

March 2002

# Clinical Center News

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- Rander makes mark in ASDVS
- Wanted: Bone marrow donors

### Employee satisfaction survey

## Opportunity to impact the future of the Clinical Center

Clinical Center employees can voice their opinions and suggestions on how to improve their workplace in a voluntary, confidential employee satisfaction survey that will be conducted in March. The survey represents an opportunity for all employees to influence the Clinical Center's future.

"We're among the most respected clinical research hospitals in the world yet things can always be better. This survey is an essential step in improving the quality of employment here," said Clinical Center director Dr. John Gallin.

The survey will be administered for two weeks in March. Actual survey instruments will be mailed to employees' homes. Employees can complete the survey at home and return it by mail or if necessary, complete it during normal work hours and return it by mail.

To ensure complete confidentiality, a private consulting firm that specializes in designing and administering surveys concerning job satisfaction and quality, the National Research Corporation (NRC), will oversee the survey and tabulate responses. Individual responses will

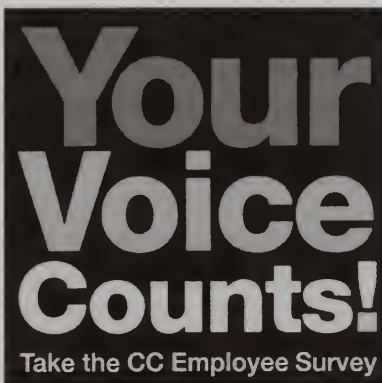
not be seen by anyone in the Clinical Center. Management will only review a results summary and departments with more than 10 employees will get reports specific to that group.

NRC will also administer a Clinical Center patient survey at the same time as the employee version. Results of both surveys will be compared to determine if employee and

patient perceptions are the same for various health care delivery areas.

Often surveys are done and no one ever hears about changes resulting from the survey. Clinical Center management will review survey results of both the overall organization and by department to create specific action plans. Employee survey results and relevant action plans will be communicated to all employees in the fall of 2002.

Completing the survey is an important responsibility. All employees are strongly encouraged to participate in the employee satisfaction survey because everyone's voice counts. Questions regarding the actual survey and/or survey process should be directed to first-line supervisors.



## "Team NIH" enters Race for the Cure



Grab those running or walking shoes. The first-ever "Team NIH" will be at the 2002 Komen National Race for the Cure starting line on Saturday, June 1, in Washington, D.C. colleagues, family members, patients, and friends are invited to join together in representing NIH.

Health and Human Services Secretary Tommy Thompson recently shared his support for this important event when he helped kick off Capital Celebration, the opening activity for the National Race for the Cure, the world's largest five-kilometer (5K), or 3.1-mile, run/walk race. It is part of a large series of 5K runs and fitness walks, in support of breast cancer research and breast health initiatives, with more than one million participants in at least 100 American cities and three foreign countries.

The National Race has grown steadily from 7,000 runners and walkers in 1990 to 26,000 in 1995, to a record number of more than 72,000 last June. That number in 2001 included 720 teams.

This year the Clinical Center is spearheading organization of "Team NIH." "We hope all of NIH and its research partners will be part of the team as we show support for this concerted national and international

See **Race**, page three

## Stem cell transplantation workshop

A workshop on "Immune Reconstitution After Stem Cell Transplantation" will be presented Friday, April 26, 8 a.m. to 5 p.m. in Masur Auditorium, Building 10. For information, call 301-435-0063.

## NIH Clinical Teacher's Award

The NIH Distinguished Clinical Teacher's Award is the highest honor bestowed collectively on an NIH senior clinician, staff clinician or tenure-track/tenured clinical investigator by the NIH clinical fellows. The deadline for nominees for the next award is June 1. Online submission forms are posted at [http://felcom.nih.gov/Local/Subs/clin\\_teach.html](http://felcom.nih.gov/Local/Subs/clin_teach.html). Point of contact for further information is John Paul SanGiovanni, who can be reached via e-mail at [jpsangio@nei.nih.gov](mailto:jpsangio@nei.nih.gov).

