

June 2003

# Clinical Center News

## In this issue:

- CRC landscape focuses on beauty
- New patient information packets available
- NIH Fire Marshals put safety first

## New office to benefit future research trainees

Future waves of clinical investigator trainees will benefit from the Clinical Center's new Office of Clinical Research Training and Medical Education. Rapid growth in the need to expand clinical research training opportunities at the Clinical Center, and for NIH intramural scientific research programs in general, spurred establishment of the new Office.

The Office will centralize many of the existing research training and medical education functions and emphasize the organization's commitment to developing a cadre of well-trained and highly-skilled physician-scientists. "It is my hope that this Office will review and improve as necessary our existing curriculum for clinical research training that will be available to clinical investigator trainees coming to NIH. In addition, I hope this



**Dr. Fred Ognibene serves as director and DeNedra McPherson as deputy director in the new Office of Clinical Research Training and Medical Education.**

Office will assist the NIH institutes and centers in improving their clinical research training programs as appropriate," said Clinical Center Director Dr. John Gallin.

Programs and services offered by the Office will have a direct impact on improving how clinical research is conducted. For example, formal coursework in clinical research principles as well as the opportunity to undertake formal master's level training in clinical research will allow the next generation of physician-scientists to gain these skills in addition to their skills as translational, or bench-to-bedside, investigators. The programs and services will primarily target NIH physician-scientists seeking to enhance their existing skills through academic training in clinical research skills. In the future efforts will, when appropriate, bridge to the extramural science community as in the case of federal non-NIH scientists who have enrolled in the current clinical research training courses and the

NATIONAL INSTITUTES OF HEALTH  
**CLINICAL  
CENTER**  
FIFTIETH ANNIVERSARY

 **50**  
1953 - 2003

The Clinical Center kicks off a year-long celebration of the 50th anniversary of its opening on July 9 with a program and reception for employees and patients. The program will be held in Masur Auditorium from 1-2 p.m. A reception will follow from 2-4 p.m. on the south lawn outside the B1 Dining Center. The celebration will continue on Oct. 14 with an all-day scientific symposium in Masur and an evening gala. The events will conclude with the dedication of the Mark O. Hatfield Clinical Research Center in summer 2004. In addition, a special 50th anniversary series of Clinical Center Grand Rounds will run from Sept. 2003-June 2004.

See **New Office**, page five

# CRC landscape concentrates on functional beauty

To the casual observer, the new Clinical Research Center or CRC will be nestled in amongst the trees, grass and gardens. In fact, though it may seem to rise from the landscape itself, everything is being planned with meticulous care to ensure privacy while creating a relaxing setting.

Two interior courtyards appear to be cement, but within months dirt will be laid, shrubs and trees planted and two fountains installed. "In a real sense, it's the type of landscaping that works its way in," said Don Sebastian, project officer for the CRC. "On the regions further out, it's a typical layout with trees along the roads. Further in, it serves a more functional purpose."

Sebastian says that the design will discretely keep people away from the building, ensuring the privacy of patients. The children's area will be fenced, but the fence, he added, will have hedges. These

hedges will be nice and kind of prickly to keep people out, but will keep the fence from having an institutional look. In the two inner courtyards, patients' windows line both sides. Bushes will extend to the window sills, and trees beyond will be above the sills. All this, he said, will give the feeling of being "out in the open," but maintain privacy for patients in



One of the two inner courtyards to the CRC now is cement. Dirt, trees, bushes, and a fountain will create a serene and private environment for patients and visitors.

their rooms and for patients and visitors in the courtyards.

"Only on the first floor will this be a concern," he explained. "Patients on the third, fifth and seventh floors, will be looking down on the landscape and not through it." Visitors to the CRC site now see only construction and dirt.

Bulldozers sweep the area and workers in hardhats labor steadily both inside and out. Sebastian refers to a photocopy of the blueprint and points determinably to a work in progress. What he sees now may be only in his mind's eye, but he seems to see it as if it were there.

Will it look as breathtaking as it sounds? "I hope so!" he said.



View of the new entrance to the Clinical Research Center.



Editor: Tanya Brown  
Contributing Writers: Colleen Henrichsen, Dianne Needham, John Iler

*Clinical Center News*, National Institutes of Health, 6100 Executive Blvd., Suite 3C01, Bethesda, MD 20892-7511. (301) 496-2563. Fax: (301) 402-2984. Published monthly for Clinical Center employees by the Office of Clinical Center Communications.

