

*"Still
The Second
Best Thing
About Payday"*

The NIH Record

Incentives to Go

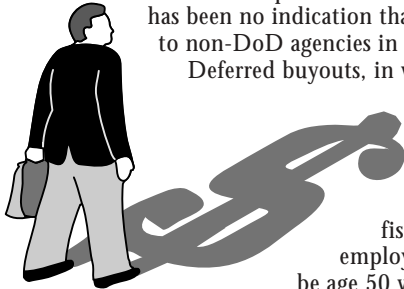
Buyout Authority Ends, Workforce Pares Down

By Carla Garnett

Now that the first wave of incentives offered to reduce the number of federal employees has been completed at NIH, it may be time to take stock of the resulting changes to the agency's workforce.

These are the facts: Federal employees generally are eligible to retire at age 55 with 30 years of service, at age 60 with 20 years and at age 62 with 5 years of service. Mar. 31, 1995, was the last day of the first-ever government-wide buyout program, which offered monetary incentives to employees who are eligible, or nearly eligible, to retire and be off federal workforce rolls by the end of fiscal year 1995. Buyout incentives were also offered to some employees who may have wanted to resign. Some NIH'ers who have taken buyouts may still be working here until June 30, according to the terms of their buyout package.

Most federal agencies, including NIH, had been authorized since last spring by the Executive Branch to offer buyout opportunities to employees; that authority ended last month. Only within the Department of Defense is the authority ongoing through 1999. There has been no indication that the Executive Branch will reextend buyout authority to non-DoD agencies in the future.



Deferred buyouts, in which employees accept incentives to retire by a determined fiscal year, but postpone the actual day, also ended last month. Such deferrals into fiscal years 1996 and 1997 were not offered at NIH.

Offers to selected categories of employees to retire early—so-called "early-outs"—remain in effect until fiscal year 1995 ends on Sept. 30. In order to retire early, employees—who have been notified by their ICDs—need to be age 50 with at least 20 years of service, or any age with 25 years.

(See **BUYOUTS**, Page 8)

NICHD-Sponsored Seminar

Parenting Expert Offers Advice on Rearing Kids

By Robert Bock

Encourage children to do their best. Appeal to their strength of character. Let them know what you expect of them in advance. Ask for their ideas and listen to what they have to say. And above all, avoid power struggles. This is the advice of parenting expert Linda E. Jessup on how to avoid and correct childhood misbehavior.

"Fifty years ago, it didn't much matter why children misbehaved—parents simply punished them for it," she said. "Now, it's more important to understand the motivation of behavior, and how to deal with it in constructive ways that develop life-long relationships."

Jessup, executive director of the Parent Encouragement Program, Inc., in Kensington, Md., presented the third in a series of lunch-hour parenting seminars sponsored by NICHD's EEO advisory committee.

Titled, "Why Children Misbehave," the seminar focused on the complex reasons for childhood misbehavior and offered constructive ways for parents and caregivers to deal with it.

According to Jessup, a child is misbehaving when he or she interferes with the rights of others. Misbehavior may also involve a threat to the child's own or someone else's health and safety.

She pointed out that children misbehave for a number of reasons. They may lack training, and simply "not know any better." Also, they may have a physiological problem. For example, many children will behave differently when they are tired or hungry.

In addition, some adults may mistake a natural developmental imperative for misbehavior. For instance, a toddler who insists on pulling pots from a cabinet isn't misbehaving but is simply trying to learn about the world around him.

(See **PARENTING**, Page 2)

NIH To Celebrate Asian Cultural Day, May 12

All are invited to the 23rd annual NIH Asian/Pacific American Heritage celebration on Friday, May 12. The event will consist of a lunchtime program of food and demonstrations of Asian arts and crafts and an evening program of Asian music and dance. The NIH theme for the celebration this year is "Strength of Character."

The lunchtime festivities will take place between 11:30 a.m. and 1:30 p.m. on the patio of Bldg. 31A. There will be demonstrations of bonsai, Chinese calligraphy and aikido. Luncheon sales will consist of international food from China, India, Japan,

(See **ASIAN DAY**, Page 4)

U.S. Savings Bond Drive Kicks Off at NIH, May 3

NIH will kick off its 1995 U.S. Savings Bonds campaign on Wednesday, May 3, at 11:45 a.m., at a new location—the patio outside the B1 cafeteria of the Clinical Center, Bldg. 10. The theme of this year's campaign is, "Invest in Your Future Today." The National Center for Research Resources will be the sponsor of the campaign.

In an effort to bring out more NIH'ers to the kick off, a mini-competition between several players from the Washington Warthogs soccer team and some key NIH'ers will be featured. Also planned are a free raffle and music by the Richard Montgomery High School Jazz Ensemble. These are just a few ways to add to your enjoyment of springtime, so take a few moments out from your busy schedule and join in!

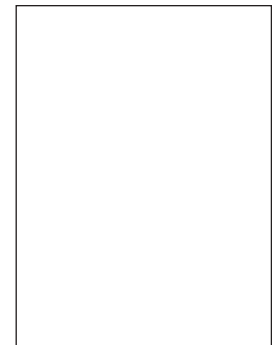
Another way to add to your enjoyment of springtime is to invest in Savings Bonds. In today's fast-paced society, it's easy to think that we can't afford the time or the money to save. The truth is, we can't afford not to. No matter what the goal—whether it's to help finance a college education, that long-

(See **BOND DRIVE**, Page 6)

Yvonne Maddox Named NICHD Deputy Director

Dr. Yvonne T. Maddox has been appointed deputy director of NICHD. Before joining the institute, she was chief, Pharmacology and Physiological Sciences Branch, NIGMS. At NIGMS, she also served as deputy director, Biophysics and Physiological

Sciences Program Branch, and as acting director, Minority Access to Research Careers Program, and health scientist administrator in the physiological sciences section. She has been active in many trans-NIH



Dr. Yvonne T. Maddox

activities, including women's health, the trauma task force, nutrition, the grants associates board, and the STEP program.

Maddox joined NIGMS as a health scientist administrator in 1985, assuming responsibility for the Burn and Trauma Program, which she has built into a large and thriving research field. Before joining NIGMS, she was a research assistant

(See **MADDOX**, Page 4)

PARENTING

(Continued from Page 1)

For the most part, true misbehaviors are rooted in what she called "discouragement." Courage, Jessup explained, is the energy we generate to reach out to other people. Much of human behavior is motivated by the desire to belong, to become part of a group.

"When people are discouraged," she added, "they tend to find ways of belonging or participating in the group that are socially useless, that detract from the group." A child who lacks confidence in himself may put others down in an attempt to build himself up.

Misbehavior stemming from discouragement is usually repeated. Such repeated misbehavior—termed undue attention-getting—triggers a characteristic emotional response from the parent.

"If the parent feels annoyed or irritated, that points to undue attention-getting," Jessup said. "Unconsciously, the child is concluding that the way to be important is to bother people, or to require an excess of attention."

An example of undue attention-getting is a child repeatedly interrupting a parent's conversation with another adult. To remedy the situation, she recommended teaching the child to place a hand unobtrusively on the adult's forearm to get the parent's attention quietly. At a convenient stopping point in the conversation, the adult can then ask the child what he or she wants. Another technique for dealing with an undue attention-getter might be to acknowledge the child indirectly, perhaps by wrapping an arm around his shoulder and pulling him in close for a one-arm hug.

The next level of misbehavior involves a power struggle between parent and child. In an example presented during the seminar, a father repeatedly urged his daughter to get ready for school. In response, the daughter makes a few half-hearted attempts and goes back to some other activity.

Such a power struggle often escalates into the next level of misbehavior, revenge

seeking, Jessup said. By now, the daughter, her heels dug in, yells at the father and eventually calls him an ignorant jerk. The father, exasperated, slaps the girl. She retaliates by telling him she hates him. He leaves the room, hurt and dejected.

First, Jessup cautioned against hitting children.

"It's what most of us were raised with, and it backfires," she said. "Has [hitting] improved the situation? Does the child feel more cooperative, more responsible, more courageous? Generally not."

