

September 2003

Clinical Center News

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Educator, hospital leader takes board's helm

When Ed Howell entered the realm of hospital management he knew he'd found his niche. In a field as he says "where no two days are alike" he finds himself challenged daily.

Howell, vice president and chief executive officer at the University of Virginia Medical Center in Charlottesville since 2002 assumes his duties in September as Chair of the Board of Governors for the NIH Clinical Center. He brings more than twenty-five years of hospital leadership to the role having served in executive- and director-level capacities at the University of Iowa Hospitals and Clinics, the Medical College of Georgia Hospital and Clinics and the University of Minnesota Hospitals.

"Ed Howell brings vast experience in all aspects of hospital management to the Board of Governors. He has great insight into strategic planning and implementation of strategic plans as they relate to hospitals," said Clinical Center Director Dr. John Gallin. "Howell also," Gallin noted, "has experience overseeing the design and implementation of hospital information systems and in the construction and move into new hospitals. In these areas he will provide invaluable assistance to the Clinical Center as we prepare to open the Mark O. Hatfield Clinical Research Center next year."

Howell sees the occupancy of and transition to the new clinical research facility at the top of the

board's list of priorities. Long-term, he sees the legacy of NIH's intramural research program and how that program may bridge to the extramural world as major topics for the board. "We must be prepared to define what constitutes the future role of the Clinical Center and the intramural program," he said.

"I have a basic belief that over the next decade we will enter the second golden age of medicine as we transition to the cellular and subcellular levels of disease diagnosis and treatment. NIH's intramural research program will clearly be part of this push," he said. From that perspective he views the board's governance leadership as crucial.



Ed Howell

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A-76 and outsourcing at the Clinical Center

What happens when work traditionally done by federal employees can be more effectively accomplished by a competing private firm? That's the idea behind the provisions of the Office of Personnel Management's Circular No. A-76, which is now being initiated throughout NIH.

According to Lynda Ray, who heads the Office of Administrative Management and Planning at the Clinical Center, the issue comes from the President's management agenda and is cascading down through the Department of Health and Human Services for implementation.

"It's not about money," she said. "It's about whether the government is getting the best value." By looking at various functions throughout the Clinical Center, work done by federal employees is examined to determine whether a function can be more efficiently done by a contractor. "This is

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A-76, Outsourcing, continued from page 1

what the competitive outsourcing studies are all about."

Advocates of A-76 say a level, competitive playing field improves cost visibility, provides flexibility in the design of services, encourages innovation and technology transfers, and results in better overall business practices.

History of A-76

The concept behind A-76 dates back to the Jan. 15, 1955, Bureau of the Budget's Bulletin No. 55-4, which encouraged using contractors to provide commercial support services. In February of 1957, Bulletin No. 57-7 was issued, adding the first in a series of cost comparison concepts to the policy statement. Circular A-76 itself was first issued on March 3, 1966. It stated that the "cost comparison guidelines of this Circular are in furtherance of the Government's general policy of relying on the private enterprise system to supply its needs." Revised in 1979 and, again in 1983, the Circular seeks to balance the equity interests of federal managers, employees and the private sector.

Initially embraced by the Department of Defense and other government agencies, it was an integral part of former Vice President Al Gore's Reinventing Government Initiative and has been a growing trend under the Bush administration.

In 1998, the Federal Activities Inventory Reform Act of 1998, P.L. 105-270 (the FAIR Act), required federal agencies to prepare and submit to the Office of Management and Budget (OMB), by June 30 of

each year, inventories of their commercial activities performed by federal employees. OMB is required to review each agency's inventory and consult with the agency regarding its content. Upon completion of the review and consultation, OMB is required to list the available inventories in the Federal Register and the agency head must transmit a copy of the inventory to the Congress and make it available to the public.

The FAIR Act then establishes a two-step administrative challenge and appeals process under which an interested party may challenge an agency head's omission or inclusion of a particular activity on the inventory.

A-76 at NIH

But what may be good old Yankee competition to onlookers is a dark cloud to some government employees with years of service who feel threatened by A-76.