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

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



# New patient information packet available

Patients now have a better way to carry the information they receive in Admissions. New Clinical Center patients will receive all their information in sturdy, plastic folders. The folders have ample room for the patient handbook, informational pamphlets, shuttle schedules, maps, and telephone numbers so crucial for new patients and their families.

For many patients, the Clinical Center is a large and confusing place. "There is a great deal of information we provide new patients on their first visit to the Clinical Center and identifying what is most critical to remember can be very overwhelming," says Karen Kaczorowski, chief, Ambulatory Care Services.

Knowing that this was common to new patients, Clinical Center leadership responded by organizing key information into one packet.

"Dr. Gallin [Clinical Center Director] believes that we have to listen to our customers to continually identify opportunities to create a strong patient-centered culture. We received feedback from the Patient Advisory Group that there needed to be more information about resources outside the Clinical Center. Sometimes it is hard to be in the right place at the right time. Just knowing who to ask for directions would help tremendously," said Deborah Gardner, chief, Office of Planning and Organizational Development.

"Having just completed the Clinical Center-wide customer service training, Karen and I perceived this as an opportunity to improve the first experience patients have with the Clinical Center admissions process," continued Gardner." We wanted to keep the



**Steve Yen, admissions clerk, and Wanda Malave, program/management analyst, Ambulatory Care Services, review the contents of the new patient information packet.**

focus on patient satisfaction."

And what better way to establish stronger rapport with patients than to provide them with a welcoming, organized folder of essential information? The existing patient handbook, while thorough, was not physically able to hold all the documents patients need as soon as they were admitted. Based on information collected from patients, senior management and department heads, the new patient packet was developed.

The folder holds the patient handbook, two separate envelopes—one for key hospital information and one for key local resources—and a quick reference guide, together with a welcome letter from Clinical Center Director Dr. John Gallin.

Wondering about some of the services available at the Clinical Center? Open the "Hospital Information" envelope to find publications such as Your Patient Representative, Partners in Research and Bioethics Consultation Service at the NIH.

Searching for a Metro schedule? Just flip open the envelope entitled "Local Area Information." This pouch also contains brochures such as a guide to eateries in Bethesda, and other sites in the Washington area.

Local and Clinical Center maps, cafeteria hours, detailed shuttle

schedules to local hotels and motels and parking information are found in the "Quick Reference Guide."

"We feel the patient information packet impresses upon the new patient how organized and prepared we are to receive them," said Steve Yen, admissions clerk.

Kaczorowski is justifiably proud of the Admissions staff's abilities to establish the caring rapport patients need as soon as they arrive. To enhance their skills, the Admissions staff received a one-hour training session to acquaint everyone with the materials in the packet. It also reinforced the message that a "golden triangle" of support, consisting of the Admissions staff, Patient Representative Laura Cernal and the Hospitality staff is provided by the Clinical Center exclusively for patients and their families.

"Patients need to know that they are welcome and have a support system right from the start," said Gardner.

Support is the message this packet will help convey. By coming to the Clinical Center, patients make a tremendous commitment to clinical research. The new patient packet will be another way the hospital can say "thank you" for being part of the nation's quest for health and knowledge.

—by Wendy L. Schubert, Sc.M

# Gladden receives 2003 Hemapheresis Specialist Award

DeCarlo Gladden, R.N., Blood Service Section, Department of Transfusion Medicine, has been awarded the 2003 Society of Hemapheresis Specialists award by the American Society For Apheresis.

The award is given to individuals who have shown a dedication to the field of Hemapheresis and who have emerged as leaders among their peers.

"This award really says something about the people I work with," said Gladden. "The staff should share in this award, because I could be the best in the entire world, but if the staff doesn't work well together, then it means nothing."

Gladden received the award last month during the ASFA annual meeting held in Lake Tahoe, Calif., where she facilitated a workshop. The ASFA provides educational programs in apheresis designed for physicians serving as medical directors of blood donation centers, therapeutic and stem cell collection facilities and practitioners of transfusion medicine.