The key, Jessup said, is to try to prevent the destructive spiral from occurring. The parent should begin by pulling back from the situation, telling the child something like "I'm not going to push you to get ready. I'm leaving at 7:30, and I hope you'll be ready then."

If the child still fails to get ready, Jessup suggested the father might tell her to finish getting dressed in the car. The important thing, she added, would be that the father arrange to talk to the daughter about the morning routine—and how to keep it from degenerating into a power struggle.

Jessup suggested that when parents aren't successful in negotiating agreements with their children, they may need to say something like: "This time, I want you to do it just because I want you to—just like, on occasion, I do things for you that I don't really want to, just because you want me to."

The last level of misbehavior that she spoke about was avoidance. At this level, the child tends to retreat and is less likely to make an effort.

She told of one of her children, who was reluctant to get his allergy shots. In such cases, it often helps to appeal to a child's strength of character: "I remember when you were just born," she told the child at the time. "You were such a strong baby that you held your head up. Any child who was that strong at 4 minutes of age is going to be strong enough to get himself to the allergist's office."

In other cases, it may help to remind a

child of other misfortunes he has overcome, like submitting to treatment for a broken bone.

Jessup summarized her approach to child rearing as avoiding the "quick fix," for a child's misbehavior and looking instead for its basis. This approach, she said, is founded on education rather than power, on helping children to understand themselves and their own behavior, as well as other people's behavior.

"It's a lifelong growing process for everyone involved," she concluded. □

'Everything You Want to Know About OEO,' May 10 in Natcher

NIH's Office of Equal Opportunity will host an open forum in the Natcher Auditorium on Wednesday, May 10 from 10 to 11:30 a.m. The theme for the forum will be "Everything You Ever Wanted to Know About OEO but Didn't Know Who to Ask."

OEO staff members will present brief remarks on the new affirmative action planning process, the diversity initiative, and future changes in the NIH EEO complaints process. Following these remarks, there will be an open forum for comments or questions from the NIH community relating to OEO's framework for change.

All employees, supervisors and managers are encouraged to attend. For more information, call Shirley Everest, 6-4627. Sign language interpretation will be provided. For reasonable accommodation, call Carlton Coleman, 6-2906 (V/TTY). □

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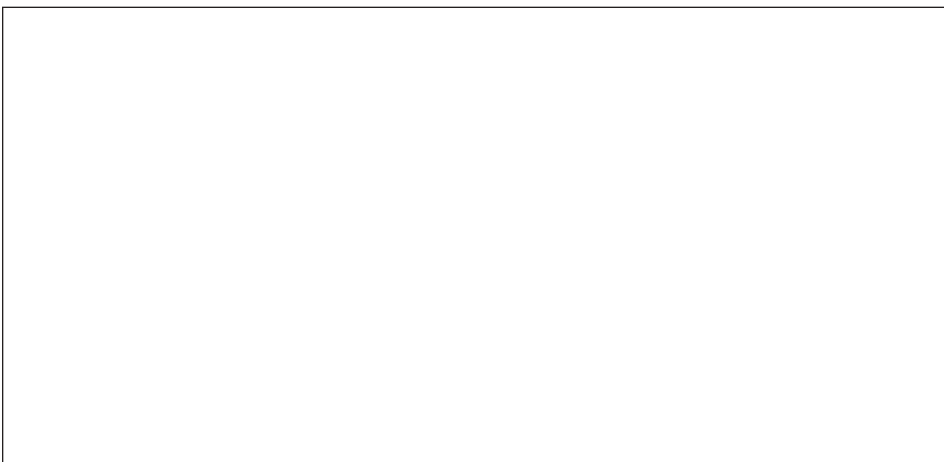
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Participants evaluate their parenting skills at the recent NICHD-sponsored parenting conference.

Lyme Agent Changes Surface Before Infecting Humans

By Laurie K. Doepel

The Lyme disease bacterium changes its coat prior to being transmitted from ticks to humans and other mammals, scientists from NIAID and their colleagues have discovered, a finding that has important implications for designing diagnostic tests and vaccines to control the disease.

As noted in their recent *Proceedings of the National Academy of Sciences* report, this adaptation likely evolved to ensure that the bacteria can be transmitted to and thrive in two very different hosts, ticks and mammals. In the United States, the spiral-shaped bacteria are passed on to people through the bites of infected black-legged ticks.

According to NIAID director Dr. Anthony S. Fauci, "This new finding underscores why investment in basic research is so important. This specific adaptation of the Lyme spirochete that has now been identified will assist efforts to improve the diagnosis and prevention of this illness."

The investigators knew from previous studies that when a tick first becomes infected, the Lyme spirochetes settle in its midgut and make OspA surface protein. But as the new laboratory experiments reveal, when an infected tick subsequently attaches to a warm-blooded mammal and begins feasting on blood, two environmental cues—something in the blood itself and an increase in temperature—signal the spirochete to stop producing OspA and make OspC surface protein instead.

"We believe that OspC is critical for the dissemination and transmission of Lyme spirochetes during tick feeding," comments lead author Dr. Tom G. Schwan, a microbiologist with NIAID's Rocky Mountain Laboratories (RML) in Hamilton, Mont.

Describing the relevance of their observations to diagnosis, Schwan says their research suggests that OspC is the first abundant surface protein the immune system encounters when spirochetes enter the body, which explains why people rarely make an antibody response to OspA and why they develop antibodies to OspC early on. "The lack of OspA and the possible shutdown of OspC by spirochetes after entry into humans may play a role in persistent infection and the spirochetes' evasion of the immune response," he adds. When U.S. Lyme experts recently drafted standards for the Western blot—a confirmatory diagnostic test that detects antibodies to specific proteins—they agreed that OspC should be one of the required proteins to look for in patients' sera.

Their findings also bear on vaccine development. Currently, two companies have OspA-based Lyme vaccines in human trials. In experiments with mice, other researchers have shown that these vaccines work in a nontraditional way. When the tick feeds on a vaccinated mouse, the tick ingests anti-OspA antibodies. These antibodies kill

the spirochetes inside the tick, preventing migration of spirochetes from the tick to the host animal rather than preventing infection or disease inside the host. According to Dr. Edward McSwegan, Lyme disease program officer for NIAID, "This new report suggests that like OspA vaccines, an OspC vaccine would also be an anti-transmission vaccine. In this light, it would be worth considering combining both proteins into one vaccine."

Nymphal ticks—the immature, freckle-sized form that most often transmits Lyme disease—usually complete feeding within 3 to 6 days. In their report, the scientists write that the spirochete "is rarely if ever transmitted by ticks to mammals during the first 2 days of attachment and feeding. From 2 days onwards, however, the frequency of transmission of spirochetes by ticks increases dramatically." In their experiments, they successfully infected mice by inoculating them with infected midguts from ticks that had fed for 3 or more days and therefore had begun producing OspC.

This lag time in transmission during early tick feeding had been attributed solely to the spirochete's location in the midgut. But the new research suggests that the change to OspC begins while the spirochete is still in the midgut and may be required for the spirochete to migrate out of that location.

As a tick feeds, the spirochetes multiply, pass through the midgut wall to the tick's

bloodlike fluid, invade the salivary glands, and are transmitted to the animal or human host in tick saliva. "This entire phenomenon takes time, during which both ticks and spirochetes first warm to approximately 37°C when ticks attach to the host's skin [TGS, unpublished data]," write the scientists.

Schwan's team found that spirochetes produce OspC at 32°C to 37°C, but not at 24°C. Merely raising the temperature, however, does not cause the switch. This change also requires some as yet unidentified signal or nutrient in blood.

Lyme disease mainly affects people living in the northeastern and upper north-central U.S., and along the northern Pacific Coast. The Centers for Disease Control and Prevention will not have the final tally of 1994 Lyme disease cases until all states submit their reports, but the provisional total is 12,973 cases based on the 41 states that have reported to date.

If treated promptly with antibiotics, Lyme disease symptoms usually resolve. People who do not receive prompt treatment can develop chronic arthritic and neurologic symptoms.

