

May 2003

Clinical Center News

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Renovations to begin on clinic elevators

Beginning this month the clinic elevators will be renovated, leaving only two clinic elevators in operation during clinic hours.

The renovation comes as part of the upgrades leading to the opening of the Mark O. Hatfield Clinical Research Center. According to Don Sebastian, CRC project coordinator, the three clinic elevators will be refurbished to run faster and in coordination with the two new Clinical Research Center elevators that are located directly across from the current clinic elevators.

“During the renovation at least two of the current elevators will always be in operation,” said Sebastian. “There could be a slight slow down for patients who use those elevators, but otherwise, it shouldn't be a serious inconvenience.”

If for some reason one of the two operational elevators go out of service, then one of the new CRC elevators will be used. A CRC construction employee will operate the new elevator until the out of service elevator is operational.

The current clinic elevators may shut down due to mechanical or computer problems. According to James Wilson, CRC project coordinator, general wear and tear has been the main reason the elevators shut down. “Dust and dirt can cause the elevators to go out of service, but like most machinery



For more than 20 years, Brianne Schwantes has been treated at the Clinical Center for Osteogenesis Imperfecta or brittle bone disease. Last month, this 23-year-old college senior represented her home state of Wisconsin as a Cherry Blossom Parade Princess.

Blossoming into a princess

When Brianne Schwantes was born 13 bones in her body were broken. Doctors in her hometown of Milwaukee, Wisc. told her parents to place her little body on a pillow and

forget about her because there was nothing that they could do for a child born with Osteogenesis Imperfecta or brittle bone disease.

See **Overcoming Obstacles**, page four

once it gets older, parts wear out and begin to deteriorate.”

Signs will be posted on the out-of-service elevator and in the clinic lobbies to make patients and staff aware of the renovations. Patients will be directed to use the main elevators and the staff elevators to access the clinics. New signage will be made available near the main elevators to assist with directing patients to the clinic.

The renovations will take up to 36 weeks to complete and will

include new ceiling tiles in the clinic lobbies, new push buttons and keycard accessible doors leading from the clinic elevators to the lab areas.

Signs will be posted on the out-of-service elevator and in the clinic lobbies to make patients and staff aware of the renovations. In addition, the signage will be improved in Building 10 by the main elevators so that patients and staff can also use the main elevators and staff elevators to access the clinics.

State-of-the-art elevators will reduce wait time in CRC

When the Mark O. Hatfield Clinical Research Center opens next year, patients and staff will be able to move throughout the building much faster because of the 32 state-of-the-art elevators designed to reduce wait time through faster operation.

"Elevators are very important to NIH," said Leon Pheder, CRC project manager. "If we are going to err, then we will err on the conservative side instead of being short changed."

Based on a survey conducted to determine the number of elevators needed to efficiently move people throughout the CRC, staff and patients will have less than a minute to wait before boarding and unboarding an elevator.

"For staff elevators the wait time will not exceed 30 seconds. For elevators designated for patients and

visitors, the wait time will not exceed 45 seconds," said Pheder. "People will immediately be able to see a difference."

