

October 2001

N^{Clinical Center} News

In this issue:

- Coping in times of distress
- Blood donations
- CRIS project up and running

Feeling (in)secure

CC tightens the reins of security in the wake of terrorist attacks

The first sign of heightened security at NIH in the wake of the September 11 terrorist attacks on the World Trade Center in New York and the Pentagon in Washington, D.C. is gridlock along Old Georgetown Road and Rockville Pike.

NIH police officers, in an effort to secure the campus, inspect each car for a parking permit and question those without a parking permit, prior to entering the campus.

Three entrances—Wilson Drive at Rockville Pike, Lincoln Drive at Old Georgetown Rd, and Center Drive at Rockville Pike—have been established as employee-only entrances from 6 a.m. until 7 p.m. The entrances are closed and blocked off after 7 p.m. Center Drive at Old Georgetown Road and South Drive at Rockville Pike, are designated as the employee, visitor and delivery entrances. After 7 p.m. these entrances are the only way onto the campus.

“We are doing our best to protect the campus based on our resources,” said Robert Fuller, deputy chief, NIH Police. “It’s nearly impossible to monitor pedestrian traffic on an open campus, so we are focusing on where



Traffic is slow along Memorial Drive as vehicles entering the P3 patient parking garage are searched for exploding devices.

we can give the greatest amount of protection.”

According to Fuller, vehicles without an NIH parking permit are inspected for exploding devices before entering the campus. Officers check the trunk and under the hood and use mirrors to inspect underneath the car. Routinely, bomb-sniffing dogs are brought in to check larger vehicles. Those same vehicles, if being parked in the P3 patient parking garage, are inspected a second

time before entering the garage.

“It’s a necessary evil,” said Lucy Adjei, CC. “It can be a bit overwhelming, but I think that the heightened security is good, and the people are doing a good job.”

Security stations have been set up at the South entrance of the Clinical Center with several police officers and security guards lined up in front of the door checking identifications

see **security**, page four

Coping in times of distress and grief

The traumatic events of September 11 inspired a wide range of feelings among CC staff and indeed the nation, including shock, disbelief, horror and vulnerability. We came together in a unified, courageous and spirited response to assist those in need, both within the Clinical Center and in our greater community. However, many of us may still be experiencing both visible and silent signs of responses to trauma, stress and anxiety, which ultimately impact our quality of life at home and at work.

The CC QWI and Diversity Council shares some general insights on coping with terrorist events, excerpted from *Psychology in Daily Life*, a publication of the American Psychological Association.

Coping with Trauma

- Identify the feelings that you may be experiencing, and understand that they are a normal reaction to an abnormal situation.
- Remember that you have overcome adversity and trauma in the past, and try to remember what you did that helped you overcome the fear and helplessness in that situation.
- Talk to others about your fears. It's okay to ask for help. On campus, you may contact the NIH Employee Assistance Program, which is staffed with trained consultants at 301-496-3164.
- Make efforts to maintain your usual routine.

- Think positively. Realize that things will get better. Be realistic about the time it takes to feel better.
- Recognize that the nature of terrorist attacks creates fear and uncertainty about the future, but continue to do the things you enjoy in life. Don't become preoccupied with things that are beyond your control, and minimize the time spent watching media coverage.
- Learn about the actions our government is taking to combat terrorism and restore safety and security. Recognize that trained officials on campus and in the community are mobilized to prevent, prepare for, and respond to further incidents.

Tips for children

- Realize that children may vicariously experience traumatization. Encourage them to express their feelings and ask them what they have seen, heard, and/or experienced.
- Assure them that you are taking care of them and can respond to their fears.
- Help them recognize other times when they have shown courage and responded to difficult situations. Instill a sense of empowerment.
- Let them know that our institutions of democracy are still in place, and that our government is intact.

Valuing our diversity

In the aftermath of terrorism, xeno-

phobia (fear or hatred of strangers or foreigners) can be heightened and become a social and psychological danger. The fear generated by terrorism can be exacerbated by a population's diversity if there is distrust between groups, categories and classification of citizens, and if the alleged perpetrators do not look like us. We need to recognize that the diversity in our midst is often an opportunity for unity and strength. The diverse character of our organizations and the diversity of opinions and talent in our midst have played a substantial role in our success.

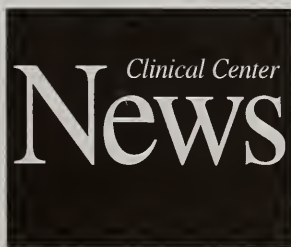
In addition, there are members of our diverse society who have experienced past terrorist incidents. The knowledge and experience they have gained from surviving and coping make them a valuable resource on how to cope and how to offer assistance to others.