Borrelia burgdorferi, the Lyme spirochete, was isolated and identified in 1981 by NIAID RML researchers Willy Burgdorfer and Alan Barbour. Since then the institute has maintained a productive intramural Lyme disease research effort at RML.

Schwan's collaborators on the paper include Dr. Patricia A. Rosa of RML; and Dr. Joseph Piesman, Dr. William T. Golde and Marc C. Dolan of the CDC in Fort Collins, Colo. □

NIAID's Fauci Receives Three Distinguished Honors

NIAID director Dr. Anthony S. Fauci recently received three distinguished awards: the Honorary Fellow Award from the American Academy of Allergy and Immunology (AAAI), the Richard and Hinda Rosenthal Foundation Award from the American College of Physicians (ACP), and the Theobald Smith Award from Albany Medical College.

As the 1995 recipient of the AAAI Honorary Fellow Award, Fauci joins a prestigious assembly of physicians and others whose contributions are of exceptional merit, honor and influence in medicine in general, or in allergy and immunology in particular. All honorary fellows are elected for life.

After receiving the AAAI award at the academy's annual international conference, Fauci presented "Immunopathogenic Mechanisms of HIV Disease," the first Richard S. Farr Lectureship. The lectureship was established by Farr's former fellows,

whom he trained during his distinguished medical career in allergy and immunology. Guest lecturers are chosen based on their contributions to allergy and immunology.

Fauci accepted the second honor, the Rosenthal Foundation Award, at the 76th annual session of the ACP. ACP selected him as this year's award recipient because of his significant contributions to the understanding, diagnosis and treatment of HIV disease. ACP selects its awardees—a physician-scientist, a clinician or a scientific group—based on their recent innovative work that makes a notable contribution to improve clinical care in internal medicine.

In a third honor, recognizing his distinguished service to mankind in the fields of science, medicine and teaching, Albany Medical College presented Fauci with its highest academic award, the Theobald Smith Award. Prior to receiving the award, Fauci delivered the lecture "HIV and AIDS in 1995: Science and Policy."

The medical college established the Smith Award and lecture to honor Dr. Theobald Smith, a member of the class of 1883. Smith is well-known for unlocking the mysteries of yellow fever, malaria and similar viral parasitic illnesses by establishing the tick as a transmitter of human diseases. □



Dr. Anthony Fauci

ASIAN DAY

(Continued from Page 1)

Korea, the Philippines, Thailand, and Vietnam. A percentage of the proceeds will be donated to the Patient Emergency Fund (Friends of the Clinical Center/NIH).

The evening program will take place in Masur Auditorium, Bldg. 10. The main program of Asian music and dance will run from 7:30 to 9:30 p.m. Nilimma Devi will perform a classical Indian dance "Beeni chadhariya," a dance drama based on a poem by a well-known Indian poet, Kabir. Yoshiko Yoshikawa will sing three favorite Japanese songs and the aria "Un bel di vedremo" from the opera *Madama Butterfly* by Giacomo Puccini. The piano accompanist will be Yako Janja Yokoyama. The Dance Group from the Arts and Culture Center of Indonesia will present two Javanese court dances—the "Peacock Dance," which is about having fun in life, and "Gatukaca & Pergiwa" dance, whose theme is romance. These dances will

APIAAC Honors Four NIH'ers

The NIH Asian/Pacific Islander American advisory committee (APIAAC) has announced the recipients of the 1995 annual outstanding achievement awards. Winners are: Dr. Melody H. Lin of the Office of Protection from Research Risks; Dr. Constance T. Noguchi of the Laboratory of Chemical Biology, NIDDK; Dr. Abubakar Shaikh of the Division of Research Grants; and Dr. James W. Shih of the department of transfusion medicine, Clinical Center.

These four members of the NIH community are recognized for their outstanding achievement in advancing NIH and ICD EEO goals. Recipients will be honored during the evening program of the Asian/Pacific Islander American Heritage celebration on Friday, May 12 in Masur Auditorium, Bldg. 10.

be accompanied by live Gamelan music. There will be two Thai dances, "Tep-Bun-Therng," which is a classical Thai dance drama, and "Manora Isarn," a folk dance that centers around the beautiful daughters of the king of the Kinnara, a mythical race of bird people.

A reception in the NIH Visitor Information Center will immediately follow the program. Everyone is invited to the reception to meet the artists and to feast on Asian pastries and snacks.

The program is sponsored by the NIH Asian/Pacific American cultural committee, the Asian/Pacific Islander American advisory committee, and the Office of Equal Opportunity. For more information, contact John Medina III, 6-9281. Sign language interpretation will be provided. For reasonable accommodation requests, contact Carlton Coleman, 6-2906 (V/TTY). □

MADDOX NAMED CHILD HEALTH DEPUTY DIRECTOR

(Continued from Page 1)

professor in the department of physiology and biophysics at Georgetown University Medical Center. From 1981 to 1983, she was an NIH postdoctoral fellow at Georgetown involved in research on the role of eicosanoids in pulmonary vascular reactivity.

Following graduation from Virginia Union University, where she received her baccalaureate degree in biology, Maddox obtained a Ph.D. in physiology from Georgetown University for research on the regulation of vascular tone by prostacyclin.

She has received many awards, including the 1990 PHS Special Recognition Award and the 1990 NIH Director's Award. Among her outside activities, she is chair of the board of directors of the Center for Development and Population Activities,

which provides access to health and family planning information and services to women and families in Third World countries. She is also a member of the American Physiological Society, American Federation for Clinical Research, Society for Experimental Biology and Medicine, and the New York Academy of Sciences.

Maddox has authored many publications in the area of gonadal hormone modification of arachidonate metabolism. In 1984, she wrote a paper describing a novel procedure for harvesting and separating human peritoneal macrophages for the purpose of evaluating their biological products. This procedure has been established as a preferred technique in other laboratories isolating human peritoneal macrophages. □

Camera Club Sponsors NIH-Wide Competition

The annual NIH-wide photographic competition will be held on Tuesday, May 9 at 7:30 p.m. in Bldg. 31, Rm. 6C10. The competition is open to all NIH employees and their family members. Any subject matter is accepted.

Categories include B&W prints, color prints and color slides. Prints must be mounted, be at least 5x7 inches and no larger than 16x20 inches. They need not have a single overlay mat. Written material on prints and framed prints is not acceptable. Name of photographer and title of print should be labeled on the back. Slides must be 2x2 inches and be marked with a dot in the lower left-hand corner to indicate normal viewing perspective. Photographer's name and slide title should be on each slide.

Prizes awarded will be \$30 for first place, \$20 for second place and \$10 for third place; ribbons will be awarded for honorable mention.

Entries will be collected in the lobby of Bldg. 31A on May 9, 11:30 a.m.-1:30 p.m. Submissions will also be received in Bldg. 31, Rm. 6C10, before the contest, starting at 6 p.m. Limit submissions to 4 entries per category; submission fee is \$1 per category.

Three professional photographers—Mollie Isaacs and Pat Hansen of F2 Photographic Design and Bill Branson of NCCR's Medical Arts and Photography Branch—will judge the competition. For more information, call Yuan Liu, vice president, 6-8318. □

Cell Cycle Regulation Meeting, July 28

A mini-symposium on cell cycle regulation will be held July 28, sponsored by the Foundation for Advanced Cancer Studies, Inc. The meeting will be held at Hood College's Rosenstock Auditorium from 8:30 a.m. until 5:30 p.m. Speakers include Steve Elledge, Baylor College of Medicine; Tony Hunter, Salk Institute; Paul Russell, Fred Hutchinson Cancer Center; John Reed, LaJolla Cancer Research Center; and Bruce Futcher, Cold Spring Harbor Laboratory. For more information, contact Patti Hall, (410) 658-2882, fax (410) 658-3799. □

Attention Commissioned Corps!

As of Apr. 10, NIH will provide the Commissioned Corps identification card process and Dependent Enrollment and Eligibility Reporting System (DEERS) service by appointment only, generally on Fridays. This change will allow the Division of Senior Systems (DSS) to meet the needs of the officers and their dependents while making the most efficient use of staff time.