"DeCarlo Gladden is one of the

most compassionate, skilled, technically outstanding, yet sensitive nurses I have ever had the privilege to work with," said Dr. Susan Leitman, chief, Blood Services Section, Department of Transfusion Medicine. "She is not only knowledgeable, she is also enormously kind, gentle, diplomatic, and tactful. She leads by example, keeping morale high and causing others to work efficiently and to their fullest capacity. She is truly a leader in her field."

Gladden came to the Clinical Center in 1993 and since then has emerged as a leader. She serves as a team leader for her section and a liaison between lead protocol investigators, protocol coordinators and her staff. She refers to herself as an orchestra leader in the department. "There are so many talented people and each of them has a special gift. I simply blend their talents in a way that will benefit the unit and maximize the workload."

Additionally, she aims to keep morale up by frequently recognizing the work that the staff performs.



DeCarlo Gladden

"The staff is not expecting constant praise or recognition for their work efforts and contributions to the department, but I feel they've worked hard and it's justly earned. They always give 110 percent and I want them to know it's appreciated."

# 'Everything guy' retires after 20 years of federal service

Materials Management specialist Jim Gray describes himself as a "Do Everything Guy"—and it's easy to believe. In 1981, he retired from the U.S. Army with 20 years of service, and is retiring again after another 20 years of gainful federal employment. This time, he says, he intends to get some rest and relaxation.

"I'm just going to sit around for awhile and relax," he said, adding that he may find work as a bartender three or four days a week. "Maybe I'll work the happy hour. That's something I'd enjoy because I like people."

In fact, the most memorable part of his job, he said, is helping people. "Not only patients, but anyone—and to help them in any way humanly possible." If something needs to be moved, or someone needs directions or a patient needs a candy bar, "that's



Jim Gray

what I'm there for." He also provided special equipment for patients and prepared isolation rooms and helped prepare equipment for cataloging.

Gray didn't waste time after his retirement from the Army. "I retired on Feb. 28 and on March 1, I was in Saudi Arabia." His job was a three-year logistics

contract for the U.S. Navy instructing the Saudi navy. "I loved it," he says. "Beautiful people!"

In 1985, he returned to the U.S. to work for the Navy's prestigious David W. Taylor Research Center in Bethesda, Md. For 28 days he was a security guard and a supply clerk; then he landed a job in the metal shop as an expeditor. In 1989, he got a bachelor's degree in Supply at College Park and began work that year at Children's Hospital, Washington, D.C. In 1991, he began working at the Clinical Center.

"After 20 years in the Army and three years in Saudi Arabia, there's no culture shock in going anywhere in the world," he said. "I don't know where I'll end up, but I love people, so it doesn't make any difference to me where I go."

# New office trains future generations in clinical research

continued from front page

education partnerships that exist with academic institutions and major medical centers.

These skills must be formally taught and conveyed to the investigator trainees according to Dr. Fred Ognibene, new director for the Office of Clinical Research Training and Medical Education. "It is incumbent upon us to do this not because we have to but because it is the Clinical Center's public obligation to ensure that investigators are properly trained in these principles in a comprehensive and ethically-sound manner," he said.

Ognibene's own road to his new position is one of long-standing involvement and leadership in clinical research education, training and mentorship at NIH. He came to the agency as a clinical fellow, and then became a Senior Investigator in the Clinical Center's Critical Care Medicine Department where he was both a primary researcher and mentor leading the Critical Care Medicine Fellowship Program. Until May 1 of this year he was co-chair of the NIH Graduate Medical Education Committee for clinical fellows in accredited training programs. In addition to his new duties, he will continue on as Director of the NIH Clinical Research Training Program for medical and dental students and attending physician in the Clinical Center's Critical Care Medicine Department.

He sees his position in the new Office as leading the effort to better educate "our physician-scientists through both an instructive and practical approach" and for himself professionally as "another step in building on his clinical research background."

The current focus of the new Office will continue to be the administration of existing courses and training programs sponsored by the Clinical Center including, the Introduction to the Principles and Practice of Clinical Research, the

Principles of Clinical Pharmacology, the NIH-Duke Training Program in Clinical Research, the University of Pittsburgh Training in Clinical Research Program, the required web-based Clinical Research Training course, and the annual orientation program for new clinical fellows. "These offerings work in concert to complement other training opportunities such as the Ethical and Regulatory Aspects of Human Subjects Research course sponsored by the Clinical Center Department of Clinical Bioethics," said Dr. Ognibene

DeNedra McPherson will serve as Dr. Ognibene's associate as the Deputy Director for the Office of Clinical Research Training and Medical Education. Her scope of responsibility is operational. She will be working with implementation of the new Office and its related activities such as new collaborations.

