

News *Clinical Center*

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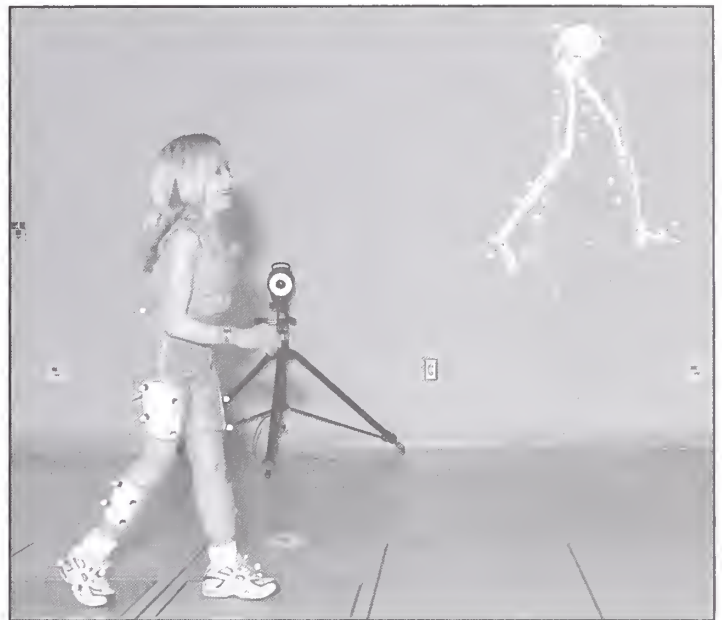
Rehab Medicine is making great strides in use of technology

By Kathryn Boswell

Modern digital technology makes it possible for animators to bring characters to life that would otherwise never exist outside of a computer. Most of the movies playing in today's theaters include cast members that are composed entirely of pixels and digital data. Today that same technology is being used to change the lives of real human beings, and the Clinical Center is leading the way in this new kind of scientific research.

Throughout the world, scientists are studying movement analysis, or more simply put, how a person's body moves when they are performing daily activities such as walking or climbing stairs. For athletes, these studies can help improve a baseball player's pitch or a tennis player's swing by analyzing how the individual controls their muscles. For digital artists, the research can help them design a new character for a video game. While, at the Clinical Center, the technology is applied to the specific needs of adults and children who have problems that affect joint motion or the muscles' ability to control movement.

The Physical Disabilities Branch, a joint venture between the Clinical Center and the National Institute of Child Health and Human Development (NICHD), houses the clinical movement analysis laboratory, which is used for this specialized research. The lab, located on the first floor of the CRC, was constructed specifically for



Patient and NIH staff member Brianne Schwantes demonstrates the clinical movement analysis laboratory's sophisticated technology.

movement analysis and features such sophisticated equipment as infrared video cameras, powerful computers and a specialized floor with built-in force plates.

The lab's purpose is threefold: to conduct research, perform clinical trials to help a patient or health-care provider develop a rehabilitation plan, and to educate other clinicians on how to apply this science and technology to their own studies.

How does it all work? First, a patient will be outfitted with small reflective balls, called targets, which are ▶

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NIH nurses gain recognition at annual Nurses Week awards ceremony

Each year the Clinical Center honors its nurses by celebrating Nurses Week. May 9–12 marked the weeklong celebration, themed "Nursing—Many Roles, One Profession," which honored the more than 700 nurses at NIH who are committed to fulfilling the unique needs of the Clinical Center.

The week's events included a panel discussion on transcultural nursing and

presentations by Drs. Gwenyth Wallen and Janice Yates on how to pursue a research topic. The week concluded with the Excellence in Clinical Practice at the Bedside awards ceremony where 28 individual nurses were recognized for their significant contributions to the Clinical Center.

The recognition and retention ▶

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Local Masonic Lodges host pediatrics celebration

Pediatric patients and their families gathered at the Clinical Center's new playroom on April 12 for pizza, balloon animals, and clown entertainment.

Each year, the Masonic Lodges No. 15 and No. 3 of Washington, D.C., host the pizza party and present The Children's Inn with a check as a token of their ongoing support of the work being done at NIH and the Clinical Center.