DSS will continue to maintain the office in Bldg. 31, Rm. B3C08. IDs will be issued by appointment only. To schedule an appointment and to obtain general information concerning the ID process and DEERS, contact DSS, 2-9259.

In addition to scheduling appointments on request, DSS will inform officers of IDs that are about to expire and provide the necessary forms for renewal. A brochure detailing these changes is available by calling DSS. □

Blue Cross/Blue Shield Day

Blue Cross/Blue Shield of the National Capital Area will be on the NIH campus Tuesday, May 2, to assist BC/BS enrollees who have claims or enrollment problems. A BC/BS representative will be available from 10 a.m. to 1 p.m. that day in Bldg. 31 Conf. Rm. 9 (C wing, 6th floor), armed with a laptop computer to access directly the enrollee's records at company headquarters.

No appointment is necessary. Assistance will be provided on a first-come, first-served basis. It is anticipated that BC/BS will schedule more service days in the future. □

Parklawn Classic Marks 20 Years

Friday, Apr. 28 will mark the 20th anniversary of the Parklawn Classic, a 5-mile race and 2.5-mile walk that has become a PHS tradition. The walk/run, whose theme this year is "20th Annual Run and Still Having Fun" will begin at 11 a.m. To register, call the Classic Hotline, 3-5350. □

NEI's Nussenblatt Honored

Dr. Robert Nussenblatt, director of NEI's Division of Intramural Research, received a *docteur honoris causa* (honorary doctor of science degree) from the University of Paris, France, in recognition of his lifelong work in intraocular diseases. He came to NEI in 1977 and was instrumental in establishing the NEI Laboratory of Immunology. Within this laboratory, he developed both a clinical and a basic research program in ocular inflammatory diseases. In ophthalmology, Nussenblatt has been instrumental in developing animal models as templates for human disease. His work has also led to use of new therapies for CMV retinitis, the most common intraocular infection in patients



At a ceremony at the Grand Salon de la Chancery at the Sorbonne in Paris, NEI's Dr. Robert Nussenblatt received an honorary degree from the University of Paris. Shown are (from l) Prof. Phuc LeHoang, LaPitie-Salpetriere Hospital; Prof. Jean-Claude LeGrand, president of Pierre and Marie Curie University; Prof. Gendreau-Massaloux, rector of the academy, Chancellor of the Universities of Paris; Nussenblatt and his son Eric.

with acquired immune deficiency syndrome, including his demonstration of the efficacy of intraocular gancyclovir implants for the treatment of CMV retinitis. He is also conducting a clinical trial to assess oral tolerance for the treatment of uveitis and has moved into the realm of gene therapy for ocular disease. □

Inn Needs Info Specialist

The Children's Inn at NIH has a position open for a part-time (25 hours/week) information systems specialist. Requires experience with data base, word processing, and spread sheet applications in a networked Macintosh environment. Teaching/training skills and/or desktop publishing experience helpful. Flexible work schedule. Contact Brian McLaughlin, 6-5672, for a complete job description. Fax your resume to 6-4421 or drop it off at 7 West Dr. on the NIH campus. □

AIDS Symposium Set, May 8

A mini-symposium on "AIDS: Therapeutic and Prophylactic Challenges," will be held May 8 in Frederick, Md., sponsored by the Foundation for Advanced Cancer Studies, Inc. For information, contact Patti Hall, (410) 658-2882. □

The Women's Health Seminar committee recently presented the third seminar in the 1994-95 series. Three speakers discussed "Autoimmune Diseases in Women." Above, Dr. Caroline Whitacre (r) of Ohio State University answers a question from the audience while Dr. Jill Buyon of the Hospital for Joint Diseases, and Dr. Noel Rose of Johns Hopkins University, listen. The next Women's Health Seminar will focus on physical fitness at 2 p.m. on May 30 in Lipsett Amphitheater, Bldg. 10.

Free Parking at New Carrollton Metro Station

As of Apr. 3, 50 parking spaces have been leased by NIH for employees to park free of charge at the New Carrollton Metro East Lot, located at 4201 Garden City Dr., Landover, Md.

The following basic rules must be followed to receive free parking benefits at this location:

1. Must be an NIH Transshare participant. If you are not currently a Transshare participant, refer to Manual Issuance 1330, 8/1/94, Sec. F, Policy, for information on how to apply for Transshare.
2. Request a satellite parking hanger and decal for your vehicle from the NIH Parking Office.
3. Your hanger and decal must be displayed appropriately when parking at the New Carrollton Metro East Lot.
4. Upon entering the lot, you are required to take a ticket.
5. Upon exiting the lot, on the back of the ticket, you must write your hanger number and sign your name.

At this time, it appears that 50 spaces will be adequate to serve the needs of this commuter area. However, should there be more than 50 employees applying for Transshare and parking in this lot, the parking office will establish a waiting list and reevaluate the needs should the demand become extreme.

Any new parking or Transshare actions will require that an employee provide his or her vehicle registration, NIH identification badge, and driver's license to the parking office.

For more information, call the Employee Transportation Services Office, 2-7433. □

18th Annual NIH Institute Relay

On Wednesday, May 17, the NIH Health's Angels Running Club will hold the 18th Annual NIH Institute Relay. This year, in conjunction with the race, the NIH R&W Association is sponsoring a spring picnic on the grass in front of Bldg. 1.

The relay race will include team competition in five divisions: open (runners age 39 and under), master (runners over age 40), all male, all female, and mixed (teams with at least two female runners). Each relay team is comprised of five runners, each of whom runs a half-mile loop around Bldg. 1. The picnic will include a lunch, a tug-of-war, and three-legged races with fun and lots of prizes for everyone.

There is a \$5 team entry fee for the race. Entry forms are available at the R&W activities desk located in Bldg. 31, Rm. B1W30. Teams entering the relay must return completed forms with the fee by 4 p.m. May 12. Picnic lunch tickets are available at all R&W locations. For details about the race, call Dr. Peter Pentchev, 6-3285, or Jerry Moore, 6-4606. For more information about the picnic and lunch tickets, call R&W, 6-4600. □

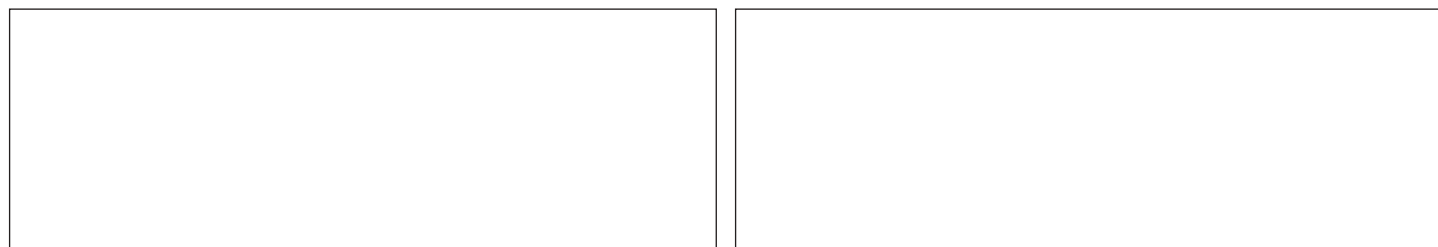
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BOND DRIVE—'INVEST IN YOUR FUTURE TODAY'—KICKS OFF AT THE CLINICAL CENTER ON MAY 3
(Continued from Page 1)

put-off vacation, or even a down payment on a home, Savings Bonds can help us realize our goals. Bonds are available in denominations to suit any budget. Through the convenient NIH payroll savings plan, bonds can be purchased at a price that's hard to beat, and there's no fee or commission.

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NCRR	Suzanne Grefsheim Mary Hash, Assistant 10/1L-25 6-2447/fax: 2-0254				

NCI's Bruce Chabner Retires After 23 Years

By Francis X. Mahaney, Jr.

Dr. Bruce A. Chabner, who played an instrumental role in the development of Taxol and myriad innovative combination therapies for cancer, announced he will retire from the National Cancer Institute after 23 years.

