

N Clinical Center News

In this issue:

- The Katrina response
- Thank you from the director
- Clinical Teacher Award

Stories of hope and heartbreak from the front lines *Corps officers at NIH tell of hurricane relief work in Louisiana*

By Kathryn Boswell

Hundreds of NIH employees stepped up to assist Hurricane Katrina victims in any and every way in the wake of the disaster. They offered financial help, medical expertise, prayers and even a place to stay for those evacuating the southern states. Joining those ranks of volunteers were many NIH employees who maintain unique roles as both NIH health providers and members of the United States Public Health Service (USPHS)

Commissioned Corps. On Sunday, Aug. 28, members of Team Alpha, as they became known, left the safety of their homes to travel directly into the hurricane's path so they would be on the ground and ready to help when and where they were needed most.

Capt. Charles McGarvey, Lt. Cmdr. Patty Garzone, Lt. Cmdr. Jeasmine Aizvera and Lt. Martin Hamilton, all Clinical Center staff, and Cmdr. Jeffrey Kopp of NIDDK were among those in Team Alpha who spent about a week, primarily in Baton Rouge, La., caring for evacuees in a makeshift hospital at Louisiana State University. In the days prior to their deployment,



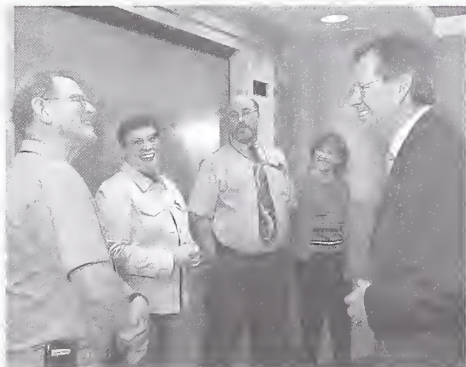
Cmdr. Jeff Kopp (seated far right) and other corps officers prepare to fly into New Orleans to conduct needs assessments at local hospitals.

they watched along with the rest of the world as Katrina developed into a category-four storm and set its course for Louisiana and Mississippi. As Commissioned Corps officers, responsible for providing health care in times of national emergencies, each

knew it was possible they would receive the call to leave.

When it became evident that Hurricane Katrina would impact the southern coast, a total group of 37 Commissioned Corps members, including McGarvey, Aizvera and Kopp, received the call for deployment. As the first group left, they acquired the name Team Alpha.

The corps maintains a heavy presence at NIH with 400 NIH commissioned officers, 111 of whom are Clinical Center employees. As one of the nation's seven uniformed services, the corps, led by the United States surgeon general, is responsible for promoting the health of the nation as well as providing health expertise ▶



More Hurricane Katrina relief coverage inside...

HHS Secretary Mike Leavitt (right) thanks NIH volunteers who contributed to hurricane relief work. Pictured are Dr. Richard Wyatt (NIH/OD), Mary Sparks, (CC), Dr. Mike Polis (NIAID) and Laura Chisholm (CC) who joined other volunteers at an informal Sept. 30 event at the Clinical Center.

Call Center offers medical counsel to those in need

The NIH Katrina medical consultation call center logged 446 calls in round-the-clock operation Sept. 3-28. The call center was originally conceived as a consultation service for clinicians at Gulf Coast area hospitals still standing and HHS field hospitals deployed in the wake of Hurricane Katrina. It quickly became apparent that the general public in those areas needed this specialized help as well.

Many callers sought help that wasn't medically related, and staff worked diligently to identify and refer those callers to the most appropriate local resources for assistance. A cadre of NIH staff volunteers kept the phones covered. Consultations were provided by clinician-volunteers from throughout NIH. Calls from clinicians around the country have consistently reflected just how devastating and far-reaching this disaster has been.

- A Louisiana nurse in a Red Cross clinic had begun seeing many HIV patients whose hospital was no longer in operation. She wanted advice on where to turn for medications and blood work.
- An emergency room physician in Dallas sought clarification on dosing when giving children tetanus shots.
- A physician in Wisconsin asked about what screening questions staff should be covering with newly arrived hurricane survivors



NIH Clinical Center staff (from left), Dinora Dominguez, Laura Lee, Dora Bell, Nancy Jenkins, Debra Byram, Dr. Fred Gill and Kathie Bronson answer and triage calls in the NIH Call Center.

“Most people were amazed to get a real human being on the phone,” nurse practitioner Kathie Bronson said of her experience in the call center. “They were so grateful for anything we were able to do to help. It’s nice to know that you can reach out from here at NIH and help in a meaningful way.”