"Each year we do an inventory and examine all the functions within the agencies," Ray said. "This is not about looking at the job title, but at the function. We look at which functions are commercial using what we call the 'Yellow Page' test. This is a function one could find advertised in the Yellow Pages by a private firm."

The issue is so important, said Ray, that NIH is taking a "corporate approach" rather than asking the institutes or centers to come up with plans of their own. It involves representatives from each institute and center serving on various committees using a decision-making tool to determine which functions are appropriate for study. NIH worked with program offices to develop definitions of functions in accordance

"Already transition teams are gearing up. There will be retraining of employees, and eligibility requirements are being established, so we will try to find positions for these people. We don't have RIF (reduction in force) authority, so we're not going to be reducing our force or firing people."

with the FAIR Act, which requires the inventory.

Thousands of people are involved in the process. Key groups include the Commercial Activities Steering Committee (the Clinical Center chief operating officer is a member of this committee), the Commercial Activities Review Team and teams of program staff in workgroups. And all employees are given the opportunity to provide input on the tasks they perform. The current requirement for NIH is to review 10 percent of the commercial inventory in 2003.

"Studies were taking from 18 to 24 months, but new OMB guidelines have reduced these times. So studies in fiscal year 2004 will be made by Sept. 30, 2004," Ray said.

"Employees will be informed all



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along the way. There will be times when we won't know anything—such as when the bids are coming in—but our intention is to win every study in the Clinical Center."

One of the problems is that it's so early in the process, Ray said. "We've not been through any of this before. It's a real learning experience for all of us."

No One Loses Their Jobs

Despite the studies and the competitive nature of A-76, the process will not result in anyone losing their jobs.

"To minimize the potential for negative impact, Health and Human Services Secretary Tommy Thompson has promised that everyone will continue to have a job." Early outs were broadly offered six months ago and affected employees who wish to remain in federal service will be eligible for other jobs.

"Already transition teams are gearing up," Ray explained. "There will be retraining of employees and eligibility requirements are being established, so we will try to find positions for these people. We don't have RIF (reduction in force) authority, so we're not going to be reducing our force or firing people."

Also, Ray added, there will be no special protections of individuals under A-76. Once a function is identified for review, all staff in that function, including management, are included in the review.

To assist in the process, NIH has hired an outside contractor, Warden and Associates, which will help staff the Most Efficient Organization group and the Performance Work Statement Group.

For further information on the A-76 process, check the website at <http://a-76.nih.gov>. Those wishing to submit ideas or feedback should send e-mail to A76@od.nih.gov.

—John Iler

Howell, continued from page 1

Trained and experienced in both education and hospital administration, it is the former of these that Howell relates to as having particular value for him as board chair. "As an educator I know that the knowledge developed in the labs is for the greater good and that the dissemination of this knowledge to all is of paramount importance. I will combine this expertise with my hospital administration savvy to lead the board."

Howell reflected that the board is moving from adolescence into maturity. And as it matures, he said, the chair cannot do the board's work alone. "When you look around the table at our Board of Governors you realize the rich talent, intellect and skillset we can tap into. It is my job to optimize our members and their impressive assets in a manner that helps to advance science." He points out this means being able to understand and answer some tough questions—"we must face certain realities; for example, is there an adequate patient base available in the Mid-Atlantic region for the Clinical Center or do we need to consider more outreach efforts?"

He is honored to serve as chair. "I'm excited about accepting this role, being involved with the Clinical Center and its destiny, not only the opportunity to shape the future for the next decade and beyond but the privilege to be a part of the process; to work with John Gallin and to have thoughtful leaders involved to take on the issues."

The Board of Governors is a 15-member group, begun in 1996 by the HHS Secretary to consult with, and make recommendations to, the NIH and Clinical Center directors on issues relating to the operations of the Clinical Center, including budget and strategic and operational planning. Board membership, appointed by the NIH director, is comprised of physicians, scientists and healthcare managers from across the NIH and representing the nation's top academic medical centers. The full board meets three times annually and the executive committee meets twice a year. For more information, contact Pat Piringner at ppiringner@nih.gov.

—Dianne Needham

Foreign language interpreters needed for Clinical Center

If you speak Korean, Vietnamese or Mandarin Chinese and are willing to volunteer your services to patients in the Clinical Center, the Social Work Department would like to hear from you. Volunteers serve on an on-call basis. For further information, call Andrea Rander at 301-496-1807, or contact her by e-mail at ARander@cc.nih.gov.