Her NIH experience is a natural fit. "My career at NIH started in the Intramural Research Program's Office of Education in the mid-nineties when the Introduction to the Principles and Practice of Clinical Research course initially began. The first class had 25 students. We now average more than 300 registrants annually and approximately 3,000 students have taken the course to date," she said. McPherson was also

integrally involved in bringing that program and others to fruition, with some now having both a national and international reach with offerings taught in an array of geographic locations such as Phoenix, Ariz., Honolulu, Hawaii, San Juan, Puerto Rico, and Buenos Aires, Argentina.

The impact of the Introduction to the Principles and Practices course is now truly global as noted by Dr. Ofelia Rodriguez Nieves of Argentina. "Our research organization has been honoured to act as a bridge between NIH and local participants here. This was a great chance for many Argentine colleges to learn and to become familiar with the clinical research world through excellent lecturers who shared their knowledge with all of us. I celebrate NIH policy regarding the opportunity given to us and to many other countries, in offering these courses and facilitating the continuing training on health issues," she said.

Building a robust portfolio of programs and offerings to provide the necessary knowledge transfer to train future clinical scientists is the main goal—and the new Office of Clinical Research Training and Medical Education is up to the challenge.

—by Dianne Needham

**Clinical Center**  
**GRANDrounds**

**SARS**  
*A New Challenge  
to Global Health*

**Wednesday, June 18**  
**12 noon to 1 p.m.**  
**Lipsett Amphitheater**

**Anthony Fauci, M.D.**  
**Director**  
**National Institute of Allergy and Infectious Diseases**

**Lecture can be accessed on the NIH Videocast at**  
**<http://videocast.nih.gov>**

# Nurses saluted for maintaining the nation's health

Across the United States, nurses were saluted in May for their dedication, commitment and tireless efforts in promoting and maintaining the health of the nation. There are nearly 3 million registered nurses—the largest health care profession—in the U.S. and more than 1,000 work at the Clinical Center, both within the Clinical Center and in NIH institutes and centers.

Nursing at the NIH Clinical Center hosted "A Celebration of Nurses—Past, Present and Future," during May 6-12 with events throughout the week. Special activities included an opening program, reception and recognition of outstanding nurses, a Florence Nightingale birthday celebration, and



scientific research presentations and posters.



(Left) Tannia Cartledge, MS, RN, Chief of Adult, Pediatrics and Behavioral Health, Nursing and Patient Care Services participated in the "Celebration of Nursing" opening program.

(Top) Peer-nominated "Outstanding Nurses" were recognized during National Nurses Week.

## Palsgrove retires after a fun-filled 30 years of service

Mary Palsgrove has had more excitement in her 30 years of government service than most people have had their entire career. Even after she retires this month she is hoping to continue her fun times.

"During the past 30 years, I have met some really fascinating people from all over the world," said Palsgrove. "NIH is a good place to work. It's a melting pot of all nationalities and I've learned a lot about different countries, their customs as well as their cuisine."

Palsgrove began her government career in 1963 as a secretary with the National Geographic Society. By 1966 she took a position at the Department of Agriculture in Hyattsville, Md. and left two years later to become a full-time mother of two children.

After a six-year hiatus, she went to work for the National Oceanic & Atmospheric Administration and the Department of Defense.

It wasn't until 1986 that she came to NIH. "While working at NIH, I made a major change in my lifestyle," said Palsgrove. "I started running for the first time in my life." She began to enjoy running so much

that she ran in the 5-mile Parklawn Classic Race, which she won for three consecutive years.

By 1991, Palsgrove stepped out of the secretary series when she accepted a position with the National Institute of Alcohol Abuse and Alcoholism as an administrative assistant. She continued in that series with the National Institute of Child Health and Human Development in 1992. There she met Chelsea Clinton who came to work in one of the laboratories for a short time, Vice President Al Gore and wife Tipper, and Senator Ted Kennedy. Palsgrove also met Fergie, the Duchess of York in 1995 while working in the Clinical Center Director's Office.

"I don't believe many people have had this much excitement while working at NIH," she said.

Palsgrove's last stop at NIH was with the Clinical Center's Materials Management Department where she worked as a program analyst. She will retire on June 27.