This year, Roman Volsky of the Benjamin B. French Lodge, No. 15, and John Vergalla of the Justice-Columbia Lodge, No. 3, were on hand to present

Children's Inn representatives Suzanne Oberlander and Nicole Hannans with checks totaling \$3,000.

"This gift shows what wonderful hearts you have," said Oberlander. "And your support demonstrates how much you mean to us at The Children's Inn."

While the adults applauded the presentation, the younger attendees seemed far more concerned with their next balloon animal request.

Pictured at right: Patient Justin Eicher disguised as a dinosaur carrying a red dog.



News briefs

Stem cell seminar series

The Stem Cell Seminar Series will host speakers at NIH once a month to speak on topics related to stem cells. The series is open to all NIH employees as well as the public. To learn more, visit <http://www.nih.gov/sigs/>

Reserving new Hatfield Center conference rooms

There are 35 new conference rooms located in the Hatfield Clinical Research Center, many of which are available for general use. In order to reserve a conference room for a specific need or event, scheduling must be completed with the appropriate department or clinical area. The six conference rooms on the 3rd and 5th floors of the Hatfield Center are centrally managed by Clinical Center Hospitality Services. To reserve one of these rooms, e-mail hatfieldconferencerooms@cc.nih.gov. The three larger conference rooms on the 2nd and 4th floors of the Hatfield Center are fee-for-service and are centrally managed by Office of

Research Services, Events Management. To reserve one of these rooms, call Building 10 Conference Room Services at (301) 496-9966 and select option 4 or submit a request at <http://www.nih.gov/od/ors/dirs/mapb/wabsch.htm>. Hospitality Services, who is responsible for scheduling the six centrally available Hatfield conference rooms, will be evaluating the use of these rooms to ensure that the patient care needs of the partners teams are being met. Please refer any of your concerns to Karen Murphy (301) 451-9023.

JAMA publishes article on Clinical Center opening

The *Journal of American Medical Association (JAMA)* published an extensive article about the opening of the Hatfield Clinical Research Center in its May 2005 issue. "The Mark O. Hatfield Clinical Research Center at the National Institutes of Health (NIH), which opened to patients in April, is a technological marvel with a human heart," writes *JAMA* author Lynne

Lamberg. To read the article online, go to <http://jama.ama-assn.org/cgi/content/full/293/17/2077>.

Clinical trial announcements

NIH LYME DISEASE STUDY
Do you think you have Lyme disease? People with active Lyme disease are invited to participate in a research study at the National Institutes of Health. Evaluation and treatment provided. For information, call (301) 486-8412. Sponsored by the National Institute of Allergy and Infectious Disease.

HEALTHY VOLUNTEERS

Healthy volunteers are sought to take part in a study. Participants will be required to give a small sample of blood (about 2 tablespoons). Total visit time required will be approximately 30-45 minutes. The study involves only a blood sample and there is no age requirement. Compensation is provided. For more information on volunteering, call (301) 496-5150.

Clinical Center
News

Editor: Kathryn Boswell

Clinical Center News, National Institutes of Health, DHHS
6100 Executive Blvd., Suite 3C01, Bethesda, MD 20892-7511
(301) 496-2563 Fax: (301) 402-2984

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Finding Francisco

NIH marrow donor travels from South America to save a life

By John Iler

A patient with acute leukemia had been waiting and waiting for a matching donor to be found. Sarah Pogue, senior coordinator of the NIH Marrow Donor Program, believed she had found a reason for renewed hope. After searching through the NIH marrow donor registry list, she came across the name, Francisco Garay—he was a perfect match. But when she picked up the phone to dial the contact information for the donor, the number no longer belonged to Garay. Pogue then called the National Marrow Donor Program (NMDP) Call-Back Unit for assistance. They, too, were unable to locate Garay.

Pogue, however, was not about to give up. She knew that in cases like this one, time was the enemy. Finding a suitable donor is only half the challenge; finding one in time was vital. So, instead of giving up the search, Pogue took on the role of investigator and went to work.

“We faxed all the information we had on Garay, everything we were able to locate, to the NMDP Coordinating Center,” says Pogue. “This included points of contact he listed on his original registration, his last known address and possible friends.” The search was on.

Francisco Garay signed up to be on the donor list in 1992 when he attended a donor recruitment rally sponsored by the Colombian House, an organization focused on helping Colombians living and working in the United States. At the time, he was working at the Colombian Embassy in Washington, D.C.

