncology Branch, NCI

January 12

We Must Prevent HIV Infection in Children!
Catherine M. Wilfert, M.D., Scientific Director, Elizabeth Glaser Pediatric AIDS Foundation, Professor of Pediatrics Emerita, Duke University
Lecture can be accessed on the NIH videocast at *http://videocast.nih.gov*

January 19

Nitric Oxide and Nitrite Ions: The Basis of a New Pharmacology
Alan N. Schechter, M.D., Moderator

Introduction: Nitric Oxide Physiology and Pharmacology
Alan N. Schechter, M.D., Chief, Molecular Medicine Branch, NIDDK

Potential Therapeutic Applications of Nitrite in Coronary Artery Disease
Richard O. Cannon, M.D., Clinical Director, NHLBI

Hemoglobin as an Allosterically-regulated Nitrite Reductase
Mark T. Gladwin, M.D., Chief, Vascular Therapeutics Section, Cardiovascular Branch, NHLBI

Nitrite Therapy of Cerebral Vasospasm and Other Brain Disorders
Ryszard M. Pluta, M.D., Ph.D., Clinical Staff Scientist, NINDS

January 26

Does Lithium Correct the Neurotransmission Imbalance of Bipolar Disorder?
Stanley I. Rapoport, M.D., Chief, Brain Physiology and Metabolism Section, NIA

Human Premature-Aging Syndromes and Genomic Instability at the Molecular Level
Vilhelm A. Bohr, M.D., Ph.D., Chief, Laboratory of Molecular Gerontology, NIA

Visit the Clinical Center Grand Rounds Web Site at *http://www.cc.nih.gov/about/news/grcurrent.shtml*