News briefs

Longtime NIH barber passes away

Cosme Saculles (88), a barber in the NIH beauty and barbershop in building 10, passed away August 1. He had worked in the barbershop for 28 years, serving his loyal customers since 1977. He would often visit patients in their rooms to give them haircuts when they were not physically able to come to the shop. It was a service he was happy to provide and one that was especially meaningful to those special clients. A native of the Philippines, Saculles maintained a home there and had planned to complete the next of his many trips there in January 2006. Saculles was married in 1938 to Flora Samera who preceded him in death in

2001; and his sister Magdalena Saculles passed away in 1997. He is survived by his brother Sebastian Saculles who lives in Kodiak, Alaska; his sister, Maxine Longnecker, the manager of the NIH beauty/barber shop; his six children, Teresita, Rose, Linda and Daniel of Silver Spring, Md., Gloria of Sacramento, Calif., and Virginia of Germantown, Md., and 17 grandchildren and 16 great-grandchildren.

2005 flu vaccine information for NIH employees

This year, NIH plans to offer the regular vaccine program in November. The influenza vaccine for the 2005–2006 season contains the following strains recommended by the FDA's Vaccines and Related Biological Products Advisory Committee: A/New

Caledonia/20/99-like (H1N1), B/Shanghai/361/2002-like, and A/California/7/2004 (H3N2-like). Look for the upcoming schedule of dates and locations at the division of safety website at <http://foittheflu.nih.gov>. If you have questions about the influenza vaccine, call the Clinical Center hospital epidemiology service at (301) 496-2209.

Medicine for the Public lectures begin October 18

The NIH Clinical Center's 2005 Medicine for the Public lecture series are free and open to the public. Each lecture will be presented at 7 p.m. in the Masur Auditorium. See the **CC News** calendar for more information on upcoming lectures.

Clinical Center
News

Editor: Kathryn Boswell

Clinical Center News, National Institutes of Health
U.S. Department of Health and Human Services
6100 Executive Blvd., Suite 3C01, Bethesda, MD 20892-7511
(301) 496-2563 Fax: (301) 402-2984
Published monthly for Clinical Center employees by the Office
of Clinical Center Communications, Colleen Henrichsen, chief.

News, article ideas, calendar events, letters and photographs are welcome.

CC News reserves the right to edit story submissions for length and appropriateness.

Clinical Center News online:
www.cc.nih.gov/ccc/ccnews/current/

Message from Clinical Center Director

Back-to-back hurricanes in recent weeks have challenged our nation in ways rarely imagined, and members of the Clinical Center family responded with compassion and deep-felt concern. Before the true extent of damage and destruction resulting from Hurricane Katrina was completely understood, I heard from dozens of you who wanted to help in any way possible. Deployments of Commissioned Corps officers among our ranks began immediately. Over the course of Labor Day weekend, the Clinical Center played a major role in implementing NIH response initiatives.

We established a telephone medical consultation and referral center that was available 24/7 and handled 446 calls between Sept. 3 and Sept. 28. A cadre of staff volunteers answered and triaged the calls to medical experts from throughout NIH. Many times the callers were patients and families members from the region devastated by Katrina, and later Rita. Staff volunteers worked tirelessly to provide information and assistance to callers with nowhere else to turn.

We created capacity within the Clinical Center to accept up to 100 patients and their family members from the Gulf Coast region. Accommodating this surge of patients is a process we have developed and practiced through our participation in the Emergency Preparedness Partnership with National Navy Medical Center and Suburban Hospital. If the need arose, we were ready.

We supported deploying a field hospital in collaboration with Duke University in anticipation of a need to provide care for disaster victims transported to Meridian, Miss., a



NIH director Dr. Elias Zerhouni (center in ballcap) and CC director Dr. John Gallin (on the director's left) meet with NIH volunteers who were deployed Sept. 4. They include (from l) Mark Ritter, Maryland Pao, Melanie Bacon, Jean Murphy, Mike Polis, Amy Garner-O'Brien, Jim Shelhamer, Alice Pao, James Gibbs, Deb Gardner, Bob Danner, Mary Sparks, Sashi Ravindran, Grace Kelly and Susan Hoover.

need that thankfully did not materialize. Volunteers from across the CC and NIH joined this hospital team and literally in a matter of hours were en route. Sixty volunteers were deployed in this remarkable and valuable exercise in disaster response.

Your contributions and your expertise have made a difference to those who needed help. Thank you for your inspiring commitment during these unprecedented times.

—John I. Gallin, MD
Clinical Center Director

Helping victims of Hurricane Katrina

continued from page 1

in time of national emergencies.

McGarvey, chief physical therapist within the CC's Rehabilitation Medicine Department, got the call on Sunday, Aug. 28 and was asked not only to report to the airport, but also to serve as the group's leader during the deployment. "On Saturday I had recommended that the corps be deployed before the storm hit because of how difficult it may be to get in later," McGarvey explains. "The next day, Adm. John Babb [of the Commissioned Corps' Office of Forced Readiness and Deployment] called and told me to get ready to leave."

Twenty-nine other Washington, D.C., area corps members and eight Center for Disease Control employees in Atlanta received the same call that day. People often had only a few hours to pack, say goodbye to family

members and get to the airport before their plane was scheduled to leave.