Shortly thereafter, Garay returned to his home city of Bogotá, Colombia.

As the months turned into years, and there were no phone calls from the donor program, he assumed he would never be contacted.

Meanwhile, Pogue was continuing to follow up on leads, looking for her donor. Finally, an obscure reference to a point of contact Garay had listed on his registration form provided the



Sarah Pogue (right) spent months searching for Francisco Garay (left) who was a positive match to donate blood stem cells for a leukemia patient.

“I think of it as winning the lottery of life.”

—Francisco Garay

critical lead. Pogue was able to determine that Garay had moved back to South America. After a seemingly endless number of phone calls, word reached Garay that the NMDP was trying to locate him and he immediately gave them a call.

“He wanted to know what he needed to do to save this patient’s life,” says Pogue. “He even offered to return to the United States to donate, if

that’s what it took.”

“It was quite a surprise when they tracked me down,” Garay says, reclining in a bed in the Clinical Center’s Dowling Apheresis Clinic to donate the necessary stem cells. “In fact, it took me about a week to get used to the idea, but I didn’t feel nervous; I felt lucky. I think of it as winning the lottery of life.”

“It really is a wonderful story,” says Dr. Susan F. Leitman, chief of the Blood Services Section, DTM. “He was ecstatic that he might be able to save someone’s life by donating blood stem cells. After all, that is why he registered with the program.”

Garay does not know the identity of the leukemia patient who will benefit from his donation. “All I know is that she is 27 or 28 years old,” he says. “Later, if we both consent, we can find out

more about each other. But that’s not the important thing. Whether donors meet the person or not, very few people realize how important something like this is and how easy it is to help those with life-threatening illnesses.”

“Now here we are,” Pogue says, standing by Garay’s bed during the hematopoietic stem cell donation as Garay grins. “This is one donor who went far above and beyond what anyone could have ever imagined.”

Those interested in joining the registry should contact Sarah Pogue via e-mail or call (301) 496-0572. To learn more about becoming a donor, visit the National Marrow Donation Program at <http://www.marrow.org>.

Rehab Medicine's new laboratory

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applied with tape or elastic wraps to key points on the body. The use of specific targets on a body enables the cameras to send clear information to the computer for processing. A reference picture is taken as the patient stands still in order to determine the relationship between the reflective targets and the skeleton. Then, as the patient moves across the floor, the surrounding six cameras will record the movement of those targets as they pass across the screen, capturing a three-dimensional image of how the points on the body interact with one another. At the same time, on the computer screen, the precise image of the patient's skeleton is displayed, showing exactly how the bones and muscles are working to perform the movement.

In the days before this modern software was available, scientists would sit in front of a monitor and go frame-by-frame, plotting the movements of a subject's joints, limbs, etc., and plugging in the data points by hand. Today, the targets, camera and computer complete that arduous work in the blink of an eye, allowing researchers to spend more time studying and applying the data instead of collecting it.

The Clinical Center is a pioneer in the development of this technology for broad use in clinical laboratories. Currently, the majority of existing software tools are custom built for specific studies and can only be applied to one study or one clinic. The Clinical Center is seeking to change that by developing analytical tools that could be applied to any human movement disorder. "This technology is unique to the world," says Dr. Steven Stanhope, director of the Physical Disabilities Branch, as he

explains that NIH has played a pivotal role in the development of this cutting-edge technology.

But the department's cache of technology is made up of more than just cameras and computer software. The targets and cameras only capture half of the information. The true magic of the laboratory lies in its floor.

While under construction, the area of the Hatfield Center that houses the lab looked like a vast, open hole that stretched almost five stories under the ground. Over time, engineers filled the pit with one million pounds of compressed concrete that was mixed