For further information pertaining to this column, check out the American Psychological Association website at:

<http://helping.apa.org/dail/traumaticstress.html>.

Recognize that trained officials on campus and in the community are mobilized to prevent, prepare for, and respond to further incidents. ORS has implemented an ORS Information Line to respond to NIH employee questions and concerns about security. You may email them with questions at: orsinfo@mail.nih.gov or call 301-594-6677. For more information, visit the website at:

<http://www.nih.gov/od/ors/security>.



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Healthy children

Healthy children, ages 5-8, are sought by NINDS to participate in a study comparing language organization with that of children with epilepsy. Your children may be eligible if they speak English as their first language, do not have a learning disability, attention deficit disorder or any serious medical condition and do not wear braces or glasses (contacts allowed). Participation involves 2-4 outpatient visits over one year. Compensation is provided. Call Lynn at 301-402-3745.

Outpatient study

College-educated, middle-aged adults needed for a two-day outpatient study at NIMH. Involves blood draw and routine clinical, neurological and cognitive procedures. Compensation provided. For information call 301-435-8970.

Women needed

NICHD is seeking healthy women ages 18-55 or 60 and older to participate in an ovarian function study involving five brief outpatient visits. Blood draws, ultrasound and an injection of a natural body hormone are involved. You may be eligible if you do not smoke or take any drugs, including birth control. A past pregnancy is necessary. Compensation is provided. For information call 301-435-8201.

Overweight women

NICHD seeks healthy African American and Caucasian overweight women, ages 18-40, to participate in a study on the effects of carbohydrates and fats on body composition and reproduction. Participants must be nonsmokers, have regular menstrual cycles, not be on any prescribed drugs and have no major illnesses. Participation involves one outpatient and two inpatient visits. Compensation provided. Call 301-496-7731.

Healthy adults

NIMH seeks healthy adults between the ages of 18 and 45 to participate in a memory study. Individuals must be able to see at least 3 feet away without the use of glasses or contact lenses. Participants will be interviewed and will complete a memory task, during which physiological functioning will be recorded. Call 301-402-9347 for information.

Volunteers needed

Males and females 14 years of age and over who will be receiving a cochlear implant in the future are needed for a study involving language coding in cochlear implant recipients. Participation involves 2-3 visits over one year. Compensation provided. For more information, call 301-496-5368, ext. 205 or send an email to szymkoy@nidcd.nih.gov.

Healthy volunteers

The National Institute of Mental Health seeks healthy children and adolescents, ages 9-17, as well as adults ages 25-35, to participate in a study of emotional regulation. An interview, computer tasks and an MRI are involved. Compensation is provided. For information call 301-402-9347.

African American men and women

The Heart Disease Risk Factors in African Americans Study is investigating the relationship of obesity to heart disease risk factors in healthy, nondiabetic African American men and premenopausal women, ages 18-50. Currently being enrolled are African American men who weigh 180 lbs. or more, and African American women who weigh 150 lbs. or more. There will be a series of four outpatient visits to the Clinical Center. Call 301-402-7119. Compensation provided.

Male volunteers

Men, ages 45 and older, are needed for a research study to assess risk factors for atherosclerosis. Medical history and blood samples are required to assess eligibility for the study. Compensation provided. For more information, call 301-496-3666.

Emotion study

The National Institute of Mental Health is seeking healthy children, ages 6-17, to participate in a mood and emotion study. Your child may not be eligible if he/she has medical or psychiatric problems, takes prescribed medications or has any first-degree relatives with psychiatric problems. Participation involves three-day screening and evaluation, two-day follow-up evaluation, MRI, physiological and psychological testing and one month of at-home ratings. Compensation is provided. For more information or to volunteer, call 301-496-8381.

Female volunteers

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50, to participate in a longitudinal study of perimenopause. Volunteers must have regular menstrual cycles and be medication free. Periodic hormonal evaluations, symptom rating completion and an occasional interview will be performed. Compensation provided. For more information call 301-496-9576.

Stuttering study

NIH seeks adults and children, ages five or older, who stutter or have family speech disorders for an experimental study of the causes of these disorders. Researchers offer speech, voice and language testing. Compensation provided. For information call 1-800-411-1222 (TTY: 1-866-411-1010).

What are your thoughts on the heightened security measures?



"It takes time to check cars and check identifications, so we need to be patient. It's all for the best."