The 54-year-old oncologist, who trained a generation of promising young scientists at NCI, served as director of NCI's Division of Cancer Treatment (DCT) from 1982 to the present. He currently holds the rank of rear admiral in the U.S. Public Health Service. Chabner leaves NIH on June 1 to become chief of hematology and medical oncology at Massachusetts General Hospital Cancer Center in Boston.

Throughout his career, Chabner has been known for his extraordinary ability to develop new cancer therapies, move them quickly from the laboratory to the clinic, and take bedside observations back into the laboratory for testing, confirmation, and successful expansion into viable cancer treatments.

Dr. Joseph Bertino, one of the nation's leading oncologists, now at Memorial Sloan-Kettering Cancer Center in New York, said that while Chabner was director of DCT, "he built a first rate pharmacology group, providing leadership and guidance" unparalleled during the 58-year history of the institute.

Even from Chabner's beginnings in 1969, as a young research fellow at Yale working under Bertino's tutorage, "it was clear from watching him that here was a young doctor who was going to be something special." At that time, Chabner had just begun studying antifolates with Bertino as his mentor.

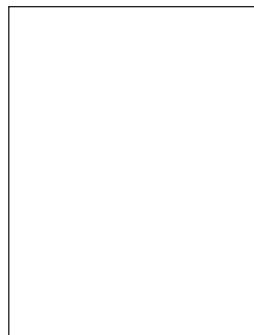
Ultimately, Chabner's research established the importance of pharmacology in cancer drug development, providing the basis for the successful use of antifolate compounds in cancer and other diseases, said Dr. Gregory Curt, associate director for NCI's Clinical Oncology Program.

Chabner discovered novel approaches of administering high dose chemotherapy to cancer patients without causing life threatening complications. He found that by monitoring the spinal fluid in children with leukemia, for example, the cancer drug methotrexate could be given safely and efficaciously. He also applied his unique treatment approaches successfully to refractory rheumatoid arthritis and pneumocystis pneumonia.

But he is best known for "his love and compassion for humanity, his kindness to others, and his devotion to family, patients, and friends," said Dr. C. Norman Coleman, radiation oncologist at the Joint Center for Radiation Therapy, Harvard University Medical School in Boston. "In a scientific world surrounded by huge egos, Bruce Chabner has remained a modest man with an extraordinary talent for medicine. Never self-

serving, he is always interested in helping others, and has a sense of fairness and honesty and decency that puts him above any other scientist I've ever known," Coleman said. "I feel so lucky to have met Bruce."

No one knows his compassion as well as Mary Mottl, a 51-year-old concert pianist and breast cancer patient from St. Louis who had almost given up all hope when she met Chabner through the grim circumstances of her own doctor, Leland Melson, who was also dying of liver cancer. Chabner flew to St. Louis in the summer of 1992 to help his dying friend Melson. There he befriended Mottl who, by this time, had advanced breast cancer with liver metastasis.



Dr. Bruce A. Chabner

While other doctors were trying to convince Mottl to "take it easy," Chabner was urging her to return to the concert stage with her husband, a member of the St. Louis Symphony Orchestra. "I don't think I'm ever going to play the piano again," she recalls telling Chabner.

Chabner replied, "Oh, I would never be too sure about that...and I would never write myself off either. You have a lot of life still in you."

He soon set her up in NCI's Taxol protocol, and 3 years later, she plays three concerts a week, and practices as much as 6 hours a day. Through Mottl's friendship, Chabner—also a pianist—has renewed his passion for music, especially the works of the 19th century French composer Gabriel Faure, the 18th century Austrian composer Franz Schubert, and the great jazz musicians of the 1940's. He loves music almost as much as he loves golf and the study of Russian history and genealogy.

His father, Dr. Louis Chabner, a small-town physician from Shelbyville, Ill., where Bruce was born, wanted his son to be a concert violinist or pianist, but that never quite materialized. Chabner's first insights into medicine began at home where for more than 30 years his father "delivered babies and often set out at night to make house calls for sick patients," recalled his mother, the late Beatrice Chabner, in a newspaper interview in 1991. His father was also known for his tenderness and compassion with residents of the town. Often, the elder Chabner insisted on foregoing his usual \$2 office fee altogether or bartering for eggs, bread, and milk, particularly when residents faced hard times.

"My father was a compassionate and tenacious physician with many cultural and

scientific interests apart from the daily practice of medicine. He had a particular fascination with therapeutics and pharmacology, and the initial development of antibiotics and corticosteroids, so new drugs became a regular topic of family conversation," Chabner said. "He was the real inspiration for my interest in drug treatment."

The young Chabner's first job was as a sports reporter for the *Shelbyville Daily Union* covering the local high school baseball and football games. After graduating from Shelbyville High School in 3 years, he attended Yale University, graduating *summa cum laude* in history in 1961. He graduated from Harvard University Medical School in 1965, completing his internship and residency at Peter Bent Brigham Hospital in Boston, and at Yale University-New Haven Medical Center. He first joined NCI in 1967 as a commissioned officer and clinical associate.

But, to this day, Chabner feels his greatest accomplishment is his family.

His wife of 31 years, Davi-Ellen, is a teacher and author of *The Language of Medicine*. His son Brandon, 29, is a lawyer going to graduate school at Harvard University, and his daughter, Elizabeth, 27, is a radiation oncologist at the Joint Center for Radiation Therapy in Boston. "My daughter's love for medicine has turned out to be a real inspiration for me and my own work," he said. "We are learning to be better doctors by sharing our insights with each other...I admire her greatly."

Chabner's family also includes his two cocker spaniels, Eli and Lilly, and routinely Bruce can be seen walking the dogs. □

Video Series on 'Listening'

In May, the NIH Employee Assistance Program (EAP) will continue its "Tuesdays at the Little Theater" video workshop series on work, career, and personal growth. The new topic will be, "How to Listen Powerfully," on Tuesdays May 2, 9, and 16.

The video series topics are typical workplace issues faced by NIH employees. Each workshop session has two parts. First, a segment of videotape featuring an expert speaker is shown. Then staff from EAP lead a group discussion. The video segments are sequential, so you get the most out of attending all of a topic's sessions; however, each session focuses on different aspects of the topic.

The lunch-time, drop-in format makes attending simple. The series is free and open to all employees without registration. The sessions are held on Tuesdays from noon to 1 p.m. in the Bldg. 10 Visitor Information Center Little Theater.

For more information contact EAP, 6-3164. The last video series this season will be, "How To Deal with Difficult People."

BUYOUTS END FOR NIH, MOST OTHER CIVIL SERVICE AGENCIES

(Continued from Page 1)

So, given these facts, how has NIH's workforce fared so far in the federal downsizing effort?

According to Marvene Horwitz, assistant director for consulting services in NIH's Office of Human Resources Management and the agency's designee to handle the buyout program here, NIH offered a total of 344 buyouts for fiscal year 1995, and 317 employees retired using the incentive package.

During mid-year 1994—when the buyouts for FY 1995 were announced, Horwitz said, NIH was given authority from PHS to offer 144 buyouts.

These were then divided among NIH's institutes, centers and divisions to distribute among their employees according to policies and criteria individually determined by ICD directors.

"The only stipulation was that the buyouts be offered fairly," said Horwitz. "Not all institutes decided to offer buyouts. Not all employees who may have been eligible were offered buyouts. ICD directors were allowed to give them out as they saw fit, within criteria they had determined beforehand and made known to employees. What employees have to keep in mind is that this is a management authority to help achieve streamlining goals, not an employee right or privilege."

After notifying NIH'ers who were eligible to take advantage of the FY 1995 offer, the agency received applications for the 144

buyouts from 350 employees. NIH then appealed to DHHS officials for an additional 200 buyout slots, hoping to be able to offer them to nearly all who had applied. DHHS granted the additions, bringing the total to 344.

[Note: Buyouts are offered according to fiscal year. During fiscal year 1994, which ended Sept. 30, 1994, 103 NIH'ers accepted

buyouts during what was called the first round of authorization. Buyouts taken by NIH'ers during the whole 2-fiscal-year program totaled 420.]