That was the case for Aizvera, assistant chief of performance improvement in the Social Work Department and a mental health provider with the corps. "At 2:15 p.m. I got the call for a mandatory deployment and was instructed to be at the airport by 5 p.m.," Aizvera says.

As the group gathered at the airport and prepared to board the chartered jets for the trip they soon learned that the original mission to report to duty at the Superdome in New Orleans had been moved to the new destination of Jackson, Miss. At 11 p.m. they arrived at the airport in Jackson, rented 18 minivans and drove to their hotel, arriving around midnight.

That night the group went to bed for what would be their last night of comfortable rest for the next week.

They were excited and anxious to get started the next day, not knowing that Mother Nature had other plans in store.

The next morning weather reports announced that the hurricane had hit New Orleans and would soon reach Jackson. At 3 p.m., as promised, Katrina roared into town. The electricity at the hotel went out as damaged roofs allowed rainwater to pour into the hotel and trees outside bent from the more than 60 mile-per-hour winds.

"We didn't have water, because the water system was powered by electricity," McGarvey explains. "And without power, the hotel staff decided to use grills to cook all of the food stored in the freezers for all the people staying there. The corps officers also helped guide hotel guests down the ▶

continued on page 4

Helping victims of Hurricane Katrina

continued from page 3

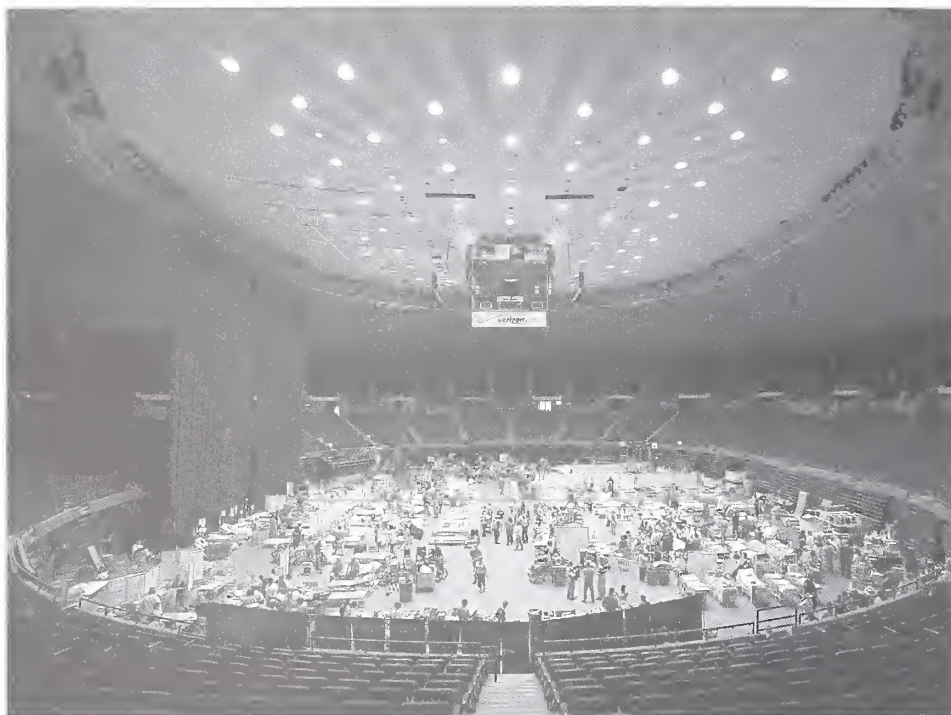
pitch-black stairwells because there were no elevators or stairwell lights.”

“The hotel was full of evacuees and their pets,” remembers Aizvera. “There were all kinds of animals everywhere, I even saw a ferret,” she laughs.

McGarvey led the group in a muster (discussion) by flashlight in the hotel lobby. The mission had been decided; the group would augment hospital services at Louisiana State University (LSU) where patients were being brought in from New Orleans. They would leave as soon as the weather allowed them to travel safely.

After waiting out the storm in Jackson, the group eventually left for Baton Rouge Tuesday afternoon. After four hours of driving and negotiating for much-needed gasoline at an overwhelmed station along the way, the group arrived at their destination at 9:30 p.m.

“When we arrived it still felt like just a college campus,” Aizvera recalls. “It was quiet, but very hot, despite the fact that it was late at night.” As they entered the large Pete Maravich Assembly Center, or PMAC, on the LSU campus they saw a few cots set up in the giant, open concrete room. “There were 25 cots set up, all the medication and supplies that had been delivered from the Strategic National Stockpile were in boxes surrounding the area, and the patients were arriving in ambulances and helicopters even as



Looking down on the floor of the Peter Maravich Assembly Center on the LSU campus in Baton Rouge where acute care patients were treated.

we were getting there,” McGarvey says.