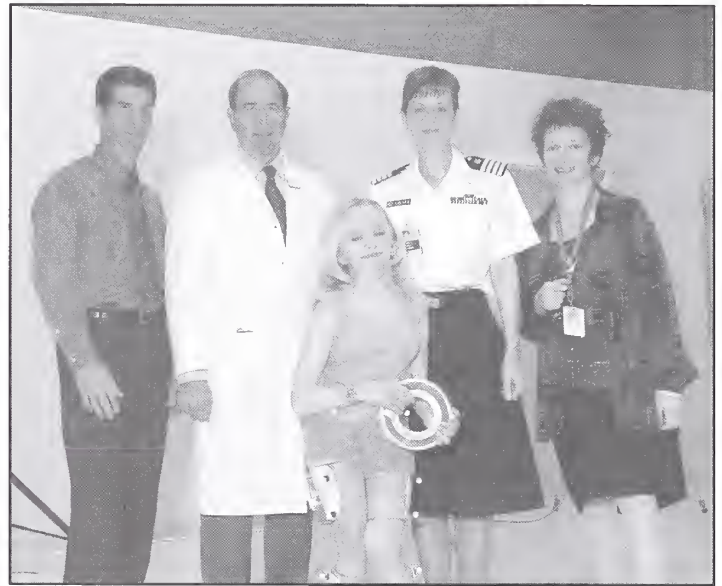
not two.

The ten-foot by ten-foot laboratory floor in the center of the room is made up of normal floor tiles, but mixed in with those tiles are four force plates

that were specifically designed for NIH's research. The force plates are solid steel squares that can be strategically placed in the jigsaw pattern of the floor to

accommodate any patient's particular walking pattern. When a patient steps on the force plate, it records the force that the foot exerts on the ground, allowing researchers to study the relationship between force and movement. "The true value of our work comes from the force platform," says Siegel. "We can discover things we would not be able to see in a normal clinical setting."

The patient's force measurements are added to the collection of data from the camera recordings, giving researchers a complete picture of the



(Back row, from left to right) Dr. Steven Stanhope, Dr. John Gallin, Karen Siegel and Dr. Lynn Gerber celebrate the opening of the new lab with patient Brianne Schwantes (front row).

"We can discover things we would not be able to see in a normal clinical setting."

—Karen Siegel, physical therapist & senior staff specialist

with a substance similar to pencil erasers. The entire design was created to reduce the vibrations in the floor because even the slightest rumble—an elevator going by or someone walking outside in the hallway—could interfere with the patient's recording. Technically, the floor of the clinical movement analysis lab is completely separate from the rest of the Hatfield building, which Karen Siegel, a physical therapist and senior staff specialist in the department, likes to point out, brings the Clinical Center's total number of buildings to three,

patient's movement. "The possibilities for how we can put this technology to good use are endless," says Siegel. "We can study the effects of cancer when a bone has been removed or a muscle has been damaged, we can learn more about rheumatoid arthritis or post-polio conditions. And with braces or prosthetics, it used to be a style of trial and error—trying multiple ones and seeing which one worked best. Now we can skip all of that and recommend the ideal treatment from the beginning," she says.

On May 2, the new clinical movement analysis laboratory celebrated its official opening with Dr. John Gallin, Dr. Lynn Gerber, Dr. Steven Stanhope, and Karen Siegel in attendance. The group welcomed the lab's first patient for evaluation—Brienne Schwantes. Schwantes, now 25 years old and a Clinical Center staff member, was first admitted to NIH in 1980 as a part of a study on osteogenesis imperfecta, or brittle bone disease, initiated by Dr. Joan Marini, NICHD. Schwantes was honored to be the first patient to walk across the laboratory floor, cutting "the virtual ribbon," according to Gallin.

Gerber, chief of the Department of Rehabilitation Medicine, has worked closely with Schwantes over the years. "Only at a place like this can you see all of this information put together," says Gerber as she studies the initial graphs and charts that are generated from Schwantes' movement analysis. Reflecting on the many years of watching Schwantes grow up and learn to walk, despite the difficulties presented by her condition, Gerber says, "It is especially exciting to see that she is still walking and that the relationship between her height and stride length has remained pretty steady."

At the conclusion of the ceremony, Schwantes watches the image of her skeleton walk across the projected screen on the wall with quiet awe. "I don't know how I'm doing that," she says. "It just seems gravitationally impossible; but wow!"