*—CDR Florentino Merced
USPHS*



"It makes me feel secure. I feel like I can come to work at ease, and without being afraid."

*—Curstin Levi
Phlebotomist, Laboratory Medicine*



"It's cumbersome to get onto campus. When you are an essential employee, that can be frustrating."

*—Amy Kamble
Clinical Research Nurse*

NIH Police upgrade security measures

continued from page one
and issuing color-coded visitor passes.

NIH security advisors have surveyed the campus and have advised officials on how to improve and change the overall security effort.

"NIH is taking significant and calculated measures to protect employees and property," said Billy Alford, OD/ORS.

Since the September 11 attacks, all 51 NIH officers have been divided into two groups, working 12-hour

shifts, seven days a week, to provide 24-hour protection on the campus. Emergency phone calls have more than tripled with 1,000 extra calls coming into the department a week. Many are calls of suspicious-looking people or unidentified packages. All annual leave for the department has been cancelled, according to Fuller.

"Morale has been very good under the circumstances," said Fuller. "We have collectively come together to accomplish a goal and to make sure that things are safe and protect-

ed around the campus."

"I totally understand the added security, but it's a pain," said Siu Ping, R.N., B.S.N. "It takes an extra half hour just to get onto the campus."

Herbert Hollins, HFCD, said that he approves of the protective measures, but "It's a hassle and I don't care much for it," said Hollins. "I'm somewhat glad to see the added security, but it's just a little too much."

Despite the inconvenience, most employees have been cooperative and helpful. "Employees have been excellent. They want to feel safe, and we want them to feel safe," said Officer Paul Mitchell. "People are safer on this campus than they are in their own neighborhoods."



Do your part to keep NIH safe

- Always wear your NIH identification badge while on campus
- Challenge those not wearing their NIH badge or a visitor tag
- Should anyone see anything abnormal call the NIH Police non-emergency line at 301-496-5685
- Call 911 for emergencies

A need to contribute

CC employees and area residents answer the call for blood donations



Lasker Award winner Dr. Harvey Alter, Department of Transfusion Medicine, screens Herb Guggenheim of Chevy Chase prior to donating on Sept. 12. "I came here last night, but they turned me away," said Guggenheim. "So I came back this morning."

Several hours after tragedy struck the U.S., lines of potential blood donors crowded into every corridor of the Department of Transfusion Medicine to offer life in the midst of a national catastrophe.

Nurses and volunteers worked until 10 p.m., attempting to get through more than 220 people desperate to do something, anything to help.

"I was watching CNN and saw a notice that the Maryland and Virginia areas needed blood. I went to Suburban Hospital, and they directed me here," said Meg Hobbins of Bethesda. "It seems like everyone that was hanging out at their house has come here to give blood."

Coworkers Michelle Harlan of Alexandria and Jeff Sparks of Silver Spring, waited almost two hours to donate. "We heard on the car radio that blood was needed," said Harlan, an employee at the Library of Congress. "We called the Red Cross, but couldn't get through."

"So I called my wife, who works in the CC blood bank, and she said

they were accepting donors. So we came here," said Sparks.

Busloads of students from American and Catholic Universities joined the already jammed waiting areas.

The day after brought no relief. All blood-bank employees reported early and began taking donors at 7:30 a.m. By 10:30 a.m., the department had seen 75 people with more than 85 still waiting to donate.

"This is all new to us, because we never keep people waiting when they donate blood," said Janet Browning, chief nurse, Blood Services. On an average day the blood bank receives about 30 people, said Browning. "The people have been extremely nice and don't mind waiting. It's just heartwarming to see people come together in such a tragedy."

Cars turning into NIH with drivers expecting to donate, blocked Old Georgetown Road. Large and small-screen televisions occupied each corridor as donors watched news reports of survivors being

located. By noon, an announcement went out that DTM had reached its capacity. Refrigerators, including a large walk-in, were overflowing with blood bags.

"Do you want me to come back and bring a cooler," said Nike Refshauge of Bethesda. Refshauge came prepared with a lawn chair, water bottle and a book for the long wait. She, along with hundreds of others, was asked to schedule an appointment and return within the next two weeks.

"Once donated, blood only lasts for 42 days," said Browning. "All of the blood donated today will have the same expiration date and we will still need a supply for the coming months."

