



The Mark O. Hatfield Clinical Research Center National Institutes of Health

OVERVIEW

The Mark O. Hatfield Clinical Research Center

*A new hospital dedicated to better health through research...
there's no other hospital like it.*

- Dedication ceremonies for the new Mark O. Hatfield Clinical Research Center, September 22, 2004.
- Laboratory and office moves begin September 2004
- Patients move into the new hospital December 4, 2004

The Mark O. Hatfield Clinical Research Center will provide a crucial link in rapidly moving research findings in the laboratory into the mainstream of medical practice. Patients from all over the nation and the world will receive the highest quality medical care there as they help advance medical knowledge as partners in research.

Named in honor of Senator Mark O. Hatfield of Oregon, who supported medical research throughout his career in Congress, the Clinical Research Center is no ordinary hospital. It will be dedicated totally to clinical research—research involving patients. Researchers translate basic science findings into practical applications that will help prevent, detect, diagnose, and treat disease and disability.

Critical to the success of that research is the close proximity of research labs and patient-care units. Having research laboratories steps away from patients facilitates interactions between scientists, clinicians, and patient volunteers, creating an environment unsurpassed for enabling innovative, groundbreaking research. It permits clinician-scientists to work both in the lab and with patients, helps clinicians and basic scientists learn from each other in the corridors and other gathering places, and encourages the development of young scientists interested in clinical research.

The new hospital will open with about 240 inpatient beds and 80 day-hospital stations (for patients staying 12 to 14 hours but not overnight). The hospital has patient rooms large enough to hold more patients should the need arise—and the flexibility to change quickly. Four of the hospital's seven floors (1, 3, 5, and 7) are for patient care. Floors 2, 4, and 6 are for services infrastructure (ducts, pipes, venting, wiring, cables, and the like). Having separate floors for

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For more information on the NIH Clinical Center and the Mark O. Hatfield Clinical Research Center, go to <http://clinicalcenter.nih.gov> or call the NIH Office of Communications at (301) 496-5787.



infrastructure makes maintenance easier and permits rapid changes in the use of patient rooms, including the ability to quickly isolate infection and deal with other hazards, with minimum disturbance of patients. If an institute changes its focus, space can be quickly adapted to new requirements.

The hospital is built with “single-pass air,” meaning that air comes in one end and goes out without being recirculated—to ensure good air quality and to minimize the presence of allergens or the spread of pathogens. Airflow in individual rooms can be changed as needed. On opening, the hospital will contain 25 rooms with negative airflow (preventing air from exiting), for infectious patients, and 30 rooms with positive airflow (blowing air out), to protect immune-suppressed patients.

The labs—more open, spacious and comfortable—have plenty of storage room, work surfaces, and natural light. At the heart of the building a spacious seven-story atrium, the Science Court, is a central gathering area, connecting patient care units. Landscaped courtyards accommodate patients who can leave the building but have limited mobility, providing a sense of security for those who may need it. A chapel on the seventh floor offers a peaceful place for prayer, meditation, spiritual support, and services in many faiths.

With the addition of 870,000 square feet of usable space (600,000 for patient care and 250,000 for labs), plus infrastructure, the Clinical Center Complex now covers 40 acres. It is the largest clinical research facility in the world.

A brief look back:

- The Warren Grant Magnuson Clinical Center (CC), the original Building 10, opened its doors in 1953—a 14-story redbrick research hospital that towered over the other buildings on the NIH’s Bethesda, Maryland, campus. Renamed the Magnuson Center in 1980 (in honor of the Senator from Washington state who provided early Congressional support), the original hospital contained 500 research beds surrounded by a thousand scientific laboratories—creating a self-contained community of clinicians, scientists, patients, and support staff, with the common goal of conquering disease.
- The Ambulatory Care Research Facility was added to the north face of Building 10 in 1981 to handle the move toward outpatient care that began in the late 1970s.
- Physically the NIH Clinical Center (Building 10 on the NIH campus) contains the new Hatfield building (furthest north), the original Magnuson building (on the south). As an *organization*, it is all the NIH Clinical Center, serving the patient care and clinical research needs of NIH’s intramural research program.
- NIH Clinical Center accomplishments include: First computerized hospital information system to facilitate clinical research; first chemotherapy for childhood leukemia and Hodgkin’s disease; first use of immunotherapy to treat cancer (melanoma); first use of AZT for the treatment of AIDS; first AIDS and hepatitis blood tests that have made for a safe blood supply; first gene therapy; first controlled trials of lithium’s effect on depression; and first use of immunosuppressive therapy of nonmalignant diseases.

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