## Primary care updates

The Clinical Center Nursing Department is sponsoring its primary care updates beginning April 17 in Lipsett Amphitheater from 3 to 4 p.m. The first topic covered will be "A Clinician's View of Ground Zero." Subtopics include deployment preparation, the impact of being at Ground Zero and other deployment opportunities. The speaker will be Lt. Cmdr. Susan Orsega, CRNP, USPHS.

## Free film series

The National Library of Medicine is hosting a free public film series. "Wednesday at the Movies" offers a mixture of popular films exploring the impact of the telegraph, computers and the Internet on our society. Movies will be shown with closed captions and a sign-language interpreter will be present for the introductions and discussions. The series runs from April 3 - May 15, from 6:30 to 9:00 p.m. at Lister Hill Auditorium, Building 38A. Call 301-594-1947 to verify show dates. For information visit <http://www.nlm.nih.gov/onceandfutureweb/upcomingevents>.

## Benefits for NIH School

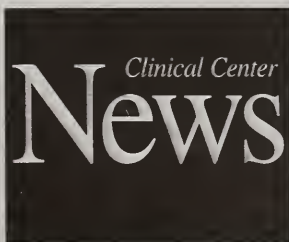
Use the Giant or Safeway grocery club card to earn benefits for NIH School. Just register for a club card and give the school code: Giant #2983 and Safeway #0623. For more information call the NIH School at 301-496-2077, or email [hmays@mail.cc.nih.gov](mailto:hmays@mail.cc.nih.gov). Sign up at the store or on the web: <http://www.proghqtrs.com/safeway> or [http://www.giantfood.com/bonuscard\\_aplus.htm](http://www.giantfood.com/bonuscard_aplus.htm). The program ends March 29.

## FARE abstract competition for fellows

The ninth annual Fellows Award for Research Excellence (FARE) 2003 competition provides recognition for outstanding scientific research performed by intramural postdoctoral fellows. FARE winners receive a \$1,000 travel award for use in attending and presenting their work at a scientific meeting. Twenty-five percent of the fellows who apply will win an award.

Applicants must submit a research abstract that will be anonymously evaluated based on scientific merit, originality, experimental design, and overall quality/presentation. The travel award must be used between October 1, 2002 and September 30, 2003.

The FARE 2003 competition is open to postdoctoral Intramural Research Training Awardees (IRTAs), visiting fellows and other fellows with less than five years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their doctoral dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to scientific directors of each institute. Fellows are asked to submit applications and abstracts online at <http://felcom.nih.gov/FARE>, from May 1-31. Winners will be announced by the end of September. More information is available on the web site above. Questions may be addressed to the relevant NIH institute's Fellows committee representative.



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## Books published

"Principles and Practice of Clinical Research," a product of the introductory course of the same name, first offered at the Clinical Center, has recently been published.

The book, edited by CC Director Dr. John Gallin, is designed to introduce students to the essentials of clinical research, and is intended for new and established clinical researchers, whether physicians, dentists, or Ph.Ds. The book is divided into three sections: Ethical, Regulatory, and Legal Issues; Biostatistics and Epidemiology; and Technology Transfer, Protocol Development, and Funding. Many of the chapters are written by faculty who teach the course. The course was created in 1996 to fill a void in formal training in clinical research. Since then, nearly 2,000 students have enrolled.

Dr. Marion Danis, head of the section on ethics and health policy in the Department of Clinical Bioethics and chief of the Bioethics Consultation service at the CC, edited a book recently published by Oxford University Press.

"Ethical Dimensions of Health Policy," provides a history of the values of U.S. health policy along with a discussion of the federal and state roles in policy making, and an ethical examination of the social goals expressed through various policies. Additionally, some of the major ethical controversies in health policy are examined, and a connection between the disciplines of medical ethics and health policy are established.