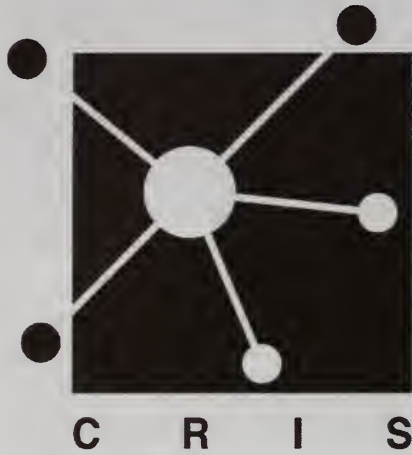
About 327 units of blood were collected over the first two days, according to Dr. Susan Leitman, chief, Blood Services. Of that collected, 25 units of O-positive and 20 units of O-negative were sent to Fairfax INOVA Hospital. Other area hospitals were informed of the available supply at the blood bank.

"It's good that so many people came out to give blood," said Glorice Mason, R.N. "They feel like they need to do something, and this is one thing that they can do."



Bernice Williams, R.N., Department of Transfusion Medicine, was part of an assembly line created to get donors in and out as quickly and efficiently as possible.

CRIS system is moving forward



The Clinical Research Information System project is making progress. Eighteen months ago, a group of senior managers were assembled and given a unique challenge. The Project Management Team, chaired by Dr. Stephen J. Rosenfeld, chief, Department of Clinical Research Informatics, was to come up with a working plan to replace the existing Medical Information System (MIS) with a new, more modern hospital information system. This process became the CRIS project, and a governance structure was formed to oversee the broad scope of this large and complex endeavor.

Working groups brainstormed and gathered the functional, technical, administrative, and procurement requirements for CRIS. Data were collected and analyzed to produce a bottom-line assessment of what it was going to take to accomplish the purchase and implementation of a new hospital system with a design that supports CC research protocols. Results were compiled and translated into a business case analysis. It became very apparent to all involved that this was going to be a long and complex journey. A team spirit and a willingness to push forward began to grow.

The MIS, as users commonly refer to it, has endured for 25 years. Based upon mainframe technology that was state-of-the-art back in the 1970s, the MIS has provided the "short-term" memory for day-to-day

medical information on the thousands of patients from around the world who participate in clinical studies here at the NIH. The MIS has performed well in this role, even exceeding in its original purpose. Unfortunately, the demands of a growing biomedical enterprise have outgrown the MIS technology and the health care industry, which is becoming more complex in its regulations and how it treats patients and conducts patient-related research, also has outpaced the capabilities of MIS.

Added to these issues is the complexity of the current data structure of the MIS, which is composed of several thousand data tables, each one presented as a unique computer screen. Unlike a relational database

in which many data tables share common elements linked by a unique identifier, the MIS tables are not linked. Thus, any change made to one of the computer screens as the result of a change in a protocol for a clinical trial, must be considered for the thousands of screens in MIS. In a relational database, a change needs to be done only once and automatically becomes reflected in any other tables that reference the change. The type of data model in MIS is difficult both to maintain and to change.

After careful analysis of these compelling issues, the business case analysis recommended that the MIS be replaced with a robust new infrastructure designed to evolve with changing information needs and technologies. It calls for CRIS to:

(1) embody a patient care and research model centered on clinical research protocols, (2) provide a standards-based interface to support independent research systems and (3) provide a tool to optimize patient care delivery and efficient protocol implementation.

To help promote the success of the CRIS and our understanding of the process, the PMT has scheduled several education sessions over the next six months. These sessions are targeted for all interested personnel, including physicians, nurses, technicians, and IT specialists who work with the current MIS. The sessions will present real-life examples of the challenges and risks of similar system installations in the hope that realistic expectations will be devel-

The vision of CRIS is to integrate the management of patient care with clinical research using state-of-the-art technology that provides flexibility and expansion. In a user-friendly way, the CRIS will provide a tool for conducting biomedical research through a seamless network of information sharing.

oped for the CRIS implementation.

Next month we will share the specifics of the education sessions—their proposed dates and agendas. We also will describe in greater detail the scope and components of CRIS, and how these may affect the important work you do.

—by Kathryn Chantry

This is the first in a series of articles that will discuss the CRIS project, its timelines, and related education and communication activities. Dr. Steve Rosenfeld is interested in knowing your concerns about CRIS so that they can be addressed in future communications. To voice your concerns, call 301-594-DCRI.