Of all ICDs offering the incentive package, the largest number of applications for buyouts was received from employees in the Office of the Director and the Office of Research Services. Of the 317 employees who took the FY 1995 buyout, 165 were women. This contradicts some popular opinions—many of which have been expressed in local media—that had predicted "old, white men" leaving federal service in droves due to buyout offers.

In terms of age, Horwitz estimated (no official tally was kept) that the average employee who accepted a buyout was between his/her late fifties and early sixties with about 25 years of government service.

In FY 1995, among NIH's senior level positions—identified as those employees at grades 14 and above—91 took buyout offers. Among workers in command and control positions (personnel, budget, acquisitions, accounting, information resources manage-

ment, and planning and evaluation), 71 took buyouts. Buyouts were taken by employees in every grade from 4 to Senior Executive Service, Horwitz noted.

"What employees have to keep in mind is that this is a management authority...not an employee right or privilege."

"This definitely helped the goals we're trying to meet in terms of streamlining," she said. "The ICDs' streamlining plans are due out in early June. That's the next step in our workforce reduction effort. Then, ICDs will be looking to reassign and retrain employees, and we'll all be learning to accomplish our work with a smaller workforce."

Noting the disparity between the 350 original buyout applicants and the 317 employees who actually accepted the offer, Horwitz said in some cases employees found out only after they had applied and perhaps taken a retirement seminar or received financial advice that the timing or their own circumstances weren't right to accept the incentives package at this time.

"Overall, I think we're pleased with how the effort went," she concluded. "At this point, every bit helps us reach our goal." □

Former NIAID Branch Chief Frank Tyeryar Mourned

Dr. Frank J. Tyeryar, Jr., former special assistant to the director of intramural research at NIAID and former chief of NIAID's Development and Applications Branch (DAB), died recently at his home in Frederick, at age 59. He retired in 1990 after a career marked by meritorious scientific and administrative achievements.

Tyeryar was appointed DAB chief in 1984, having served as a health science administrator in the branch during the previous 11 years. His branch was responsible for translating information from basic research studies into ways to control or prevent infectious diseases. His efforts led to a dazzling series of advances in a number of areas—viral diagnostics and blood screening for securing the safety of the blood supply, the development of animal models of viral hepatitis now being used to understand the mechanisms of virus-induced liver disease, the development of safe and effective drugs for treating chronic hepatitis, and the discovery of new hepatitis viruses. For his important role in the development and testing of the first licensed hepatitis B vaccine, Tyeryar was presented the NIH Director's Award and the PHS Special Recognition Award.

Dr. Anthony S. Fauci, NIAID director, held Tyeryar in high regard, noting, "Frank



Dr. Frank Tyeryar (c) was first in line to receive experimental hepatitis B vaccine prior to field trials. With him are colleagues Dr. George Galasso (l) and Dr. Robert Purcell, chief of the hepatitis section, NIAID Laboratory of Infectious Diseases, who administers the injection.

Tyeryar was the prototype of the outstanding extramural science administrator who served as an important role model for many of the younger people in the NIAID who have risen to positions of leadership in the institute."

Born in Frederick, Tyeryar received his B.S. and Ph.D. degrees from the University of Maryland. His laboratory work in microbial physiology and genetics was conducted at Ft. Detrick and the Naval Medical Research Institute.

He received many awards and was a member of several professional societies and various scientific boards and advisory groups. He had served on the editorial board of *Infection and Immunity*.

Many of Tyeryar's former colleagues reaffirmed Fauci's statement. Dr. George Galasso, who preceded Tyeryar as NIAID branch chief and is now NIH associate director for extramural affairs, remembers his "calming influence and willingness to always look at the other side of the coin." He won the fondness and respect of many friends and coworkers, including Dr. John R. LaMontagne, current director of NIAID's Division of Microbiology and Infectious Diseases, who knew Tyeryar as "a man who transmitted a culture of honesty, integrity, and commitment to excellence." Dr. John L. Gerin, a former colleague now at Georgetown University, comments, "Others may someday study Frank's performance, a model of successful governmental program management."

Survivors include his wife, Elizabeth Torossian Tyeryar; daughter, Lynne Allison Tyeryar of Durham, N.C.; two sons, Franklin Paul Tyeryar of Jackson, Miss., and Joseph Scott Tyeryar and wife Katie of Bowie; and two grandsons.—Claire McCullough

Charles Lowe Retires from NICHD, Spent 27 Years in Government

By Anne Blank

Dr. Charles Lowe, associate director for special projects at NICHD, retired recently after 27 years of distinguished government service. Although he brought his expertise to a number of federal and private institutions throughout his career, he both began and ended his government service with NICHD.

"Charles Lowe has demonstrated his strong commitment to public health through his continual efforts to improve the health and well-being of children, not just in this country, but throughout the world," said Dr. Duane Alexander, NICHD director. "His caring leadership in child health promotion and disease prevention will be missed greatly by all of us in the NICHD community."

Lowe, who was born in Pelham, N.Y., in 1921, graduated *cum laude* from Harvard University in 1942. Three years later, he received his M.D. degree from Yale Medical School, where he also graduated *cum laude*. Upon completing his internship in pediatrics at Children's Hospital in Boston, Lowe became assistant resident and, later, chief resident in pediatrics at Massachusetts General Hospital. While there, Lowe's research led him to identify a sex-linked metabolic disorder, now known as Lowe syndrome or oculocerebrorenal syndrome, which causes mental retardation and blindness. NICHD currently has a major intramural program investigating the illness.

In 1948, he left Boston for Minneapolis to join the University of Minnesota as a National Research Council fellow, later becoming assistant professor of pediatrics. While at the University of Minnesota, Lowe's research on cystic fibrosis of the pancreas in infants and children helped to clarify the clinical symptoms and the treatment of this disorder.

After 3 years in Minneapolis, Lowe's career brought him to the University of Buffalo, New York, as an associate professor and then research professor of pediatrics and Buswell fellow. During this time, he spent a 2-year sabbatical at Cambridge University, England. In this decade, Lowe published many of his research findings in the area of human nutrition and metabolism.

In 1965, he became professor of pediatrics and director of the Human Development Center at the University of Florida in Gainesville. While there, he conducted studies on the modification of human metabolism in metabolic diseases, and a national survey of nutrition among preschool children.

In 1968, he joined NICHD as scientific director. For the next 7 years, he led the institute's intramural research effort, continuing to focus on nutrition and

developmental problems of infants and children. Although he left NICHD in 1974 to accept a position as special assistant for child health affairs in the Office of the Assistant Secretary for Health, he returned to NICHD in 1983 as special assistant to the director. In the intervening years, his positions included executive director of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research; executive director of the President's Biomedical Research Panel; special assistant to the director, NIH; and director of the Office of Medical Applications of Research, NIH.

From 1987 to the present, Lowe oversaw a number of critical research activities in his position as associate director for special projects at NICHD. Among his accomplishments, he

served as project officer and associate investigator of a field trial in Nepal of a vaccine, developed in NICHD intramural labs, against typhoid fever. This vaccine recently was approved by the FDA for marketing. Most recently, he was project officer and associate investigator for a study in Sweden examining a new acellular pertussis vaccine to prevent whooping cough. The new pertussis toxoid vaccine, which also was developed in NICHD intramural research laboratories, was effective and was not associated with any significant adverse side effects.

"It has been a privilege to have spent half my professional life at an institution with the unparalleled international importance of the NIH," Lowe said. "The experience has been both challenging and remarkably rewarding."

In another contribution to NIH, Lowe was instrumental in establishing the on-site day care center in Bldg. 35. Recognizing that NIH was anxious to meet the goals of equal employment opportunity, he suggested establishing an NIH center, enlisted the support of ICD directors, and hired the first day care center director in 1973.