Dr. Danis has served on the faculty of the Division of General Medicine and Clinical Epidemiology at the University of North Carolina where she directed the Medical Intensive Care Unit and chaired the UNC Hospitals Ethics Committee. She has also chaired the ethics committee of the Society of Critical Care Medicine.

## NIH suits up for national race

continued from page one  
women's health endeavor," said Clinical Center Director Dr. John Gallin.

### *How to register*

Registration will soon be available throughout the community at local merchants. Individuals may register to join "Team NIH" at any location by using the code "NIH" on their race application form.

Registration tables will also be set up April 22-26, 11a.m. -2p.m., outside the Clinical Center second floor and B1 cafeterias. The registration fee is \$25.00 per person and may be paid by check, cash or credit card. Online registration and more registration details are available at

<http://www.nationalraceforthecure.org/registration.html>.

Complimentary race day bus transportation from the CC to the race site on Constitution Avenue will be available on a first-come, first-served basis. "Team NIH" members registering at the Clinical Center may sign up for this service. Buses will also be available following the event to return to the Clinical Center.

"Team NIH" National Race participants can also take the Metro to the race. The Metro will open at 6 a.m. on race day; take the Red, Orange or Blue line to Metro Center or the Orange or Blue line to the Federal Triangle or Smithsonian stations.

On the actual race day morning, like other National Race teams, "Team NIH" will gather at a pre-designated time and location off of the race site. Watch for further details regarding this and race packet distribution (for those who register at the Clinical Center). For questions regarding "Team NIH" or to volunteer to staff the Clinical Center registration tables in April or the race packet distribution tables in May, please contact one of the "Team NIH" race coordinators: Pat Piringer, 301-402-2435, [ppiringer@nih.gov](mailto:ppiringer@nih.gov); Dianne Needham, 301-594-5788, [dneedham@cc.nih.gov](mailto:dneedham@cc.nih.gov); Georgie Cusack, 301-594-8128, [gcusack@cc.nih.gov](mailto:gcusack@cc.nih.gov).

Further details regarding the Komen National Race for the Cure may be found at <http://www.nationalraceforthecure.org>.

## Functional Genomics and Critical Illness and Injury Symposium

"The Functional Genomics of Critical Illness and Injury" will be held Thursday through Saturday, April 4-6, at the Masur Auditorium, Building 10. It will examine functional genomic approaches to critical care research and the potential impact of the Human Genome Project on the care of the critically ill and injured. Conference sessions include: The Critically Ill or Injured Patient; Differential Gene Expression: Snapshots of Complexity; Functional Aspects of Genetic Variability; Genomic Studies of Host - Pathogen Interactions; Beyond the Transcriptome: High-throughput Proteomics; and Experimental Design and Managing High-Dimensional Data.

The symposium is sponsored by the Clinical Center Critical Care Medicine Department, NIAID, NIGMS, NHGRI, NIAMS, and NHLBI. Registration is required with no fee. For further information, or to register, call 301-496-9320, or log in to: <http://www.cc.nih.gov/ccmd/Symposium2002/index.html>.

# NIH blood donor owns Guinness world record

Guinness World Records in London has proclaimed Howard P. Drew Jr., a regular at the department of Transfusion Medicine's blood bank, the world's most prolific blood donor. Guinness recently selected his achievement for inclusion in the Medical Triumphs section of the 2003 Guinness World Record Book as the standing record for "most blood donated by a single person."

Between 1950 and 2000 Drew donated a documented 213 units of blood—about 28 gallons—at the NIH Blood Bank and the American Red Cross in Washington, D.C. The vast majority of that amount, 170 units, was drawn at the blood bank in the Clinical Center.

Drew first made contact with the Guinness folks in 2000 when he wrote to them asking what the record was for blood donation. At that time, the record for "most plasmapheresis blood donations" was being monitored. Learning this Drew again wrote to Guinness in March 2001 requesting a claim for the most blood donated based on units, not platelets. By summer 2001 Guinness, having received proof of Drew's blood donation actions in the form of witness statements and documentation from the American Association of Blood Banks, certified him as holding the record for "most blood donated by a single person."