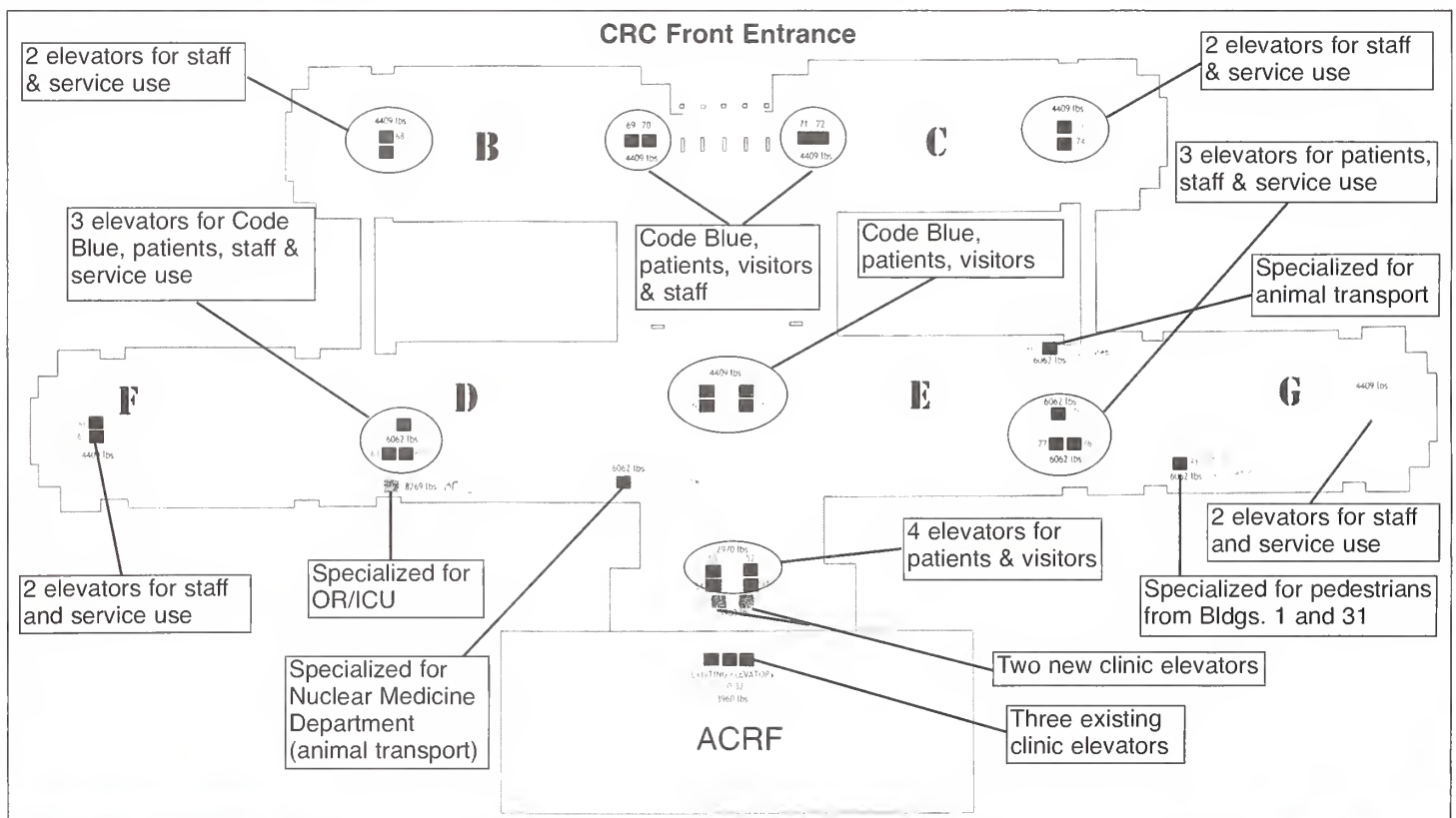
The new elevators will be computer-driven and positioned to sit on different floors at different times. "If there are five elevators grouped together and one is sitting on the first floor, then the other four won't be on the first floor," said Pheder. "But as soon as that first floor elevator goes up, then one of the other four elevators will immediately move back down to cover the first floor."

According to Pheder, the elevators will be programmed to sit on the lower floors in the morning, when patients and employees are generally going up. By the evening rush home, the elevators will be sitting on the upper floors to bring patients and employees down more

quickly.

Although each of the 32 elevators have not yet been designated for staff or patient use, there are four specialized elevators for varying departments. The elevator next to the OR will run between the second and third floors to help transport patients from the OR to the ICU. A dedicated elevator in the Nuclear Medicine Department will be for animal transport only between the first floor and B3 level. A similar elevator will transport animals from the B3 loading dock area to the B2 level. The last specialized elevator will be used by staff who walk from Buildings 1 and 31 into the CRC. To avoid having them walk to the front of the CRC, they can walk to the side of the building and an elevator will take

See **CRC elevators**, page three



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LaRoche retires after 40 years of service

After a 40-year federal career, Susan LaRoche will retire this month from her position as Hospitality Services Coordinator.

“Over the past 40 years I have watched NIH grow,” said Sue. “When I first came to NIH in 1963 there were no metro trains, no shuttle busses, no computers, faxes, or copiers. The NIH police were called guards and weren’t authorized to carry weapons, and President Carter made us pay for parking for a short while.”