Face in the crowd: Jim Wilson

James "Jim" Wilson

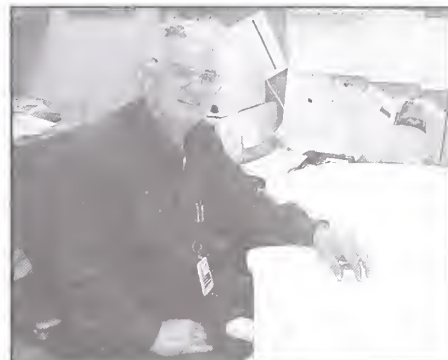
Chief of Facilities Management Clinical Center

Jim Wilson is a no-nonsense kind of guy. At least, that's the way he appears on the surface. But look a little closer and you will see some signs to the contrary. He has a ready smile, a laid back demeanor and is always ready to lend a hand or provide advice or assistance. He also has a mean collection of 300 antique ice cream scoops at home (his wife collects them).

However, when it comes to work—Wilson is quite serious. He ensures that all facilities in the Clinical Center are up to code, functional and safe. He considers that responsibility to be one that is both personal and professional.

Wilson started working at NIH in 1977 as an electrician. He ultimately became chief of CC facilities management when Michael Harrison retired in 1992. He finds his work at the Clinical Center rewarding and challenging. He knows every brick, gear, pipe, and beam that makes up the Clinical Center and watches over them like a protective parent.

"Every day here is different," he says. "I like the challenges that go with the job. I have a great boss that believes in me and a team of loyal people that won't leave until the job is



done." When Wilson first joined the NIH staff, he was also a volunteer firefighter for Montgomery County. He continued to serve as a volunteer with the fire department until October 2004 when he retired as fire chief with 42 years of service. "I wore a hard hat on one side and a fire helmet on the other," he says with a laugh.

Wilson's service with the fire department earned him many awards for saving the lives of others as well as vivid memories including being on duty in Washington, D.C., for the 1968 riots and the Sept. 11, 2001, attack on the Pentagon. After all those years of serving in dual roles of chief of facilities and fire chief or firefighter, Wilson ultimately chose to retire from firefighting.

"I care about doing the very best for the patients and employees in the Clinical Center," he says. "And I want this complex, both old and new, to serve patients and employees well."

If you know a Clinical Center employee who should be featured in the "Face in the Crowd" section, e-mail boswellk@cc.nih.gov.

Newsletter created with healthy volunteers in mind

The Patient Recruitment and Public Liaison Office (PRPL) is launching a newsletter for new and prospective healthy volunteers titled, "Participating in NIH Research." Published monthly, the newsletter is designed to provide information to the NIH community and the public about the research opportunities available for healthy volunteers. It will contain summaries about upcoming clinical trials, information about how to become a volunteer and informative pieces explaining

different medical procedures such as CAT scan, MRIs, and ultrasounds.

Each month, the newsletter will highlight a different NIH physician and interview him or her about protocols and research, giving new and prospective volunteers the opportunity to hear directly from physicians about how important healthy volunteers are to research medicine. To read the newsletter online or to join the volunteer team, visit <http://clinicalcenter.nih.gov/participate.shtml>.

Symposium discusses the role of genetics in critical care

The third annual symposium on Functional Genomics of Critical Illness and Injury, sponsored by the Clinical Center's Critical Care Medicine Department, Department of Health and Human Services and National Institute of General Medicine Sciences, was held April 21 at NIH.

As a means of bringing critical minds together to discuss ways to prevent and treat genetic diseases and disorders, each year the National Institutes of Health hosts this symposium. Members of the organizing committee, including Dr. Anthony F. Suffredini and Dr. Robert L. Danner of CCMD, themed this year's event "Identifying Research Priorities."

Over the past few decades, the medical and scientific communities have uncovered vast amounts of new information relating to genetics and the connection between an individual's genetic makeup and their susceptibility to certain diseases such as diabetes and cancer.

According to the symposium's materials, the goal "is to bring together those with the diverse skills necessary to apply genomics and systems analysis to the study of critical illness and injury."

The two-day event featured keynote speakers Drs. Lisa D. Brooks, National Human Genome Research Institute;

Samir M. Hanash, Fred Hutchinson Cancer Research Center; Jeffrey R. Botkin, University of Utah; and Robert A. Star, National Institute of Diabetes and Digestive and Kidney Diseases. The featured speakers were joined by many other acclaimed researchers and medical practitioners who spoke on a variety of genetic-related topics and participated in open panel discussions.