Guinness receives 50,000 inquiries each year and uses stringent guidelines to certify records in new and existing categories. From the time of accepting the new record category of "most blood donated by a single person" two more claims were sent to Guinness. They knew how much blood Drew had donated but hadn't received the proof and had to accept the following claims, the first of which only held the record for a day. April 5, 2001—Robert Hall, Christchurch, New Zealand, (177 blood unit donations) followed by April 7, 2001—Arvind Kumar Agar, who donated his 195th blood

unit at a blood bank in Indore, India on August 25, 2000. The latter held the record until July 24, 2001 when Drew set the current world record. The process time for accepting a record can vary from a minute to days, weeks or months. "With more straightforward inquiries like 'The



***"I give blood every two months. It's simple and it doesn't hurt."***

*—Howard P. Drew*

Oldest Cat' or 'The Tallest Sunflower' it is easy to check evidence against an existing record to see if it's been broken. But other records particularly if they are new, may take a bit longer," said Della Howes, Senior Records Researcher and Television Research Manager for Guinness.

Howes emphasized some records may never be broken. "For example, one of our most famous record holders, whose record is yet to be beaten is Robert Wadlow, the tallest person ever for whom there is irrefutable evidence. He measured eight feet, eleven and one-tenth inches in height in 1940, shortly

before his death. Even the chap whose height I measured last month, Hussein Rissad, is a long way off at seven feet, six and a half inches!" she said.

Of Drew's most prolific blood donor status Howes reflected, "We at Guinness World records are delighted to acknowledge his achievement because it helps so many people and hopefully will encourage others to become donors if they are not already."

Although he's thrilled to hold the Guinness blood donor record it is more important to Drew to be able to give his blood to help others. "I think it's a noble cause to give blood. Every time I donate, I get the only feeling that's greater than the one you get when you receive the help you need, and that's the feeling you get when you help others in need," he said.

Just how much he helps becomes clearer when considering Red Cross estimates that a gallon of donated blood helps to save 24 to 32 lives. And as one interviewer wrote about him, "Drew, whose type O-positive blood makes him a universal donor, has probably saved enough people to populate a small town." A specific incident from Drew's past plays a role in his motivation to donate blood. In 1945, after two years of combat duty as a member of the U.S. Army's 333rd Artillery Battalion in World War II, he was traveling in an army bus in Massachusetts when the vehicle crashed into a tree and burst into flames. He escaped from the overturned vehicle and went back to rescue fellow soldiers trapped in the flaming wreckage. He saved several lives that day and was cited by the Army for his heroism but he also suffered severe burns on his hands and face. Blood donors came to his aid—something Drew always remembers.

"I give blood every two months.

See **Guinness**, page five

# Rander elected head of communications of ASDVS

Andrea Rander, director of Volunteer Services, has been appointed as chair of Communications for the American Society of Directors of Volunteer Services (ASDVS), an affiliate of the American Hospital Association.

As chair, Rander is responsible, for the oversight of the organization's publication "Partners in Community Health" and for content management of the organization's website.

"Andrea's incredible energy and enthusiasm is perfectly suited for a journey that will take our members into the 21st Century of e-communications," said Bonnie Steele, President of ASDVS. "She is a very inclusive person and not afraid to go out on a limb to learn new things—both qualities that are important to the continued success of ASDVS."

Rander has been a member of ASDVS since 1990. Three years ago, she joined the ASDVS communications subcommittee and immediately became a columnist for its quarterly publication, highlighting books of interest that affect the lives of volunteers and volunteer managers.

According to Steele, Rander's dedication to servicing the



organization on both the local and state levels allowed Rander to unanimously be elected to her current position by each of the 1,200 ASDVS members.

"I've been involved with volunteer services for a long time," said Rander. "It's time for me to give something back. This organization has done much to develop me professionally and to develop the overall volunteer program."