Irony of a patriotic hardhat

The perfect gift from dad

Growing up in Michigan, Debbie Byram, with a technical aptitude and an interest in math, used to look at blueprints with her dad, a fourth-generation bricklayer and retired construction superintendent. She and her siblings were encouraged by their parents to pursue traditional careers so Debbie went off to nursing school.

After obtaining her undergraduate and graduate degrees in nursing Debbie came to the Clinical Center in 1985 as a clinical nurse specialist with the surgical intensive care unit. She practiced nursing until joining the Office of Administration Management and Planning as an Administrative Officer (AO) in March of 2000. During the next year she became

O. Hatfield Clinical Research Center or CRC. In this capacity, she works with construction-related issues, people and resources.

That was early post-Sept. 11. Around Christmas of that year, Debbie's father, Jerry Wilson, attended his former employer's holiday party where door prizes were awarded. Several of which were hardhats with a special design. Although he didn't win one when Jerry saw these he knew he had to get one for Debbie. "I tried to buy one from my friend, but he wouldn't sell it, so I asked my union business agent if he knew where I could get one," he said.

Jerry was not going to be deterred in finding one of the special hats for Debbie who must wear one

have the best hardhat around, and this was the one. More than 200 of them were worn by union tradesmen in the Michigan Labor Day parade after Sept. 11," he said. "I was so proud when she was appointed to be a representative for the CRC in the building of the new hospital that I wanted her to have the best."

Luck shortened his hunt. "I found it at a construction equipment company about twenty miles away," he said. Debbie, aware of her Dad's hardhat pursuit, knew that the hat had some type of special design on it, something patriotic in nature but never expected what she got.

The hardhat, fully embossed with red, white and blue stars and stripes, is actually called the American Flag Headturner. The cap comes from Jackson Products in Belmont, Michigan, a design, manufacturer and distributor of safety products and welding accessories for welding, construction and industrial markets worldwide; the graphics originated with a bike helmet manufacturer in California but now are done by a similar firm in Montreal. Jackson manufacturing engineer Todd Hoogewind explained this design is one in a series of similar Headturner safety caps.

"We started this about two years before September 11 but things really slowed down. When 9/11 happened we went from having a one-to-two year inventory to selling hundreds in a few weeks. It makes us feel good to do this. If not for 9/11, people probably wouldn't want these. We're building a collection of designs. It makes me feel pretty proud."

To Debbie, now a fifth-generation Wilson in the construction business, it doesn't matter how many hardhats are out there with this or similar designs. Her father's sentiment in giving her the cap is what's important and the irony of her involvement with the CRC construction and activation efforts.

"My Dad built seven hospitals during



Hospital Activation Coordinator Debbie Byram often tours the CRC construction area. Her patriotic hardhat is similar to that worn by Vice President Dick Cheney (inset) in the aftermath of the September 11 tragedy. Inset photo from Dec. 31, 2001, *Time* magazine.

senior AO and in the fall of 2001 was asked by the Clinical Center Office of the Director to serve as hospital activation coordinator for the Mark

when she tours the CRC construction area as part of her activation coordinator duties. "I made up my mind that I wanted my daughter to

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Alzheimer's Disease: Advances and Hope

2003 Medicine for the Public begins Sept. 16

The first of the Clinical Center's 2003 Medicine for the Public lecture series will feature a presentation on Alzheimer's disease by Dr. Trey Sunderland, chief of the Geriatric Psychiatry Branch of the National Institute of Mental Health. "Alzheimer's disease: Advances and Hope," will be presented on Tuesday, Sept. 16, in Masur Auditorium, Building 10.

Despite many recent advances in the understanding Alzheimer's disease, its diagnosis is still based on vague clinical criteria and confirmed only by biopsy or autopsy, Sunderland noted. Although the diagnosis by an experienced doctor is 80-85 percent accurate, he said his presentation will describe the rationale behind, and progress to date of the newest diagnostic methods.

Much of the research into Alzheimer's disease now centers around biomarkers—specific biological traits that may indicate whether someone is more or less likely to acquire the disease.