Aside from working at NIH, Palsgrove has also been active with the Noontime Christian Fellowship and served on the National Day of Prayer committee for the past eight



Mary Palsgrove

years.

"It is with great joy that I'm looking forward to my retirement," said Palsgrove. She and her husband are building a house on the northern neck of the Potomac River in Virginia and plan to boat, golf and travel to Europe. She said she plans to continue her hobbies of silversmithing jewelry, hand painting silk and sewing.

"God is good because my years here have been satisfying. Although it is sad having to leave all of my friends, I'm grateful for the opportunity and experiences I've had while working here."

# NIH Fire Marshal team: Fighting fires before they start

(Part two of a two-part series)

When J.P. McCabe was 16, he learned that the University of Maryland had an accredited program in Fire Protection Engineering. So he arranged a meeting with the chairman of the department and, in so doing, set the course for his future career.

McCabe, now a registered fire protection or FP engineer, is the NIH Fire Marshal. Located in a modest residential house on the north end of campus, he manages four very busy—but rarely harried—assistant fire marshals. All are dedicated to the cause of fire protection and prevention with a fervor that reflects their roots in firefighting.

The firehouse includes federal FP inspectors who are assistant fire marshals and four FP engineers, who also happen to be University of Maryland graduates.

“We’re unique, because we have FP engineers and inspectors, all under one roof,” McCabe said. Usually these disciplines are divided into two distinct groups in federal, state, county, and private sectors. We do everything out of this office.” He adds that each inspector and engineer in his office has received training through the University of Maryland Fire and Rescue Institute training program, including his deputy Sam Denny.

Denny became a volunteer firefighter at age 16 in Johnstown, Penn., along with six friends who initially just stopped by the firehouse to see what was going on. He now has a volunteer position as deputy chief of Prince George’s Chillum-Adelphi Fire Department, Langley Park, Md.

Among the fire marshal’s duties are construction monitoring, including the building of the Clinical Center’s Mark O. Hatfield Clinical

Research Center; plan reviews, construction inspections, inspections of existing facilities, public fire-safety awareness training and specialized training for the NIH community, including the Clinical Center’s nursing staff.

“We train all the patient care units, each staff member each quarter, each shift,” said Denny. “We also train all the Clinical Center departments dealing with patient care at least once annually.” They also provide instruction for maintenance and housekeeping staff. That alone, he added, keeps everyone very busy. The primary obstacle McCabe, Denny and their team must overcome is complacency. Their goal for those they instruct is to practice what the team preaches. They also perform announced and unannounced drills at the Clinical Center, something McCabe and his people know burden busy staff members. Fires don’t announce themselves in advance,” he said, “and that’s why we have unannounced drills.”

The Fire Marshal team concentrates on fire prevention, trying to ensure there are no fires from which to flee. Their tools are public education and technology: intelligent fire alarm systems, smoke detectors, fire retardant and fire resistant materials and, at the very core of fire protection, automatic sprinklers.

“Many people think if sprinklers are activated, they’re going to flood someone’s room or harm the person’s operations in some way,” McCabe said. He often asks people with that concern, “Which would you prefer, 100-250 gallons of water a minute delivered with a fire hose or a sprinkler head delivering a little over 20 gallons a minute at the onset?”

In an actual fire, the fire alarms would sound only in the area of the fire, thanks to new, zoned fire alarm systems. While firefighters respond to assist, nurses and medical staff will close doors and evacuate patients in a quick orderly process. They’ve been trained and retrained by the assistant fire marshals.

“Our biggest report card is when the Joint Commission the Accreditation of Healthcare Organizations comes every three years to survey the Clinical Center,” McCabe said. “They randomly question staff on routine matters regarding fire safety.” During the last several surveys (one survey every three years), the NIH Fire Marshal’s Office received exemplary ratings. “When this happens,” McCabe added, “I like to pat my entire staff on the back because they’re doing great work.”

Currently, the FP inspectors and engineers are working on fire alarm system testing for the Mark O. Hatfield Clinical Research Center, in the late stages of construction. During the last several months before dedication, he and his staff “will be practically living in that building,” he said.