ASDVS was organized in 1968, and is one of 13 membership groups in the American Hospital Association. ASDVS is the only national professional organization for directors of volunteer services in healthcare.

said referring to the fact that his father became the first black judge in the state of Connecticut and to his own blood donor record.

According to Guinness' Howes, the 2003 edition of the Guinness World Record Book with Drew's record for "most blood donated by a single person" in the Medical Triumphs section should be off to the printers in July and available by September.

In the meantime, Drew will be rolling up his sleeve for the next blood donation adding to his donor record and saving lives.

—by Dianne Needham

## studies

### Healthy families study

NIAAA seeks parents and their healthy adolescent children, ages 12 to 17, to participate in a study involving an interview and a brain scan. No medication is involved. Compensation provided. Call 301-594-9950.

### Healthy males and females

NIMH seeks healthy men and women, ages 25 to 55 to participate in a protocol studying the causes of schizophrenia. Participants must have a college degree and no history of schizophrenia among first-degree relatives. It involves two outpatient visits. Compensation is provided. Call 301-435-8970.

### Speech disorder study

NINDS seeks healthy children, ages 5 to 17, to participate in a study about speech disorders. Participants must have normal speech and hearing and speak English as their first language. It involves 4 to 5 outpatient visits. Compensation provided. Call 301-496-9367.

### Healthy African American, Taiwanese and Japanese adults

Individuals from these populations are needed to donate a teaspoon of blood that will be used to test for a platelet membrane glycoprotein (CD36) that is absent from the platelets of a small percentage of these populations. Must be 18 years of age or older. Compensation provided. Call D.J. McClosky at 301-496-5150.

## Donor makes Guinness book history

continued from page four

It's simple and it doesn't hurt," he said.

Retired from his roles as NLM reference librarian and U.S. Army Command Sergeant Major, Drew, 77, is a native of Hartford, Conn. and has lived in Washington since 1946. He points out that in some ways his accomplishments parallel his father's life. Howard Drew Sr. participated in the 1912 Olympic games in Stockholm and held the world record for the 100- and 220-yard dashes in 1914. "That's two generations of world records. I'm also proud that my dad and I each accomplished 'firsts' as African Americans," he

## Quality of Worklife Initiative and Diversity

### Employee child care issue made clear

The Clinical Center Quality of Worklife and Diversity Council recently collaborated with NIH ORS to sponsor two seminars in the Nursing department, in response to varied employee concerns about child care services and facilities. The council learned that there are many myths about child care services both at NIH and in the greater community.

Much of the discussion centered on the issue of infant child care. Infant and toddler care (under the age of two), is the most expensive type of care. The high cost is directly related to the low adult-to-child ratios required by state regulations and the scarcity of spaces for this age group. Members of the discussion group spoke of anxiety and frustration in their searches for care they could trust and depend upon.

Clinical Center staff have the additional problem of non-standard hours of work, as the Clinical Center needs 24/7 coverage. Some parents have been successful in having caregivers come to their homes, or sharing caregivers with another family.

Several staff also expressed the need for "back-up" or holiday care. This type of care could help families when regular care arrangements fall through or school-age children have a half-day or holiday.

A common thread of the conversation was that stable, quality child care arrangements positively impact an employee's ability to work effectively at NIH.

In recognition of this fact, and in order to support employees, the NIH currently supports several child care initiatives:

NIH sponsors three child-care facilities in the Bethesda-Rockville area. These centers serve NIH and federal employees exclusively and provide some tuition assistance for

low-income families. These centers have extensive waiting lists for care, so there are plans to increase capacity at two of the centers.

A new child care center is planned for the Bethesda campus. Planning for a new facility to serve more than 100 children will begin this year. Construction will begin at the completion of the Mark O. Hatfield Clinical Research Center.

The NIH Work and Family Life Center offers personalized child care referral and consultation to NIH employees. This free telephone service provides thorough and professional support for families to explore a wide range of care options. Call 301-435-1619.