Sue began her career in 1963 as a clerk in the Nutrition Department. She later moved up to secretary to the chief in the Nutrition Department. She worked there for 19 years until coming to the Office of the Director where she served as staff assistant. She was responsible for phone coverage, scheduling meetings, timekeeping, and travel. Sue’s clear commitment to excellence was recognized with an award for her outstanding performance and initiative.

In 1970, Sue enrolled in the NIH Upward Mobility College or UMC and received a Bachelor of Arts degree in English. UMC was a program that allowed employees to pursue a college degree, free of charge, with an excused absence from work.

That degree allowed Sue to move



Sue LaRoche

“I think I will miss the Clinical Center too much to stay away...”

—Sue LaRoche

into the Special Events Department of the Clinical Center as a Public Affairs Specialist where she was responsible for giving tours of the Clinical Center to foreign visitors such as the Ambassador of Rwanda.

Sue served for three years on the NIH Women’s Advisory Committee,

Four elevators will be placed at the front entrance of the CRC and used for Code Blue, patients, visitors and staff. Additional elevators in the patient wings will also be used for Code Blue, patients, visitors and staff. Two service elevators will be located at the end of each lab wing.

The elevators will be designed with wood grain panel and ceilings, and tile floors. Designated service elevators will have a stainless steel-designed panel with tile floors and wood grain ceiling.

an inter-institute committee sponsored by the Equal Employment Opportunity office. While Sue was Chairperson of this committee, Secretary Donna Shalala was invited to attend one of the committee’s meetings. This meeting turned into an NIH extravaganza and was broadcast on CNN.

In December 1999 the Clinical Center Hospitality Services program was developed to guide visitors to their destinations and assist them with special needs. Sue became a member of the Hospitality Services staff and subsequently accepted the position of Hospitality Services Coordinator.

Sue returned to the Director of the Clinical Center in 2002 to represent the hospitality aspect of the Clinical Center in the Director’s Office. She assisted with projects such as preparation of the Clinical Center Customer Service Program notebooks and the 2003 Strategic and Annual Operating Plans.

“Sue has always done an outstanding job by assuring that everyone feels welcome. We will miss the vibrant personality she brings everyday to work,” said Clinical Center Director Dr. John Gallin.

“She had just the right personality for the role. She interacted well with all staff and consequently was well liked. Departmental staff enjoyed coming into the office because Sue was always willing to listen and to assist them with whatever they needed,” said Alberta Bourn, chief, Nutrition Department.

Sue said she plans to enjoy retirement, but will not overlook an opportunity to come back to the place where she gave so much of herself.

“This summer I plan to relax, work in my garden, enjoy my new hot tub, read, and give lots of tender-loving care to my husband and six cats,” said Sue. But don’t be surprised if you see me back again in some capacity. I think I will miss the Clinical Center too much to stay away for good.”

—by Erin Dominick

CRC elevators

them to the B1 level.

Two additional clinic elevators will join the three current clinic elevators. The current clinic elevators are being renovated to operate as efficiently as the new elevators. Once the CRC opens, these five elevators will be designated for staff use. Directly behind the clinic elevators will be four more elevators designed to handle all patient and visitor traffic.

Overcoming obstacles to be a Cherry Blossom Princess

continued from front page

That was 23 years ago. Today, this Clinical Center patient, who has been adopted into the families of Clinical Center physicians and researchers, donned a crown and sash as she toured the Capitol, took pictures with First Lady Laura Bush and received gifts from the Japanese Embassy as one of this year's Cherry Blossom Parade princesses.

"Every girl's dream is to become a princess and wear a crown and sash," said Brianne, a senior at American University majoring in Communications Law and Economics and Government. "When I was born I don't think my parents ever thought that I would be riding on a carriage down Constitution Avenue as a princess."

Brianne has undergone more than 50 surgeries and plenty of broken bones in her lifetime, yet she maintains an upbeat attitude and spends her free time volunteering and helping other people.

"I'll never be cured, but I'm doing really, really well," said Brianne. "My dad says I'm like a classic car. When I'm running, I run really well, but when I crash I need the best mechanics to fix me."

Lately, she's been running without any problems. So much so, that when she applied to be a Cherry Blossom Princess, she also convinced three of her college friends to do the same. Although, "it wasn't too hard to convince them to be princesses," she said.

The 10-block parade down Constitution Avenue last month wrapped up a week's worth of activities for each of the 53 ladies who represented their respective state, plus three international participants representing Thailand, The Netherlands and Lithuania.