Every fire alarm device throughout the Clinical Center will have a code that’s part of an addressable system, said Denny. “When a smoke detector activates, when a manual pull station is activated or a sprinkler system water flow switch goes off, it will be identified by a central fire alarm

continued on page eight



Deputy Marshal Sam Denny (left) stands with Fire Marshal J.P. McCabe.

### Wireless Computing

In the past three years the demand for wireless computing at the Clinical Center has grown tremendously. A program was initiated in April 2000 to satisfy this need. The program has four phases: pilot project, then phasing the following areas into a wireless network—high priority nursing units, rewiring of existing hardware/new patient care units and the office of the director; and outpatient areas. Since completing the first three phases in May 2001 the wireless effort has been expanded to many other locations in the Clinical Center including conference rooms, offices, cafeterias, and auditoriums. Many employees from different NIH institutes or centers use the network while visiting patients or attending meetings. Wireless security for the Clinical Center's wireless network includes encryption, authentication, a firewall, and a secure gateway. Due to the demand for wireless networks at NIH, the NIH Center for Information Technology or CIT has initiated a wireless consolidation group consisting of one representative from each institute or center. The goal of this group is to develop standards and requirements for consolidating all wireless networks into one wireless network managed by CIT. All current wireless equipment on campus will eventually be turned over to CIT for management. For more information on the Clinical Center's wireless network, contact Kelly Neadow at kneadow@cc.nih.gov.

### Updated Web Information

The 2003 Clinical Center Strategic and Operating Plan is now online at: <http://www.cc.nih.gov/ccc/OD/strategic/sop03.pdf>. The Plan provides the goals, objectives and strategies for the Clinical Center in 2003 and beyond. For further information on the Clinical Center's planning and

## Educating employees about fire safety

continued from page seven

receiving system in Bldg. 31 and immediately relayed to the NIH Fire Station while the severity and spread of the fire is monitored by the fire alarm system."

"It's a smart system," McCabe said, "with state-of-the-art technology. And it's one of the largest addressable fire alarm systems in the country."

The NIH Fire Marshal's Office, despite the hectic schedules of the staff, is available to appear at special

campus and community events

"When we're children, we're receptive to training and know what to do in a fire-emergency, but as we grow older, many of us become complacent. We don't think it can happen to us," said McCabe.

Contact the NIH Fire Marshal's Office at 301-496-0487 or visit [www.nih.gov/od/ors/dps/emb/fps/index.htm](http://www.nih.gov/od/ors/dps/emb/fps/index.htm).

—by John Iler

## j u n e

4

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

**Lipsett Amphitheater**

*Emerging Strategies: Treatment with Hereditary Disorders Involving the CNS*

Roscoe O. Brady, M.D., NINDS

*Novel Strategies To Prevent Ventilator-Associated Pneumonia*

Lorenzo Berra, M.D., NHLBI

**Wednesday Afternoon  
Lecture, 3 p.m.**

**Masur Auditorium**

*Cancer Drugs and On/Off Switches In Protein Kinases: Structural Studies on the Specificity of the CML Drug STI-571/Gleevec*

John Kuriyan, Ph.D., University of California, Berkeley

organization development, contact Deb Gardner at [dgardner@cc.nih.gov](mailto:dgardner@cc.nih.gov).

The 2003 Clinical Center Profile is now online at:

<http://www.cc.nih.gov/ccc/ccprofile/index.html>. The publication provides

an annual report of the Clinical Center's 2002 activities. For further information on the Profile, contact Pat Piringer at [ppiringer@cc.nih.gov](mailto:ppiringer@cc.nih.gov).

Readers are encouraged to share news items and ideas for Clinical Center Online. Email [dneedham@cc.nih.gov](mailto:dneedham@cc.nih.gov).

11

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

**Lipsett Amphitheater**

*Brain Strain: Perplexing Cases of Infectious Diseases* John Bennett, M.D., NIAID

**Wednesday Afternoon  
Lecture, 3 p.m.**

**Masur Auditorium**

*Laureate Lectures for the Kettering, Sloan, and Mott Prizes for Cancer Research* General Motors Cancer Research Foundation: 2003 Scientific Conference

18

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

**Lipsett Amphitheater**

*SARS: A New Challenge to Global Health*

Anthony Fauci, M.D., NIAID

25

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

**Lipsett Amphitheater**

*Death From Burning Fat: Too Little, Hypoglycemia; Too Much, Ketoacidosis*

Daniel Foster, M.D., University of Texas, Dallas