News from the hardest hit areas in New Orleans was beginning to leak out—and if the rumored devastation proved to be accurate, soon the PMAC would be swarming with hundreds more evacuees. McGarvey’s team knew the supplies were going to be of no help if they weren’t organized and ready for use, so the group got to work without a moment of hesitation.

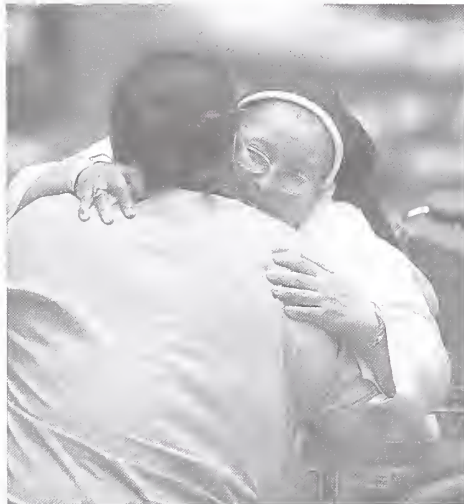
A rotation schedule was set up for the nine physicians, five pharmacists, 14 nurses and other staff to work three eight-hour shifts. Those eight-hour rotations quickly became 12-hour shifts for all officers on the team. The first night, many of the pharmacists and other officers stayed up the entire night in order to unpack and organize the pharmaceutical supplies, only to begin their shift the next morning with no sleep. Their hard work paid off in time to begin serving the multitudes of evacuees that were in desperate need of insulin and hypertension and respiration medicines.

“The most critical task we completed was the development and implementation of a pharmacy,” says

McGarvey. “It was also one of the most exciting moments. You could hear doctors exclaim across the room, ‘We have a pharmacy!’”

The patients in the PMAC grew in number each day and brought with them a variety of mental and physical illnesses. Some were suffering from strokes or were in diabetic crisis. Others had wounds with possible infections or chronic illnesses. A particular challenge was assisting those patients who arrived in need of dialysis. “Louisiana is part of a kidney disease belt: six Southern states with the highest rates of end-stage kidney disease in the nation. Within the flooded city of New Orleans, 45 dialysis clinics closed and many of these patients were evacuated to Baton Rouge,” Kopp explains. “Nephrologists in Baton Rouge, supported by private dialysis companies, did a tremendous job and brought in equipment and staff to care for 700 new dialysis patients.”

“Many people were just plain scared,” Aizvera says. As one of only two mental-health care providers on scene in those early days, Aizvera had her hands full helping evacuees locate



A local nun in Baton Rouge came every day in her wheelchair to pray with and comfort the evacuees and medical personnel at LSU.

shelters, find missing family members and calm their fears.

“One particular situation that brought me to the heart of the matter was a woman who was about 20 years old with a one-year-old son with her,” Aizvera recalls as she thumbs through her small notebook that holds the details and stories of the people she worked with during those trying days at the PMAC. “She had redness and a possible infection from a very recent C-section, but there was no baby with her. She went on to tell me that she had been evacuated from her home in New Orleans while her baby had remained in the hospital due to complications. The baby had been evacuated to another hospital, but she didn’t know where. I called 14 hospitals in Louisiana and Texas, but I never found the baby,” Aizvera says.

Decisions that often take families

burns. She had had fainting episodes and we were concerned that she might have had cardiac damage. She was admitted for cardiac monitoring.”

Another evacuee Kopp spoke with was a woman who had been experiencing chest pains for hours. Initially he considered the possibility of cardiac disease and as he spoke to one of the teenage daughters who had arrived with the woman, he learned of their heartbreaking story. “The family had stayed behind with the woman’s elderly mother. As the water rose, and the family escaped to the upper levels of their home, at some point the elderly mother experienced a cardiac arrest and, without medical assistance available, she died. For hours they sat with the body, waiting for help. When help did arrive, they were forced to leave the body behind,” he says.

“The whole emotional tone in the

which was a constant struggle. “The group slept on cots in an auxiliary basketball gym, which had to be kept dark at all times due to the 12-hour rotation schedule,” McGarvey explains. “Meals were provided by LSU volunteers and church organizations.”

Eventually the system of admissions and treatment at the PMAC had hit its stride. An intake form and database had been created to track patients’ names and conditions; the pharmacy was running smoothly; a color-coding system had been put in place to gauge the level of medical attention each patient required; and members of the Illinois Medical Emergency Response Team (IMERT) and New Mexico’s Disaster Medical Assistance Team (DMAT) had arrived to support ongoing medical relief work. Patients were processed quickly, spending an

“It was an unbelievable experience in terms of the opportunity to serve people. ”

—Jeasmine Aizvera, corps officer and CC social worker



months or years had to be made in minutes and in the company of strangers. For example, when one elderly couple was told they needed to go to a nursing home it was met with the husband’s stubborn insistence that he and his chronically ill wife just wanted to go back home to Harvey. “I kept trying to explain to him that Harvey wasn’t safe,” Aizvera says, “but that I hoped he would get to go back soon.” After hours of negotiations and complications, the man became so frightened of approaching rescuers that he pulled out a knife and had to be temporarily sent to a psychiatric facility while his wife went to the nursing home.