"Identifying the gene is only the beginning of the road," said Dr. Vivian Ota Wang, National Human Genome Research Institute, as she discussed the ethic, legal, and social issues relating to genomics. "If we see genetic risks in an individual, should we tell them? Should we tell their family members? Should it be mandatory to require a lifestyle change of that patient in order to decrease the increased risks? Genetic information is fundamentally who we are, so how does this information challenge a person's identity and self concept?"

The panel discussions that followed the speakers' presentations were lively and brought a number of thoughtful questions from the audience in the open question and answer period. For more information on the annual functional genomics symposium, visit <http://www.strategicresults.com/fg3/index.html>.

Nurses Week awards

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committee asked the nursing staff to nominate a peer who "goes above and beyond to meet patient care needs and is proactive as an advocate for patient and family concerns." Submissions included such sentiments as, "The patients and their families faces light up when they see Joy Bryant," or, "Cindi Gottschalk can often be overheard speaking kind words to the patients." Each submission highlighted the various characteristics of a colleague that set the standard for superior nursing.

"We are here to recognize those outstanding clinical nurses who understand the art and science of caring for patients," said presenter Dr. Clare Hastings, chief of nursing and patient care services, at the May 12 ceremony. "We thank them for the contributions they make to our patients, our research and the health of our nation."

The following nurses were honored at the awards ceremony: ▶



Her colleagues applaud as nurse Alice Rosenberg walks to the stage to receive her award.

Babbie Babilonia
 Stacy Barley
 Susan Biddle
 Joy Bryant
 Evelyn Cordero
 Noelle Dickey
 Rachel Fitten
 Maureen George
 Marilla Geraci
 DeCarlo Gladden
 Ingelise Gordon
 Cindi Gottschalk
 Levette Hairston
 Anne Jones
 Eleftheria Kozanas
 Richard Kuba
 Diane Lawrence
 Mike Massey
 Patience Mbulu
 Diane McCluskey
 Clara Moore
 Lynette Nixon
 Barbara Rawlings
 Alice Rosenberg
 LaToya Sewell
 Kristine Simpson
 Caroline Stewart
 Marjorie Wright

Congratulations to all of this year's Excellence in Clinical Practice at the Bedside award recipients!



Nurse Clara Moore of the adult behavioral health unit receives her award from presenter Clare Hastings.



"Babbie" Babilonia-Ayukaw enthusiastically accepts her award from Clare Hastings at the May 12 Nurses Week award ceremony. Babilonia-Ayukaw is a nurse in the eye clinic.

New fire alarm messages in effect

With the move to the CRC, the Clinical Center has changed the overhead announcements that alert individuals when a fire alarm activates in a patient care area. When a zone is in alarm, health care workers see a strobe light and hear the announcement, "May I have your attention please? A code red has been reported in this area. Please start your code red procedure." Code red is one of several national uniform emergency codes for hospitals. The old fire alarm "page 100" announcements will no longer be used.

When an audiovisual alarm activates in any non-patient care area, staff will hear, "May I have your attention please? There has been a fire emergency reported in this area. While this is being verified, please close all doors and evacuate this area." These instructions direct laboratory areas to evacuate the zone immediately, while health care has more stringent fire barriers that allow them to "defend-in-place" to avoid evacuating patients. Beginning in June, the page operator will announce "code red" over the public address system rather than the old term "page 100." Call the Division of the Fire Marshal at (301) 496-0487 for more information.

Sickle cell patients and researchers reach out to educate others

A sickle cell disease outreach event for patients and prospective patients was held at the Clinical Center on Saturday, April 23. More than 40 people attended the event that featured presentations by the research team, exhibits and a patient panel.

Research presentations were made by Dr. Mark Gladwin, NHLBI, Dr. Gregory Kato, CCMD, and Wyonna Coles, CCMD.

"Before I came here I weighed 98 pounds and didn't think I had long to live," said panel member Beatrice Bowie (2nd from left). "Now, I expect to live long enough to dance at my great-niece's wedding."

Panel members are (left to right) Pauline Davis, Bowie, Clara Nsenkyire, Jennifer Nsenkyire, and Alexander Gibson.