NIH recently conducted a Child Care Needs Survey and will use the results to develop additional responses to meet needs identified in the survey. Some ideas include: additional child care near NIH worksites, school-holiday care, increased tuition subsidies for lower income employees, and methods for employees to share information about solutions and resources for child care issues.

For more information about these programs or to discuss child care ideas, contact Mary Ellen Savarese at 301-402-8180, savaresem@mail.nih.gov, or visit the ORS Child Care Website at <http://www.nih.gov/od/ors/dss/special/chintro>.



*From the Clinical Center Quality of Worklife Initiative and Diversity Council.*

### Security becomes more efficient

Security remains at a high level six months after the September 11 tragedy. However trust has developed between security officials at NIH and employees.

"We have a great deal of confidence in the employee population," said Deputy Chief Robert Fuller.

Employees are no longer required to have their bags searched and walk through metal detectors when entering the Clinical Center. According to Fuller, this may give the impression of having less security, but in actuality security is still at a high level.

"We have become more efficient in our security efforts," said Fuller. "We are becoming more confident in the systems that are in place and we have fine tuned our entire operation."

Using metal detectors for visitors only has decreased crowds in the South entrance of the Clinical Center and traffic into underground parking lots has decreased with the use of added technology.

According to Officer Dwayne Moe, a vapor detector device is used in all of the underground parking areas. Security guards take a white swab and rub it on the steering wheel and portions of the car's exterior. The swab is then placed into a machine that can detect microscopic material used in explosive devices. The machine identifies the material and how much is found.

"With this technique we are able to do four-to-five cars per minute," he said.

Security guards are still required to record the license plate number, NIH parking tag number and time of day that each vehicle enters the garage.

The increased efficiency has made the heightened security precautions a norm for many employees. "We are not reducing security measures until national alert levels are reduced and we reevaluate all areas and issues," he said.

# Wanted: Bone marrow donors to help save lives

The NIH Plateletpheresis Center and NIH Marrow Donor Program are looking for volunteers to donate critical stem cells and bone marrow. The payoff is potentially saving lives.

The first successful bone marrow transplant was conducted in 1968, opening a new course of treatment of leukemia, aplastic anemia and other life-threatening blood diseases. Since then, bone marrow donors have saved thousands of lives.

"It was a breakthrough in every sense of the word," said Jaime Oblitas, managing director of the NIH Plateletpheresis Center and the NIH Marrow Donor Program. "Chemotherapy and radiation kill cancerous cells, but also kill bone marrow, which contains stem cells." It is the stem cells within the transplanted bone marrow, he added, that allow recipients to grow healthy new immune systems and many times resume ordinary lives.

Thousands of patients who did not have a "matching" donor in their families have received successful marrow transplants from volunteer donors.

Critical to success is a donor's and recipient's genetic makeup. "The tissues of the donor and recipient must be compatible for the transplant to even be considered," said Oblitas. About 33 percent of patients in need of a bone marrow transplant will find a matching donor among their siblings, but most patients rely on the community to find a compatible donor.

The initial process is simple for donors. They can report to the NIH Blood Bank to give blood for transfusion or simply to have a sample of blood drawn for testing. Once they've expressed interest, a vial of blood is drawn for tissue typing and the donor's tissue type is entered into a national database. Matching could take days, weeks, months or, in some cases, years.

The marrow collection process is a surgical procedure that occurs in a

hospital operating room and is done under local or general anesthesia. Part of the marrow is extracted from the back of the pelvic bone using sterile needles and syringes. "Recovery is very quick," Oblitas said, "with most donors having minor aches for several days up to a few weeks." Replenishment of the lost marrow, he said, takes four-to-six weeks.

Approximately four million volunteer donors are listed on the national registry, with more needed. "Diversity of types is especially critical," Oblitas said. "Because the unique characteristics of an individual's marrow are genetically inherited, Asian patients are more likely to find perfect genetic matches among Asian donors, African Americans among African American donors and Caucasians among Caucasian donors." The same

principle, he said, applies to other racial or ethnic groups.