Kopp, whose primary role was to serve as a physician, saw a woman who had been in the waters of New Orleans for some time. “She had reached for what she thought was a rope,” Kopp says, “and it turned out to be a electrical cable. Her body was spotted with first and second degree

PMAC was very calm,” Kopp says. “Given that people were bed-to-bed, I think they realized they were part of a larger tableau of misery. It took the ‘me’ out of the situation. People were just glad to be getting care.”

One of the success stories that Aizvera was pleased to share was that of an evacuated family that had appeared on the national news, which their worried son in California happened to be watching. He managed to make contact with the PMAC facility and Aizvera worked with a local Ph.D. student who had connections with the pilot’s association and negotiated for a pilot to volunteer his time, plane and fuel to fly the family to California.

During their time at the PMAC, McGarvey and others labored to find a location to secure the medications, remind everyone to stop and eat or drink something when they needed to, and to ensure that all the officers obtained some measure of sleep,

average of only eight to ten hours in a bed before they were moved to another facility or to the fieldhouse—a shelter turned treatment center that was also located on the LSU campus, which served patients not in need of acute care.

Over an eight-day period, 15,000 patients were triaged and 6,000 were admitted to the PMAC or fieldhouse for shelter and treatment.

At the start of the second week of their deployment, the PHS officers received a new mission to perform needs assessments at the local hospitals and to develop a plan for reviving the region’s public health services. Kopp, along with other officers, was flown by Black Hawk helicopter into the devastation.

They discovered that the most common needs were staff, staff housing, medications and security. One clinic in St. Bernard’s parish had only one suture kit being used to treat all ▶

continued on page 7

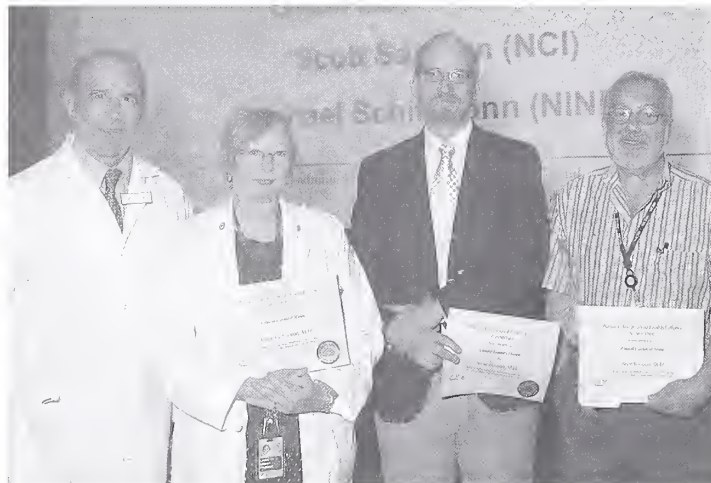
Dr. Nieman receives 2005 Clinical Teacher's Award

National Institute of Child Health and Human Development (NICHD) researcher Dr. Lynnette Nieman was named the 2005 Distinguished Clinical Teacher at the Sept. 14 Grand Rounds. She was recognized as an exemplary clinical mentor and outstanding teacher who played an important role in the professional development of clinical fellows.

"A clinical mentor is someone who models the characteristics of an ethical and compassionate physician," said Dr. Julie Martin, allergy and immunology clinical fellow (NIAID) and chairperson of the award committee. "None of us could ask for a better role model than our 2005 DCTA winner."

Dr. John Gallin, CC director, underscored the importance of clinical training in his introduction, saying, "Training is an integral component of the overall NIH mission. It is therefore essential that we have a faculty that values the teaching of young physician-scientists."

Nieman is currently the chief of NICHD's Reproductive Biology and Medicine Branch. Her long and distinguished career at NIH began in 1982 when she joined the NICHD staff as a medical fellow. In the years following she was appointed to the NIH Clinical Center Board of Governors (now known as the NIH Advisory Board for Clinical Research). She was clinical director of NICHD from 1991 to 2001, and for two of those years was chair of the Medical Executive Committee. She has conducted research on the disorders of hypercortisolism and antiprogesterins as therapeutic agents, is the author of hundreds of papers, and has sponsored three investigational new drug applications to the FDA.



Dr. John Gallin, CC director (left), congratulates Clinical Teacher Award winner Dr. Lynnette Nieman and two of the finalists, Drs. Scott Saxman and Owen Rennert.

"The first day I met her, I was astounded by her approachability and her willingness to sit down and teach first-year fellows," said one fellow. "No question is too simple and she gives a thorough and thoughtful answer to each."