June 2005 Upcoming Events

June 1 (Wednesday)

Noon–1 p.m. Lipsett Amphitheater

Grand Rounds

Clinical and Molecular Insights into

Lymphangioleiomyomatosis (LAM)

Joel Moss, MD, PhD, Chief, Pulmonary-Critical Care Medicine Branch, NHLBI

Sirolimus Multicenter International Lymphangioleiomyomatosis Efficacy and Safety (SMILES) Trial

Francis X. McCormack, MD, Associate Professor and Chief, Division of Pulmonary and Critical Care, University of Cincinnati

Genetics of Lymphangioleiomyomatosis (LAM)

Elizabeth Petri Henske, MD, Physician, Fox Chase Cancer Center, and Associate Professor, Temple University School of Medicine

Epstein-Barr Virus Lymphoproliferative Diseases: From the Bedside to Bench

Jeffrey Cohen, MD, Chief, Medical Virology Section, Laboratory of Clinical Infectious Diseases, NIAID

June 1 (Wednesday)

3 p.m. Masur Auditorium

Wednesday Afternoon Lectures

Dissecting Disease Biology and Advancing Medicine with Small Molecules

Stuart L. Schreiber, PhD, HHMI Investigator, Morris Loeb Professor and Chair, Department of Chemistry and Chemical Biology, Harvard University, Cambridge

Host: The Chemistry Interest Group

June 8 (Wednesday)

Noon–1 p.m. Lipsett Amphitheater

Grand Rounds

Contemporary Clinical Medicine: Great Teachers

Patients as Teachers: The Development of Cancer Immunotherapy

Steven A. Rosenberg, MD, PhD, Chief, Surgery Branch, NCI Center for Cancer Research, NIH

June 8 (Wednesday)

3 p.m. Masur Auditorium

Wednesday Afternoon Lectures

Subsets of Memory CD8+ Cells

Jonathan Sprent, MD, PhD, Professor, Department of Immunology, The Scripps Research Institute, La Jolla

Host: The Cytokine and Immunology Interest Groups

June 14–June 15 (Tuesday–Wednesday)

8:30 a.m.–4:45 p.m. Masur Auditorium, Bldg 10

General Motors Cancer Research

Foundation Annual Scientific Conference: Breast Cancer

June 15 (Wednesday)

1–3 p.m. Masur Auditorium

Wednesday Afternoon Lectures

Sloan, Kettering and Mott Cancer Research, Laureates Lectures

Samuel A. Wells, Jr, MD, President, General Motors Cancer Research Foundation, Professor of Surgery, Duke University Medical Center, Durham

Host: The Office of the Director, NIH

June 22 (Wednesday)

Noon–1 p.m. Lipsett Amphitheater

Grand Rounds

Turner Syndrome in the Genomic Era

Carolyn Bondy, MD, Chief, Developmental Endocrinology Branch, NICHD

Microbes versus Man: The Battle for Iron

Caroline C. Philpott, MD, Senior Investigator, Liver Diseases Branch, NIDDK

3 p.m. Masur Auditorium

Wednesday Afternoon Lectures

To Kill or to Cure: Options in Host Defense Against Viral Infection

Francis V. Chisari, MD, Professor of Virology,

June 22, continued

Head, Division of Experimental Pathology, Department of Molecular and Experimental Medicine, The Scripps Research Institute, La Jolla
Host: The Immunology Interest Group

June 29 (Wednesday)

Noon–1 p.m. Lipsett Amphitheater

Grand Rounds

Second Annual John Laws Decker Memorial Lecture: Concepts of Scientific Integrative Medicine

David S. Goldstein, MD, PhD, Chief, Clinical Neurocardiology Section, Clinical Neuroscience Program, NINDS

June 29 (Wednesday)

3 p.m. Masur Auditorium

Wednesday Afternoon Lectures

Human Obesity and Insulin Resistance: Lessons from Experiments of Nature

Stephen O'Rahilly, MD, FRS, Professor of Clinical Biochemistry and Medicine Department of Clinical Biochemistry, Addenbrooke's Hospital, University of Cambridge, UK

Host: The Diabetes Interest Group

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

Image of the month

In celebration of National Nurses Week 2005, each NIH nursing unit created a display to describe their program of care, types of patients and nursing team. The final results were as informative as they were clever.

The display (at right) shared snapshots from the 52-year history of NIH's nurses. Photos included the smiling faces of nurses throughout NIH's long heritage of professional and meaningful care—a tradition that continues today.

To the more than 700 nurses currently serving at NIH, and to the hundreds more who have served in the past, we honor your unique contributions and thank you for your service!