"Biomarkers are now becoming a reality in Alzheimer's disease research," Sunderland said. "Early diagnosis through these biomarkers may allow more effective treatments." The study also involves an extended view of a special group of normal individuals perceived to be at risk for developing Alzheimer's disease in the hopes of isolating biomarkers which may aid in early identification of the disease.

"As the baby boomer generation approaches retirement age," Sunderland said, "there will be considerable apprehension about Alzheimer's disease. How will we diagnose this condition earlier? What are the future treatments? Should we all be worried about Alzheimer's disease or are some people more prone to get it than others?"



Dr. Trey Sunderland

The Fall 2003 Medicine for the Public schedule

September 23: *Preparing for SARS, or Smallpox, or Whatever Comes Next:*

Responding to Emerging Infectious Diseases and Bioterrorism Threats, by David Henderson, M.D., Deputy Director for Clinical Care, Warren Grant Magnuson Clinical Center

September 30: *Sickle Cell Anemia: Moving from Pain to Cure*, by Mark Gladwin, M.D., Senior Investigator, Section Chief, Sickle Cell/Nitric Oxide Therapeutics Section, Critical Care Medicine Department, Warren Grant Magnuson Clinical Center

October 7: *Stem Cell Transplantation: Promise in Cancer Treatments and Blood Disorders*, by Michael Bishop, M.D., Investigator and Clinical Head, Experimental Transplantation and Immunology Branch, National Cancer Institute

October 21: *When Too Much Iron is Bad: Hemochromatosis, the Silent Blood Disease*, by Susan Leitman, M.D., Acting Chief Transfusion Medicine Department, Warren Grant Magnuson Clinical Center

October 28: *Complementary and Alternative Medicine: From Promises to Proof*, by Stephen Straus, M.D., Director, National Center for Complementary and Alternative Medicine

The Medicine for the Public lectures are free and open to the public. Learn more by visiting the website at www.cc.nih.gov/ccc/mfp/past/2003.html.



Student soccer team makes life 'bearable' for patients

The D.C. Stoddart Fury girls' soccer team may not have had a winning season last year, but they struck gold with several young patients at the Clinical Center last month.

Four team members visited children in the Clinical Center last month to give them custom-designed Build-a-Bears.

"It really feels great," said Emily Flagg, a sophomore at Woodrow Wilson High School, Washington, D.C. "I had minor surgery last year and it was scary, but these kids are having major surgery, and to be able to give them something that will make them feel better, makes me feel good."

The idea behind the donations came from one of the parents who thought it would be a great idea for the team to give back to their community. From there, things began to move rapidly. Team members went to Montgomery Mall to the Build-A-Bear Workshop and created custom made bears, turtles and koalas—all complete with their own clothes, hats, shoes and other accessories, such as sunglasses and pompoms. Each animal came with a cardboard

house and birth certificate.

Many who contributed to making the toys were unable to visit the Clinical Center to donate them personally, but Lara Winterkorn, Julia Baller, Ellie Taylor and Emily enthusiastically represented the 15-member team.

"These players are kids who have a lot of privileges," said Lana Taylor-Skirball, director, NIH Office of Science Policy. Taylor-Skirball, whose daughter plays for the team, was instrumental in having the team visit the Clinical Center. "The parents embraced the idea and the kids took it from there. It was just the right thing to do."

The team members spent the day touring NIH and becoming familiar with the mission and work of the various institutes. Before meeting the children and distributing the bears, the students met with Clinical Center Director Dr. John Gallin and Chief Operating Officer Maureen Gormley, who complimented the team for donating their time and the bears to children who not only need them, but appreciate them.

"You are going to make a lot of children very happy today," Dr.



Patient Lauren Sierralta (right) hugs student Ellie Taylor while holding her gift stuffed turtle.

Gallin told the group. "Some of the children who come to the Clinical Center stay for weeks and even months. It's people like you who make their stay a little bit easier."

George Patrick, chief, Recreation Therapy, agreed, "These stuffed animals are really important to kids who are in the hospital. They are comfort objects and a lot of the kids take them into surgery with them because it is something that they can hold onto."