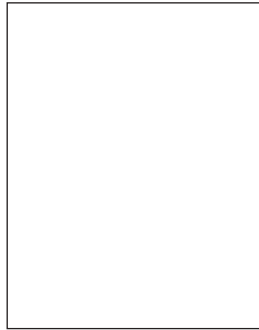
"I realized that we had to provide some vehicle for day care," he explained. "The idea was to bring the children to work rather than being unable to come to work because there was no suitable place to leave the children." The program also provided tuition scholarships to those who otherwise would have been unable to take advantage of a day care program at NIH.

Lowe's professional affiliations are many, and include the American Academy of Pediatrics where he served for 12 years as chair of the committee on nutrition, the American Association of University Professors, the American Pediatric Society, the American Institute of Nutrition, the American Society for Clinical Investigation, the

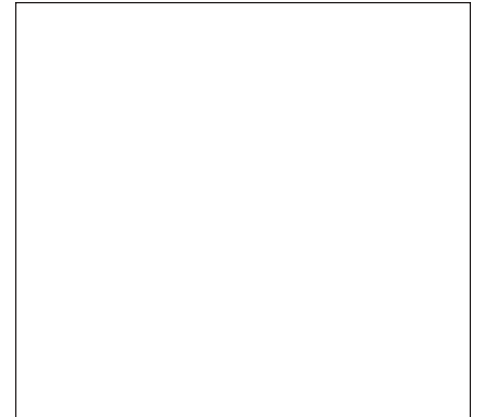
American Society of Clinical Nutrition, the American Society of Experimental Pathology, and the New York Academy of Sciences. He took particular pride in being the leading founder of the journal *Pediatric Research*, later serving for 12 years as the publication's first editor.

Among the numerous awards he has received are the John F. Kennedy Memorial Lecture, Georgetown University; the Grover Powers Memorial Lecture, Yale University; the NIH Superior Service Award; the Clifford G. Grulee Award from the American Academy of Pediatrics; the PHS Special Recognition Award; the Recognition of Outstanding Contributions to International Pediatrics Award from the International Pediatric Research Foundation; and the first Raymond C. Philips Lectureship Award from the University of Florida College of Medicine. He has published more than 100 articles in leading medical and scientific journals.

In retirement, he will divide his time between Woods Hole and Cambridge, Mass., pursuing his many interests in public issues, as well as enjoying his hobbies. □



Dr. Charles Lowe



NINDS staff gathered recently to say goodbye, thank you and congratulations to Dr. Patricia A. Grady at a "Goodbye Tea," held at the Natcher Conference Center. Grady, who served NINDS—as health scientist administrator, assistant director, acting director and deputy director—since 1988, recently became director of the National Institute of Nursing Research. At the tea, more than 150 NINDS employees and other invited guests, including NIH director Dr. Harold Varmus and NIAID director Dr. Anthony Fauci, applauded as NINDS director Dr. Zach Hall (shown above with Grady) presented her with a "couple of things to help you remember us," including a certificate expressing the institute's deepest gratitude for her service. "This was a difficult decision to make because the field of neuroscience is exploding and it's a great time to be in it," said Grady. "But as difficult as it is to leave, I am looking forward to the exciting challenges ahead."

NHLBI'S Kalica Bids Farewell After 31 Years at NIH

By Laina Pack

Dr. Anthony R. Kalica has retired from NIH after a 31-year career that spanned two institutes and many scientific interests. Most recently he served as senior scientific advisor in NHLBI's Division of Lung Diseases (DLD).

"I am a home-bred product," Kalica said. "I started my career at the NIH and, while working there, earned my Ph.D."

He joined NIH in 1964, immediately after receiving his M.S. from Catholic University in Washington, D.C. He began as a biologist at the National Institute of Allergy and Infectious Diseases, studying the epidemiology of upper respiratory tract diseases.

In 1967, he was promoted to chemist/electron microscopist in NIAID's respiratory viruses section, where he was responsible for adapting electron microscopic techniques to the study of pathogenic microorganisms. It was during this time that he attended graduate school at the University of Maryland, College Park, earning his Ph.D. in 1974. Later that year, he became a research microbiologist, concentrating on studies aimed at the prevention of viral gastroenteritis. He carried out experiments designed to improve the understanding of the biological, biochemical, and immunological properties of viruses that cause gastroenteritis.

In 1983, Kalica joined NHLBI as a microbiologist in the Interstitial Lung Diseases Branch. Two years later, he became program administrator of DLD's Occupational and Immunologic Lung Diseases Program. In that capacity, he developed, implemented, and managed programs in pulmonary fibrosis and occupational lung diseases.

DLD director Dr. Suzanne Hurd noted, "The investigators and staff in our division will greatly miss Dr. Kalica's guidance and leadership." She cited in particular his important role in the development of DLD's programs on occupational and immunologic lung disorders.

In 1987, Kalica became chief of DLD's Interstitial Lung Diseases Branch. He oversaw the implementation of several new programs on pulmonary involvement in tuberculosis and on AIDS. He later dealt with fundamental studies on how HIV interacts with lung cells. He also stimulated new research to improve therapy for the pulmonary complications of HIV infection.

Some major initiatives started during his tenure as chief include the Prospective Study of the Pulmonary Complications of HIV Infections, the Study of the Pediatric Pulmonary and Cardiac Complications of HIV-1 Infection, and the Etiology of Sarcoidosis: a Case-Control Study. He also

organized and implemented the Occupational and Immunological Lung Diseases Specialized Centers and Respiratory Failure Specialized Centers of Research. In addition, Kalica initiated many RFAs for grants for studies on pulmonary-related diseases and HIV, including ones on pulmonary fibroblast heterogeneity and collagen gene expression, and tuberculosis drug delivery systems.

Further, he organized special workshops such as "New Treatment Strategies for Pulmonary Fibrosis" and "Pulmonary Disease Associated with Breast Cancer Therapy."

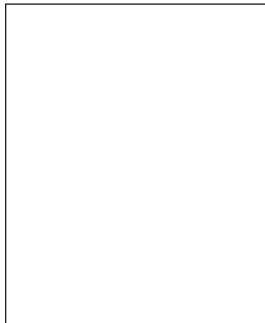
Kalica represented NHLBI on coordinating committees of the NIH Office of AIDS Research and participated in the staff training committee of the Office of Extramural Programs, as well as in numerous national and international conferences.

He produced more than 75 articles in more than 30 major scientific publications, and

coauthored chapters in such books as the *WHO Collaborating Centre for Collection and Evaluation of Data on Comparative Virology*, and *Viral Infections of the Gastrointestinal Tract*.

He has been involved in many professional associations such as the American Society for Virology, the American Society for Microbiology, the Electron Microscopy Society of America, and the American Association for the Advancement of Science.

Kalica's plans after retirement include continuing his professional interests, spending more time with his family, and enjoying such hobbies as running, gardening, and traveling. □



Dr. Anthony R. Kalica

Developmental Biology Interest Group Holds Meeting, June 2

The Developmental Biology Interest Group will hold a meeting June 2 at the Cloisters (Bldg. 60) from 9 a.m. to 5 p.m. Invited speakers include Constance Cepko of the department of genetics at Harvard Medical School, who will speak on "Cell Fate Determination in the Vertebrate Retina." Also speaking will be Nipam Patel of the Howard Hughes Medical Institute at the University of Chicago, whose talk is on "The Evolution of Arthropod Pattern Formation."

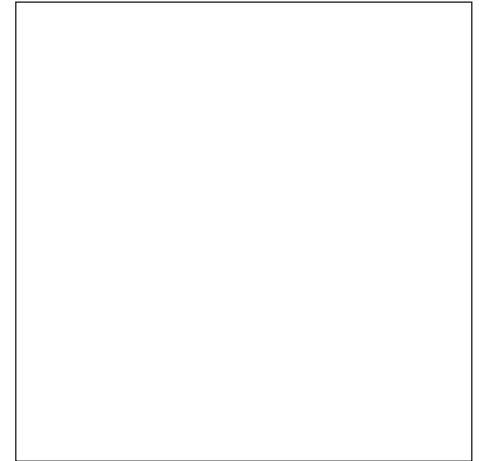
In addition there will be a half dozen half-hour presentations by members of the NIH community, and poster presentations. All those interested in speaking should submit an abstract by May 2; there is no deadline for poster presentations. Contact Igor Dawid by fax, 6-0243, or email: idawid@nih.gov, or Joram Piatigorsky, fax 2-0781.