The 2005 award committee received more than 20 nominations for outstanding clinical mentors at NIH. Finalists were Scott Saxman (NCI), Owen Rennert (NICHD), Daniel Kastner (NIAMS) and Raphael Schiffmann (NINDS).

NIH staff deployed to establish field hospital

Meridian, Mississippi, was the destination for staff deployed to set up a 250-bed federal medical contingency station (FMCS) in the early days after Hurricane Katrina.

"It was a team effort that involved NIH staff as well as a contingent from Duke University," said Capt. Elaine Ayres, the CC assistant director for ethics and technology development who was the PHS team leader. "The group included medical, logistical, information technology, facility management and security personnel."

"The volunteers were enthusiastic and ready to commit," added Dr. Pierre Noel, chief of the hematology service in the Department of Laboratory Medicine and medical director for the group. "Our hospital's goal was to provide care for patients who are actively sick or acutely injured."

The Clinical Center will receive a similar FMCS—a complete medical unit boxed for storage. "The contingency station will be placed here as part of the emergency preparedness partnership that includes the National Naval Medicine Center, Suburban Hospital and the CC," Ayres said. The deployment to Mississippi, she added "gave us the opportunity to better understand how best to use this type of resource in the future."

Need for the hospital didn't materialize, and most volunteers headed home Sept. 10. "Hospitals in the region were getting back up and going by then," Noel said.



Volunteers from NIH and Duke set up a field hospital in Meridian, Miss.

The FMCS at the Meridian Air National Guard ultimately held 500 beds in the main hanger and was staffed by the NIH/Duke team, as well as three other teams of PHS officers, some from NIH. "The challenge of setting up a hospital this size in 24 hours could not have been completed without the dedication and support of the combined staff of 180," Ayres added.

Astute Clinician Lecture addresses heart disease risk

By Colleen Henrichsen

“Inflammation, CRP and Cardiovascular Risk: Is It Time to Change the Framingham Risk Score?” is the subject of the 2005 Astute Clinician Lecture, scheduled for Wednesday, Nov. 2 at 3 p.m. in Masur Auditorium.

The speaker is Dr. Paul Ridker, Eugene Braunwald professor of medicine at Harvard Medical School, and director of the Center for Cardiovascular Disease Prevention at the Brigham and Women’s Hospital in Boston.

A graduate of Brown University, Harvard Medical School and the Harvard School of Public Health, Ridker’s work on inflammation and C-reactive protein (CRP) led to the first set of federal guidelines advocating CRP evaluation to detect heart disease.

CRP is a highly sensitive marker of inflammation and can predict risk of developing a future heart attack or stroke. High levels of CRP have been found to more accurately predict heart disease than cholesterol, the most commonly used predictor of heart disease.

In multiple studies evaluating men and women, Ridker’s work has consistently found that those with elevated baseline levels of CRP are at two- to three-fold increased risk of future heart disease and stroke, even after taking into account all traditional risk factors used in the Framingham Risk Score.

“In fact, those with high levels of CRP and low levels of cholesterol are at substantially higher risk than those with high levels of cholesterol and low levels of CRP,” said Ridker. “This data validates the concept that inflammation is crucial to atherosclerosis.”

Ridker’s group also discovered that the widely prescribed

“statin” drugs not only lower cholesterol, but also lower CRP levels, and that both of these factors are important for determining drug efficacy.

“This was a major challenge for heart disease screening,” said Ridker. “The medical profession was relying predominantly on cholesterol levels to both predict and monitor heart disease risk. People with high CRP levels were outside the federal screening guidelines; yet, for many, their risk is actually higher than people inside the former guidelines.”

The study echoed what Ridker and many other doctors had been observing for years. For every patient with high cholesterol and plaque-clogged arteries, there was one with low cholesterol who nonetheless developed a heart attack or stroke. In addition to the development of new guidelines for heart-disease risk, the finding led to more widespread use of novel preventive therapies.

Ridker’s research is supported by multiple NHLBI grants, as well as a Distinguished Clinical Scientist Award from the Doris Duke Charitable Foundation. *Time* magazine honored Ridker as one of America’s ten best researchers in science and medicine in 2001.

The Astute Clinician Lecture was established through a gift from Haruko and Robert W. Miller, M.D. It honors a U.S. scientist who has observed an unusual clinical occurrence, and by investigating it, has opened an important new avenue of research.

The Astute Clinician Lecture is an NIH Director’s Wednesday Afternoon Lecture Series event and is hosted by the Clinical Center. For information and accommodations, contact Hilda Madine, (301) 594-5595.

Hurricane Katrina relief efforts

lacerations. “They said ‘we are doing our best to just keep it as clean as we can,’” Kopp recalls. “We made sure that supplies were delivered by helicopter the next day, and that a DMAT arrived the day after that.”

Aizvera traveled to New Orleans as part of a mental health team where she worked to assess the mental health needs of first responders (police, firefighters and other rescue personnel) and to evaluate the logistics of providing support, such as where and when to offer counseling sessions and how to obtain support from the groups’ leaders. “We also held sessions for the city workers in New Orleans,” she says. “Many of them had been in their offices since the storm had hit almost a week earlier.”