The students visited with kids on the 14th floor playroom, 13th floor



From left to right: team members Julia Baller, Emily Flagg, Ellie Taylor, and Lara Winterkorn display their handiwork. All are graduates of the Build-a-Bear Workshop at Montgomery Mall, Bethesda, Md.

"These stuffed animals are really important to kids who are in the hospital. They are comfort objects and a lot of the kids take them into surgery with them because it is something that they can hold onto."

clinic and the 9 West day hospital.

"This is really surprising," said Solomon Legesse whose son received a stuffed koala bear. Legesse and his family traveled from Ethiopia in order for his 13-year-old son to participate in a research protocol. "Most of the things we see here, we would not have expected. There are activities for the patients and their families. This is all new to us."

But giving and sharing is not new to the soccer players. Ellie spent a portion of her summer this year working in an orphanage in Africa while Emily worked in an orphanage in the Dominican Republic. Julia works with kids at camps and although this was Lara's first time visiting children at a hospital, she said she hopes to be able to give back more often.

"It just feels good to help kids get through their illness," said Ellie.

Globalization, justice, and health to be topic of November Conference

The NIH Clinical Center Department of Clinical Bioethics, the Fogarty International Center at NIH and the World Health Organization are hosting, "Globalization, Justice and Health" on November 3-4 at the Wyndham Hotel in Washington, D.C. The conference will bring together leading authorities on international trade, distributive justice and healthcare systems.

Speakers include Jeffrey Sachs, Columbia University; Julio Frenk Mora, Secretary of Health, Mexico; Uwe Reinhardt, Princeton University; David Dollar, World Bank; Angus Deaton, Princeton University; and Richard Wilkinson, Nottingham University.

Website and online registration are available at: www.bioethics.nih.gov/globalization.html. Contact Carol Coy, 301-562-2341, ccoy@kra.com, for more information.

Special Grand Rounds focus on past, present, future

A special series of Grand Rounds lectures will begin this month and run through June 2004 in celebration of 50 years of clinical research at the Clinical Center.

The special Grand Rounds presentations will highlight each institute and center and showcase the past, present, and future of clinical research within that institute.

"This is an excellent opportunity to display the wealth of medical advances that have occurred in the Clinical Center since its beginning," said Clinical Center Director John Gallin. "Many of these advances have not only changed the face of medicine, but have helped save lives and improve the lifestyle of patients suffering from various illnesses."

The lectures, spearheaded by Dr. Gallin and organized by Dr. Frederick P. Ognibene, director, Office of Clinical Research Training and Medical Education, CC, Mary Sparks, Office of the Director and Mickey Hanlon, Clinical Center Communications, aim to have well-established investigators as well as researchers who are relatively new to NIH to highlight such advances.

"The content of the material that will be presented will be relevant to all attendees," said Dr. Ognibene. "Not only will the information be important from a historical standpoint, but it will be worthwhile clinically and scientifically for all physician-scientists."

Speakers this fall include: Steven Rosenberg, M.D., Ph.D.



chief, Surgery Branch, Center for Cancer Research, NCI; Howard Fine, M.D., Branch chief, Neuro-Oncology Branch, NCI and NINDS; William Gahl, M.D., Ph.D., clinical director, NHGRI; Joan Marini, M.D., Ph.D., chief, Heritable Disorders Branch, NICHD; Janice Chou, Ph.D., chief, Section on Cellular Differentiation, Heritable Disorders Branch, NICHD; Cynthia Dunbar, M.D., senior investigator, Hematology Branch, NHLBI; Amy Klion, M.D., staff clinician, Laboratory of Parasitic Diseases, NIAID; Lance Liotta, M.D., Ph.D., chief, Laboratory of Pathology NCI; Elaine Jaffe, M.D., chief of Hematopathology, NICHD; Toren Finkel, M.D., Ph.D., chief, Cardiovascular Branch, NHLBI; Richard Cannon, M.D., clinical director, NHLBI; Robert Lederman, M.D., investigator, Cardiovascular Branch, NHLBI. The series will kickoff on Sept. 24 with speakers Steven Rosenberg, M.D., Ph.D., discussing "The Development of Immunotherapy for Human Cancer" and Howard Fine, M.D. whose topic will be "Bone Marrow in Brain Tumors: Changing Paradigms and Their Therapeutic Implications."