Critical stem cells also may be gleaned from peripheral blood stem cell donations. For this, four or five daily injections of a stem cell growth factor medication are administered to a donor. This increases the number of stem cells released from the bone marrow into the blood stream. During apheresis, which is done at a blood center or hospital, blood is removed through a sterile needle placed in the vein of one arm and passed through an apheresis machine that separates and collects the stem cells. The remaining blood is returned to the donor through another needle in the other arm. For further information, or to sign up, call the NIH Marrow Donor Program at 301-496-0572.

—by John Iler

## Take Your Child To Work Day

National Institutes of Health

Thursday, April 25, 2002

From 9am—4pm



Zoe Dearborn Geyman, 8 years old

Your child can experience some of the professions that contribute to biomedical research at NIH — especially yours!

Children ages 8 to 15 are welcome. Please coordinate their visit with your supervisor. Shuttle bus transportation will be available.

For more information and to register visit <http://www.cc.nih.gov/cc/nihkids>.

For reasonable accommodations services, contact Gary Morin, 301-496-4628 (voice) or 301-496-9755 (TTY) by April 18, 2002.



## Blood bank receives deposit from Centex

Employees from Centex Construction Company, one of the contractors building the Mark O. Hatfield Clinical Research Center, made a group effort to donate blood to the NIH Blood Bank last month. Nearly 35 Centex employees donated and sent out a challenge to all contractors to do the same. Shown from l to r are Gary Thompson, James Bassetti, John Sloan, and Jaime Oblitas, managing director of the NIH Plateletpheresis Center and the NIH Marrow Donor Program.

## m a r c h

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**Grand Rounds**  
noon-1 p.m.  
**Lipsett Amphitheater**  
*Genetic Research in the International Setting*  
Kare Berg, M.D., University of Oslo

**Wednesday Afternoon Lecture**  
3 p.m.  
**Masur Auditorium**  
*Neural Mechanisms of Habit Formation: Plasticity in Cortico-Basal Ganglia Loops*  
Ann M. Graybiel, Ph.D., Massachusetts Institute of Technology, Cambridge

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**Special Monday Lecture**  
3 p.m.  
**Masur Auditorium**  
*Exploring the Scientific Basis of Complementary and Alternative Medicine*  
Stephen E. Straus, M.D.  
NIAID

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**Grand Rounds**  
noon-1 p.m.  
**Lipsett Amphitheater**  
*Major Challenges of Infectious Diseases*  
John G. Bartlett, M.D., Johns Hopkins University

**Wednesday Afternoon Lecture**  
3 p.m.  
**Masur Auditorium**  
*Ideas on How Circadian Rhythm is Reciprocally Linked to Metabolism*  
Steven L. McKnight, Ph.D., Southwestern Medical Center, Dallas

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**Grand Rounds**  
noon-1 p.m.  
**Lipsett Amphitheater**  
*Mood Disorders: Diseases of Mind, Brain and Body*  
Dennis Charney, M.D., NIMH  
*Afghanistan Can't Wait: Infectious Disease Control in Afghan Citizens, Refugees, and the Internally Displaced*  
Clifton E. Barry, III, Ph.D., NIAID

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**Wednesday Afternoon Lecture**  
3 p.m.  
**Masur Auditorium**  
*Redox Reactions in Antigen Processing*  
Peter Cresswell, Ph.D., Yale University School of Medicine, New Haven

**Grand Rounds**  
noon-1 p.m.  
**Lipsett Amphitheater**  
*Alcoholism: New Potions and Remedies*  
Fulton Crews, Ph.D., University of North Carolina, Chapel Hill  
Bankole A. Johnson, M.D., Ph.D., University of Texas, San Antonio

**Wednesday Afternoon Lecture**  
3 p.m.  
**Masur Auditorium**  
*Epigenetic Regulation in T Cell Development*  
Dan R. Littman, M.D., Ph.D., New York University Medical Center, New York City