2001 flu vaccine program

The delivery of this year's influenza vaccine has been delayed, with complete vaccine delivery not expected until November. As of now, a small supply of influenza vaccine has been delivered. Clinical Center patients and staff caring for patients will be the first to receive immunization. Similar to last year, a schedule for the "Foil the Flu" vaccination clinics for the general NIH population has, at press time, not been established. The Occupational Medical Service and the Clinical Center Hospital Epidemiology Service will publicize vaccination clinic dates, times and locations to the NIH community through global e-mail as soon as it is available. A website has been established to provide information about flu. The vaccination schedule will be posted on the site as soon as it is available. Visit the site at <http://www.nih.gov/od/ors/ds/flu>.

Depression screening

The NIH Quality of Worklife Committee along with the NIH Employee Assistance Program, and NIMH is sponsoring anonymous and confidential depression screenings on Thursday, October 11, from 8 a.m. to 4 p.m., in the Occupational Medical Services, Room 6C306. For additional information and the location of other test sites, please contact Sophia Glezos Voit, at 301-443-4533 or sglezos@nih.gov.

Awards Ceremony

The Clinical Center Director's 2001 Annual Address and Awards Ceremony will be held on Monday, November 5, from 1 to 3 p.m. in Masur Auditorium. A reception will be held in the Visitor Information Center following the ceremony.



Medicine for the Public

This year's Medicine for the Public lectures are free and open to the public. Each Tuesday lectures will be held at 7 p.m. in Masur Auditorium. For details on specific topics and speakers, call 301-496-2563, or visit the website at <http://www.cc.nih.gov/cc/mfp/series.html>.

Oct. 16

Breast Cancer: Progress and Promise – Dr. Jo Anne Zujewski, senior medical oncologist, Center for Cancer Research, NCI, will discuss the risk factors for developing breast cancer and current treatment options.

Oct. 23

Type 1 Diabetes: A Quest for Better Therapies – Sixteen million people in the United States have diabetes; one million of them have type 1. It is the sixth leading cause of death in this country and often leads to blindness, heart and blood vessel disease, strokes, kidney failure, amputations and nerve damage. Dr. David Harlan, chief, Transplantation and Autoimmunity Branch, NIDDK, will discuss the difference between type 1 and type 2 diabetes, then will focus on advances in how physicians might treat type 1 diabetes.

Oct. 30

The Influenza Viruses and Their Vaccines – About 10 to 20 percent of Americans are infected with the influenza virus each year. However, an estimated 100,000 people are hospitalized, and 20,000 deaths occur annually from the flu and its complications. Dr. Brian Murphy, co-chief, Laboratory of Infectious Diseases, NIAID, will explore the latest findings in flu vaccines, including a new influenza virus vaccine undergoing evaluation by the Food and Drug Administration.



NIH-Duke Program

Students in the 2001-2002 NIH-Duke Training Program in Clinical Research listen to Dr. Eugene Oddone from Duke University School of Medicine during new student orientation. Since its establishment in 1998, the NIH-Duke program has graduated 10 students from NIH. This collaboration between the CC and Duke University Medical Center marks the first time that the program has been made available for long-distance learners. Applications for the 2002-2003 program will be available Nov. 1 in Bldg. 10, Rm. B1L403. For information on the program, visit the website at <http://tpcr.mc.duke.edu> or call 301-496-9425.

o c t o b e r

5

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

No Grand Rounds Lecture

**Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium**

No Lecture

17

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

Doppman Memorial
Lecture

*John Doppman: A
Clinician's Radiologist*
Murray F. Brennan, M.D.,
Memorial Sloan-Kettering
Cancer Center, NY

**Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium**

*Translating the Histone
Code: A Tale of Tails*
C. David Allis, Ph.D.,
University of Virginia

24

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

*Human Immunology:
Lessons from the Primary
Immunodeficiency
Diseases*

David Nelson, M.D., NCI
*Regulation of Myelination
of Neural Impulse Activity*
R. Douglas Fields, Ph.D.,
NICHD

**Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium**

*Aspects of Pediatric
Epilepsy Surgery*
Benjamin S. Carson, Sr.,
M.D., Johns Hopkins
Medical Institutions

31

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

*Bench to Bedside
Cancer Vaccines: A
Translation Research
Initiative*
Philip M. Arlen, M.D.,
NCI
James Gulley, M.D., Ph.D.,
NCI

**Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium**

*Protein Folds, Functions,
and Evolution*
Janet M. Thornton,
Birkbeck College and
University College
London, UK

10

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

*Cerebrovascular Disease:
Classical Clinical
Correlations Are Passé*
J.P. Mohr, M.S., M.D.,
Columbia University

**Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium**

*The Organization of the
Vertebrate Retina*
Helga E. Kolb, Ph.D.,
University of Utah