These lectures and all others in the 50th Anniversary series will be available via videocast at <http://videocast.nih.gov>.

Hardhat,

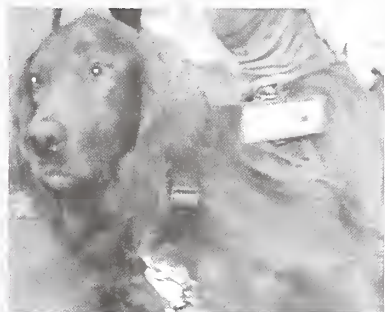
Continued from page 4

his career. The last one, the University of Michigan Medical Center, is where I studied nursing as an undergrad. My role as the CRC activation coordinator in some way closes a circle," she said.

Jerry Wilson agrees. "Who would have thought—she went to nursing school and now is working in the construction field. I didn't expect this but am so glad about what she's doing. I talk with her a lot about it and tell her to stand her ground. I remind her that she knows how to get the job done," he said. The note included along with the hardhat in the box he sent Debbie sums up his thoughts. It read, "The best for the best."

When asked what the patriotically-designed hardhat truly means to her, Debbie's response of "my Dad's love," may provide a bit of what everyone needs in this post-September 11 era—a personal story of caring.

—Dianne Needham



Correction

In the August edition of *CCNews*, we incorrectly identified an Irish setter as Casey. His name is actually Ross, and he is known as such by his friends and patients he visits at the Clinical Center.

ClinPRAT program accepting applications

The Clinical Pharmacology Research Associate Training is a three-year postdoctoral research fellowship training program sponsored by the Clinical Center and the NIGMS. This program emphasizes the application of laboratory pharmacology, biostatistics, pharmacokinetics, and chemistry to the study of drug action in humans. Postdoctoral training positions are available beginning July 1, 2004, and in subsequent years. Candidates must have a M.D. In general, they will have completed three years of residency training and will be board eligible in a primary medical specialty when entering the program. Candidates must be U.S. citizens or permanent residents of the United States. Candidates' qualifications are evaluated by the Clinical Pharmacology Steering Committee. Selection is highly competitive and preference will be given to applicants with outstanding potential. Most successful candidates either have Ph.D. degrees in addition to their M.D. or substantial prior research experience. The stipend is determined by the candidate's educational and professional experience. ClinPRAT fellows have the opportunity to participate in the NIH General Loan Repayment Program. For further information visit <http://www.cc.nih.gov/OD/clinprat/> or contact Donna L. Shields at 301-435-6618.

s e p t e m b e r

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**Grand Rounds
noon-1 p.m.
Lipsett Amphitheater**
*Advance Directives: Helping
Your Patients and Research
Subjects Plan Ahead*
Marion Danis, M.D., CC;
Christine Grady, R.N., Ph.D.,
CC; and David S. Wendler,
Ph.D., CC

**Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium**
*Coronavirus Receptor
Recognition And Entry*
Kathryn V. Holmes, Ph.D.,
University of Colorado

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**Grand Rounds
noon-1 p.m.
Masur Auditorium**
*Progress with Myeloablative
Stem Cell Transplantation*
John Barrett, M.D., NHLBI
*Progress with Non-
Myeloablative
Transplantation*
Richard Childs, M.D.,
NHLBI

**Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium**
*The George Khoury Legacy:
From Transcription to
Regenerative Medicine*
Peter Gruss, Ph.D., Munich,
Germany

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**Grand Rounds
noon-1 p.m.
Masur Auditorium**
*50th Anniversary Celebration
of Clinical Research
The Development of
Immunotherapy for Human
Cancer*
Steven Rosenberg, M.D.,
NCI
*Bone Marrow to Brain
Tumors: Changing Paradigms
and Their Therapeutic
Implications*
Howard Fine, M.D., NCI and
NINDS

**Wednesday Afternoon
Lecture, 3 p.m.
Masur Auditorium**
*Chromosome Dynamics and
Gene Expression in Bacteria*
Alan D. Grossman, Ph.D.,
MIT Cambridge