For one week Brianne woke up at 7 a.m. to travel around D.C., attend congressional luncheons, participate in a tree planting ceremony and visit the Hungarian and Japanese Embassies, where she received

received gifts, and visited children at the Kennedy Institute where she and fellow constituents crowned the little girls. The night before the parade the ladies dressed in white evening gowns and were escorted to the princess ball by gentlemen from the Naval Academy.

"It was a magical week. It was just wonderful to be treated like royalty," said Brianne. "We had a chance to see the academic side of Washington and be a guest of the government. It is an experience I will



Washington Capitals mascot, Slapshot, playfully bites the head of Brianne as she prepares to take her carriage ride down Constitution Ave.

never forget."

Despite the drizzle of rain and cold weather, the parade went on. While the other princesses walked in their business suits and high-heeled shoes, Brianne was escorted in a carriage along with the Goodwill Ambassadors, who serve as cultural liaisons and promote goodwill and friendship between the United States and Japan.

Her sorority sisters, college friends, family and Clinical Center family cheered her on as she passed by.

"Brianne is an athlete in a body that presents maximal challenges," said Dr. Lynn Gerber, chief, Rehabilitation Medicine Department. Dr. Gerber has been treating Brianne since she was a baby. "Ever since

infancy, she has had drive, determination and a can-do attitude. We are all so very proud of her."

Brianne has spent much of her life helping others. As a child she raised \$20,000 for South African orphans and went to Iowa and Georgia to help flood victims. She is also a motivational speaker and travels to schools and community organizations across the country. She has been recognized by former President Bill Clinton during one of his speeches and has also been on the

Oprah Winfrey Show.

Although her bones could have easily broken while filling sandbags for flood victims or missing a step while stepping off of an airplane, Brianne takes it all in stride.

"I've had to deal with a broken pelvis and leg within the past year," she said. "You just go with it and get used to having to use a walker for awhile. This is me against the disease."

Brianne will receive the Outstanding Service University Community Award from American University in May. It is the third highest honor given to students who are highly involved in community activities.

—by Tanya Brown

Clinical Center Online

In an effort to share the Clinical Center's online information a new feature begins this month in Clinical Center News. Clinical Center Online will appear on a regular basis to highlight technical applications, web topics and informatics issues.

Web Content Management

A new content management tool, Collage, is being pilot tested by the Department of Networks and Applications and the Office of Communications. Collage enables end users to better manage content of their sites. Three Clinical Center websites are included in the pilot project: Nursing Internet Site (<http://www.cc.nih.gov/nursingnew/index.shtml>); Laboratory Medicine Intranet Site (<http://intranet.cc.nih.gov/dlm/index.shtml>); and Strategic Planning Intranet Site (<http://intranet.cc.nih.gov/>

[od/pod/strategicplan02/](http://intranet.cc.nih.gov/od/pod/strategicplan02/)). If successful, the pilot phase will be extended to other sites and end user groups. The Collage software is provided by Merant. For more information on Collage visit www.merant.com or contact Dianne Needham, dneedham@cc.nih.gov.

New Websites

As the Clinical Center's Internet (external) and Intranet (internal) web presence progresses new and revised sites are in development.

The Department of Laboratory Medicine has a new intranet site that provides information on their Master Test Guide, Specimen Guidelines and Transport, Test Reports, and more. For more information visit <http://intranet.cc.nih.gov/dlm/index.shtml> or contact Alba Murphy, amurphy@cc.nih.gov.

The Office of the Director has a new

intranet site that provides details of the Clinical Center's Emergency Management Plan. Each employee should be familiar with this emergency preparedness content. For more information visit <http://intranet.cc.nih.gov/od/emergencyplan/> or contact Laura Lee, llee@cc.nih.gov.

ProtoType

ProtoType is a web-based protocol writing application that will assist researchers in the development and approval of protocols. Version 1.0 will undergo testing this summer. ProtoType is being developed by the Office of Protocol Services. For more information contact Kim Jarema, kjarema@cc.nih.gov.

Readers are invited to share news items and ideas for Clinical Center Online. Email dneedham@cc.nih.gov.