Aizvera and others also went to the Superdome, which by that time had been fully evacuated. “We wanted to see the Superdome so we could see what those people had seen,” she says. “It was the most inhumane thing. Everywhere you stepped there would be kids’ toys, blankets, bottles, trash, or food wrappers—the entire room was full of things. It was the middle of the day when we

continued from page 5

went in, but it was almost completely dark. To think of people living under those circumstances, in that darkness,” she trails off.

The corps officers that served in the wake of Hurricane Katrina joined many other NIH employees in the relief efforts—each contributed a unique and necessary part to the overall mission. But because of their unique training, vaccinations, preparations and wide range of medical expertise among the members, the corps officers were able to go directly into the hardest hit areas without any delay.

“The commitment of Team Alpha to the completion of this mission was truly remarkable. It defined the concept of a successful deployment,” McGarvey says. “I could not have hand-picked a better group of officers and I feel honored to have had the opportunity to serve with them in Louisiana.”

“It was an unbelievable experience in terms of the opportunity to serve people,” says Aizvera. “When I get the next call for deployment, I’ll be ready to go.”

Upcoming Events

October 18 (Tuesday)

7 p.m. Masur Auditorium

Medicine for the Public

Avian Influenza: Preparing for the Pandemic

David Henderson, MD, Deputy Director for Clinical Care, NIH, CC

October 25 (Tuesday)

7 p.m. Masur Auditorium

Medicine for the Public

Open Wide: Medicine Enters the Mouth

Lawrence A. Tabak, DDS, PhD, Director, NIDCR

October 26 (Wednesday)

Noon-1 p.m. Lipsett Amphitheater

Grand Rounds: Translating Molecular Mechanisms of Pain into New Treatments

Raymond Dionne, DDS, PhD, Scientific Director, NINR; Mitchell B. Max, MD, Clinical Pain Research Section, Division of Intramural Research, NIDCR; Michael J. Iadarola, PhD, Chief, Neuronal Gene Expression Section, NIDCR

October 26 (Wednesday)

3 p.m. Masur Auditorium

NIH Director's Afternoon Lecture

Chemistry in Living Systems: New Tools for Probing the Glycome

Carolyn R. Bertozzi, PhD, Professor, Departments of Chemistry and Molecular and Cell Biology, Investigator, Howard Hughes Medical Institute, University of California, Berkeley

November 1 (Tuesday)

7 p.m. Masur Auditorium

Medicine for the Public

Growing Older: Challenges and Opportunities in Aging

Richard J. Hodes, Director, NIA

November 2 (Wednesday)

3 p.m. Masur Auditorium

Astute Clinician Lecture

Inflammation, CRP and Cardiovascular Risk: Is It Time to Change the Framingham Risk Score?

Paul M. Ridker, MD, Eugene Braunwald Professor of Medicine, Harvard Medical School; Director, Center for Cardiovascular Disease Prevention, Brigham and Women's Hospital, Boston

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

In appreciation of those who contributed to hurricane relief

Members of the NIH community and our colleagues across the nation quickly and compassionately answered when the call for help went out. Dr. Elias Zerhouni, NIH director, worked through the Association of American Medical Colleges to talk to medical school deans. As result, 201 institutions identified more than 1,000 potential volunteers. NIH physicians contacted colleagues in academia and professional organizations such as the Society of Critical Care Medicine, and those partners stood ready to support needs as they evolved. Those working on NIH efforts have included:

NIH Deployment Wave 0 (9/4/05) Elaine Ayres (CC), Laura Chisholm (CC), Bill Kelley (OA), Peter Kussin (NIEHS), Larry Logan (CC), Chris Mattingly (ORS), Pierre Noel (CC), Ophus Robertson (ORS), David Schwartz (NIEHS), John Walker (ORF). **NIH Wave 1 (9/5/05)** Melanie Bacon (NIAID), Kathryn Carnighan (NCI), Robert Danner (CC), Deborah Gardner (CC), Amy Garner-O'Brien (CC), James Gibbs (NIAID), Susan Hoover (NIAID), Grace Kelly (NIAID), Margaret McCluskey (NIAID), Jeane Murphy (NIMH), Maryland Pao (NIMH), Alice Pau (NIAID), Michael Polis (NIAID), Shashi Ravindran (NINDS), Mark Ritter (NIMH), James Shelhamer (CC), Mary Sparks (CC), Heather Abernathy (Duke), James Andra (Duke), Carla Bost (Duke), Chi Dang (Duke), Elizabeth Davis (Duke), Frank DeMarco (Duke), Laura Dickerson (Duke), Tom Garvey (Duke), Grace Gunderson-Falcone (Duke), John Kessler (Duke), Janice Krueger (Duke), James Lewis (Duke), Kim Osborne (Duke), Carrie Pinkham-Reidy (Duke), Pat Pun (Duke), Becky Schroeder (Duke), Mark Sebastian (Duke), Steve Talbert (Duke), Heather Turner (Duke), Yvette West (Duke), Robin Wood-Noblitt (Duke). **NIH Wave 1.5 (9/7/05)** Clyde Bartz (ORS), Frederick Boyle (ORS), Wallace Carter (ORS), Thomas Cioffi (ORS), Charles Gibbs (CC/DCRI), Jude Monsales (CC/DLM), Dexter Moore (ORS), Alex Negretti (ORS), Gary Pickering (ORS), James Pinerio (ORS), Craig Rowland (ORS), James Skyrum (ORS). **USPHS Commissioned Corps from the Clinical Center** as of Oct. 7 with deployments ongoing. LCDR Jeasmine Aizvera, CDR Michael Arnold, LT Leigh Bernardino, CDR Mary Ellen Cadman, LT Wanda Chestnut, LCDR Janice Davis, LCDR Richard Decederfelt, LT Blakeley Denkinger, LCDR Patty Garzone, CDR Annie Gilchrist, CAPT Luisa Gravlín, LT Martin Hamilton, LCDR Jaewon Hong, CDR Lenora Jones, CAPT Maureen Lesser, LT Laura Longstaff, CDR Lisa Marunycz, CAPT Charles McGarvey, CDR Joseph McKinney, LT Alexis Mosquera, CDR Susan Orsega, CAPT Rebecca Parks, LT Chauha Pham, CAPT Carol Romano, LT Merel Schollnberger, LT Venetta Thompson, CAPT Diane Walsh. **Hurricane Call Center volunteers** Howard Austin (NIDDK), Allison Adams (CC), Felicia Andrews (CC), Karen Baker (CC), Jim Balow (NIDDK), (Dora Bell (CC), Robyn Bent (CC), Jaime Brahim (NIDCR), Kathie Bronson (CC), Christine Bruske (NIEHS), Sara Byars (CC), Debbie Byram (CC), Tracey Chinn (CC), Betsy Churchill (NIAD), Dottie Cirelli (CC), Eileen Conley (CC), Carol Corbie (HRSA), Carol Daniels (CC), Janine Daub (NCI), Richard Davey (NIAID), Noelle Dickey (CC), Dinora Dominguez (CC), Deborah Dozier-Hall (CC), Adrienne Farrar (CC), Rick Ferris (NEI), Suzanne Fillippe (CC), David Folio (CC), Penny Friedman (CC), Juan Gea-Banacloche (NCI), Marc Ghany (NIDDK), Charles Gibbs (CC), Selena Goodlin (CC), Stacey Gordon, (CC), Jennifer Graf (CC), David Greenberg (NIAID), Sandra Griffith (NIAID), Geri Hawks (CC), Thomas Hart NIDCR, David Henderson (CC), Stacey Henning (CC/PHAR), William Hernandez (CC), Heidi Hiers (CC), Steven Holland (NIAID), Christopher Howard (CC), Lori A. Hunter (CC), Mandy Jawara (CC), Antoinette Jones-Wells (CC), Heather Jones (NHLBI), Sandy Jones (CC), Stephen G. Kaler (NICHD), Andrew Keel (CC), Virginia Kwitkowski (NCI), Nyna Konishi (CC), Donna Krasnewich (NHGRI), Nancy Jenkins (NCI), Lisa Lacasse (CC), Cliff Lane (NIAID), Laura Lee (CC), Mark Levine (NIDDK), Stewart Levine (NHLBI), Lisa Marunycz (CC), Leigh Ann Matheny (CC), Deborah Merke (CC), Melissa Moore (CC), Randall Morris, Joel Moss (NHLBI), Lynnette Nieman (NICHD), Robert Nussenblatt (NEI), Thomas Nutman (NIAID), Kevin O'Brien (NHGRI), Fred Ognibene (CC), Sandra Oquendo (CC), Susan Orsega (NIAID), Donna Pereira (CC), Nikkia Powell (CC), Kelly Richards (CC), Deshawn Riddick (CC), Angela Robinson (NIAD), Douglas Rosing (NHLBI), Susan Rudy (NIDCD), Christine Salaita (CC), Emmanuel Samedí (CC), Margaret Sarris (CC/SWD), Tania Schuppius (CC), Brianne Schwantes (CC), Monica Skarulis (NIDDK), Sandy Seubert (CC), Beverly Smith (CC), Elaine Smoot (CC), Megan Sosa (CC), Diane St. Germain (CC), Pamela Stratton (NICHD), John Tisdale (NIDDK), Ann Tyler (CC), Maria Turner (NCI), Jack Yanovski (NICHD), Diane Walsh (CC), Doris Wurah (CC), Joyce Yarrington (CC), Barbara Young (CC), Lois Young (CC)