—by Dianne Needham

Team NIH

The Susan G. Komen Breast Cancer Foundation Race for the Cure

Registration for Team NIH continues. For those who haven't registered there is still time to do so either at local malls, coffee shops, stores and schools throughout the area or online at www.nationalraceforthecure.org/registration.html. The in-person registration fee is \$25; the online fee is \$30 before May 17 and \$35 from May 17-30. There will also be onsite race day registration on June 7. Don't forget to indicate the code "NIH" when registering.

Race packet distribution (for those who registered at Building 10) will be 11am-2pm, June 4-5 outside the second floor cafeteria in the Clinical Center.

On the actual race day morning Team NIH will gather at 8am at the corner of 15th and Constitution Avenue (look for the large pink NIH signs). For more information on Team NIH contact one of the team coordinators: Pat Piringer, ppiringer@cc.nih.gov, 402-2435; Georgie Cusack, gcusack@cc.nih.gov, 594-8128; or Dianne Needham, dneedham@cc.nih.gov, 594-5788. Visit www.nationalraceforcure for more details and background on the National Race.



Assistant Fire Marshals (l-r): Dan Walther, Michael Garner, John Frecker, and Paul Davis.

Fire protection a way of life for a dedicated team

(Part one of a two part series)

Except for the emergency vehicle parked out front, NIH visitors could easily confuse the two-story brick house, known simply as 15G-2, as just another residence. In fact, if they were to enter, they might be tempted to ring the doorbell, despite the sign by the garage reading "Fire Prevention."

In a way, it's very much like a home to the NIH assistant fire marshals who work there. They're frequently leaving to perform a host of duties ranging from intensive and frequent training courses for the Clinical Center's nursing, maintenance and household staffs to public education events, to working with engineers in ensuring that current and future workspaces are fire-safe and certified.

"Once it gets in your blood, it's there to stay," said Assistant Fire Marshal Dan Walther, whose father was a firefighter in Prince George's County, Md. Since he was eight

years old, he's been around firehouses and, like every other assistant fire marshal, manages to fit in volunteer service in addition to his weekly activities.

"When you're a kid, you always want to be a firefighter," he said. "You see the red trucks going out with the sirens and lights and it's exciting." But that only got his attention. At 12 he began getting interested in the real part of the job—helping people.

"When you see what a fire can do to people, and how other people can help, you say to yourself, 'Hey, maybe I could do some good.'" Walther today is a volunteer for the Prince George's County Fire Department. Besides firefighting, he learned the electrical trade from his father—skills he still relies upon heavily when working with fire alarm systems.

Coming to NIH in 1975 as an electrician, he transferred to the NIH Fire Department for 11 years, then

switched from fire fighting to fire prevention. "The fire service has changed," he said. "Now the emphasis is on public education."

Assistant Fire Marshal Paul Davis agrees. A firefighter with 28 years of experience behind him, he points to the volumes of fire codes in his office, much of which is being constantly revised by federal, state and local agencies.

"The fire protection business is equally as tough of a job as fighting fires," he said. Davis not only inspects the Clinical Center complex, but the Rocky Mountain Lab in Montana (30-35 buildings), the Gerontology Research Center in Baltimore, Md. and the NIH Poolesville Farm, Poolesville, Md. (30-35 buildings).

Fire suppression, or firefighting to Davis, who literally grew up in the fire service, also is a family tradition. His great grandfather, grandfather and uncle were all firefighters, and Davis' oldest son is a volunteer and career firefighter-making it a fifth-generation tradition that may well continue. "It's something that comes from within, "and many will say it's in the blood," he said. "There's a lot of self-satisfaction that comes from helping people."

Like the other assistant fire marshals, Davis pulls one night per week of shift duty with the NIH Fire Department, working a full 24-hour period in a 56-hour workweek. Yet he still finds time to work as a volunteer with the Walkersville Volunteer Fire Company, where he was a past assistant fire chief, and the Walkersville Volunteer Rescue Company, both in Frederick County, Md., where he is a past Chief. He began his career as a volunteer firefighter in his early twenties as a volunteer at the Gaithersburg Washington Grove Fire Department, Gaithersburg, Md., and in 1979 began his federal firefighter career at the Walter Reed Medical Center Fire Department, Washington, D.C.

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Bringing a military background to the team is Assistant Fire Marshal Michael Garner, a retired Marine with almost 20 years of aircraft and onboard firefighting and fire protection inspection experience.

"I was used to fires on aircraft," he said. "The larger planes are just like houses because of their size." Inspecting them and investigating crashes were similar to the type of work he does now with house and office fires, but also "different." Garner also served shipboard, where malfunctioning arresting gear on planes forced them to make tight landings. "During the forward carrier landings, we had to have all the trucks out and every position manned," he explained. Working in close quarters at sea or on the ground required a special form of teamwork, a teamwork that drives him in his job.

"I'm a people person," he said. "In fact, my favorite part of the job is the people. You have to be oriented that way if you're going to project what you know. You have to get their interest. The key is to keep it simple and not try to make it too technical. I

think of myself as fun and I like to bring out laughter in people. It makes it that much more enjoyable."

The fourth member of the team is Assistant Fire Marshal John Frecker, who's been with NIH for two years. His great grandfather was

"There's a lot of self-satisfaction that comes from helping people."

—Paul Davis

a career firefighter in Pittsfield, Mass. His grandfather was a fire chief in Washington, D.C., and his father a lieutenant in the D.C. Fire Department. "I've always been around it," he said, though he vacillated between firefighting and law enforcement. During the early nineties, he spent three summers as a

police officer in Ocean City, Md., while he was a student at the University of Maryland. From there he signed on to the Montgomery County Fire Department in 1993, where he not only served as a firefighter, but as a hazardous materials technician and specialist with a focus on weapons of mass destruction. In 2001 he joined the office of the NIH Fire Marshal.

"I've always wanted to do what I'm doing now," he said. "And, in a roundabout way, what I'm doing is being what I was, a volunteer firefighter and law enforcement officer—there are elements of both in a fire marshal's office."

Frecker, like so many of his fellow assistant fire marshals, enjoys working with people. His specialty is fire investigations, fire code enforcement, specialized training and conducting Clinical Center fire drills and mock evacuations. As a volunteer with the Kensington Volunteer Fire Department, Kensington, Md., he's become an acting district (battalion) chief with a rank of captain. As a volunteer, he has taken part in the aftermath of many major fires and incidents in the county, including a 1996 train wreck in Silver Spring and a subsequent train derailment in 2002 in Kensington.

"It's something I enjoy doing. I've always been around it, ever since I can remember being around anything."

—by John Iler



For assistant fire marshals, one aspect of the job is proper training. Davis trains Clinical Center staff about fire safety and prevention.



Springtime on the windows of 9-West

Raelynne Sanders (left photo) along with Cheyenne Hunter and Samantha Edgar (right photo), brought Spring to 9-West by painting butterflies, flowers and other spring-like figures on each window on the floor. The project, initiated by Art Therapist Esther Epstein and coordinated by Recreational Therapist Vera Sales, was designed to help kids express themselves through art as well as offer something fun to take their minds off of being in a hospital.

m a y

7 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Should Surrogates Be Informed of Patients' HIV Test Results?
Rebecca Dresser, J.D.,
Washington University,
St. Louis, MO

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
*Fascinating Strategies Used by the Bacterial Pathogen *Listeria Monocytogenes* to Establish an Infection*
Pascale Cossart, Ph.D., Pasteur Institute Knight of the Legion of Honor

14 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Heartache and Heartbreak: Important Interactions of Depression and Cardiovascular Disease
Charles Nemeroff, M.D., Ph.D.,
Emory University

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
What Makes it Tick? Attempts to Understand the Dynamics of the Ribosome Using Cryo-Electron Microscopy
Joachim Frank, Ph.D., New York University, NY

21 **CRIS Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Treatment of Refractory Cancer Pain with Intrathecal Drugs: Implications for Sustained Pain Control, Relief of Drug Side Effects, and Possibly Improved Survival
Thomas Smith, M.D., Virginia Commonwealth University
Molecular Neurosurgery for Treating Severe, Refractory Pain
Andrew Mannes, M.D., CC and NIDCR

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
*From Long-Term Gradients to Local Cell Shape Changes: How the *Drosophila* Embryo Controls its Morphogenesis*
Eric F. Wieschaus, Ph.D.,
Princeton University

28 **CRIS Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
The Clinical Spectrum Caused by Defects in Initiation of Protein Translation
Raphael Schiffmann, M.D.,
NINDS
A Dynamic Picture of the Tumor Microenvironment
Francesco Marincola, M.D.,
CC

Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium
Tracking Immunity In Vivo
Richard M. Locksley, M.D.,
University of California