OD's Eileen Smith Retires

Eileen Smith, secretary in the Office of Policy for Extramural Research Administration, Grants Policy Office, OD, retired recently after 26 years of service.

She began working at NIH—after 12 years at C&P Telephone Co.—in January 1969 at the National Heart Institute's Laboratory of Kidney and Electrolyte Metabolism in the Clinical Center.

In 1970, she went to work for NICHD. Two years later, she moved to Bldg. 31 to work in the Division of Contracts and Grants. In 1980, the grants office of DCG



OD's Eileen Smith says farewell to Geoffrey Grant, grants policy officer, at a recent retirement gathering held in Wilson Hall.

was transferred to the Office of Extramural Research and Training, OD. The new office was named the Grants Policy Office.

In 1986, Geoffrey Grant was named grants policy officer and Smith worked for him until the end of her career. A farewell gathering in Wilson Hall was attended by many of her friends and past and present colleagues.

Smith currently resides in the local area and may move to Leisure World in the near future. Her retirement plans include painting (oils and watercolors), travel, family and "all those things that I've wanted to do but never had the time!" □

Mini-Symposium on Alternative Careers in Science, Apr. 27

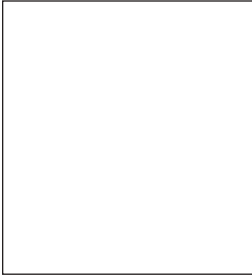
All NIH junior scientists (students, fellows and technicians) are invited to participate in a mini-symposium on alternative careers in science Apr. 27, from 2 to 5 p.m. at the Cloisters (Bldg. 60, Lecture Hall 142). Sponsored by the NCHGR Professional Development Association, a panel of speakers will discuss their career paths and how they chose alternative routes to success. Participating speakers include a patent law attorney, an assistant editor, a scientific investigator in industry, and a researcher in the FDA regulatory branch. Open discussion will follow each speaker. While the discussion will be geared towards junior scientists, all are welcome. For more information, contact Gabriella Ryan (gryan@nchgr.nih.gov). □

Police profile

Cpl. Patrick Yves Coajou has been with the NIH Police Department for 6 years. Since 1989, he has served as a patrol officer, and as a member of the traffic squad. His current duties include being the NIH Police's crime analyst, where he tracks crime on campus and is the liaison between NIH and the Montgomery County Police. He also is in charge of police records and does computer work for the branch.

Coajou is also one of the operators of the NIH Police's Mobile Command Center. In addition to being an operator, he also participates in local community events where the Command Center is displayed along with equipment from other police agencies in the area. A native Washingtonian born to French

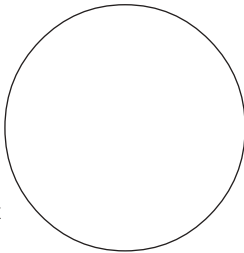
parents, he currently resides in Montgomery County. He is a graduate of Walter Johnson High School in Bethesda. After high school in 1980, he was employed as a commissioned special police officer of the State of Maryland for Montgomery Mall. He worked there for 3 years before enlisting in the U.S. Army. After leaving the Army, Coajou owned and managed his own business until the time he began employment with NIH. □



Cpl. Patrick Yves Coajou

BIG Honors Retirees, Recruits Alumni for New Committee

NIH's chapter of Blacks in Government recently honored more than two dozen NIH retirees at "Bridging Past, Present and Future," a program to introduce the organization's new alumni committee. Held at a restaurant in downtown Washington, D.C., the teatime gathering heard several speakers including Zita Givens, BIG president; Alice McFadden, president emeritus; and Felicia Shingler, chair of BIG's ad hoc retirement committee.



Among those honored were James Baker, Dorothy Banks, Mae Bate, Lucretia B. Coffey, Jasper Cummings, John Diggs, Irene Douglas, Rodney Douglas, Otis Ducker, Sue Edwards, Ernie Freeman, Carolyn Jackson, Elnora Jackson, Dolores Jeter, Erma Johnson, Lucille Johnson, Nathaniel Lindsey, James Moone, Tommy Musgrove, Jalil Mutakabbir, Churchman L. Napper, Ida Phillips, Myra Scott, Helen Stafford, Otis Watts, and Gladys Whitted. □

Knickerbocker Retires After 38 Years of Federal Service

By Shannon E. Garnett

After 38 years of government service, 33 with NIH, Robert N. "Knick" Knickerbocker, administrative officer (AO) for the NINDS Division of Intramural Research (DIR), has bid NIH a fond farewell. He officially retired on Mar.

31. "I have been in the federal government my whole career, since graduating from college," he said. "And I have, for the most part, enjoyed it."

Knickerbocker was born in Richmond, Va. He graduated from Columbia Union College in Takoma Park, Md., in 1957, earning a bachelor of arts degree in business administration. He then began working for the government as a position classification specialist at the Department of Justice, Federal Bureau of Prisons.

He joined the NIH family in 1962 as a personnel management specialist in the Division of Research Services. While there, his duties included recruiting, classifying grade levels of positions, setting salaries, and helping to resolve employee relations issues. He also served as the backup DRS personnel officer.

In 1967, Knickerbocker became the AO for DRS. He participated in the planning, development, implementation, and evaluation of DRS' programs and policies, particularly those related to business and administrative management. In addition, he was the DRS deputy executive officer.

He left the division in 1977 to become AO for NINDS' DIR, the position he held during all of his 18 years of service to the institute. In this position, Knickerbocker had many duties including coordinating and directing the financial management of an annual budget; the personnel management of a staff of 700, including several hundred biomedical researchers and clinicians; and the establishment of cooperative research and development agreements between NINDS scientists and drug companies.

"It's been a challenge to work with outstanding world leaders in the field of medical and biological research. I have always felt that AOs served an important role in being a source of help and a buffer for the scientists," he said. "On the one hand, we assist in meeting their needs for personnel and budget support, procurement help, help with renovations, space, outside activities, patents, etc. On the other hand, we serve as a buffer, trying to absorb as many of the sharp points that come up when trying to meet all those needs. And, at the same time, we try to keep the scientists from getting into trouble. Sometimes, however, it seemed as if we needed some kind of buffer between ourselves and the scientists."

Another of Knickerbocker's duties included

supervising an administrative staff of 23. Grace Kishna, who has served as Knickerbocker's secretary since 1989, says she will miss his unique style of supervising more than anything else. "I'll greatly miss him.

He's one of a kind. You don't often see people like him in the workplace," said Kishna. "Even though this (the government) is not his personal business, he always treated it like it was. He personally never abused the system and he never allowed his staff to do it either. I think everyone respects him for that," she said. Aside from his leadership duties at the office, Knickerbocker has held many leadership positions within his personal life as well.

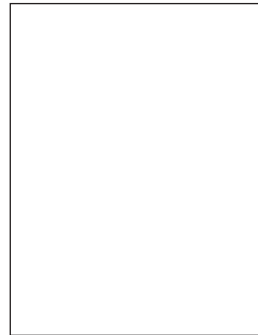
For more than 20 years he has been an active participant in the Beltsville Seventh Day Adventist Church, where he has served as chairman of the finance committee, a member of the church board, and a church elder. He has also served as chairman of the school board finance committee and a member of the school board of the Beltsville Adventist School, which all of his six children attended.

Recently, friends, family, and past and present colleagues honored him at a luncheon at the Navy Officer's Club. During the affair, he received a set of golf clubs, a t-shirt with a picture and signatures of his staff on it, and a caricature of himself "clocking out." "Knick's a real stickler for clocking out," said Carol Smith, a NINDS program AO. In addition, Knickerbocker was presented with a framed poem—somewhat sentimental and somewhat comical in nature—written by his immediate staff and read by Smith, who has worked for him since 1987.

"Knick is probably the most upstanding, ethical and kindest person," Smith said. "All I can say is he's just exemplary. We're all really going to miss him."

Although he has only recently retired from "official duty," his retirement activity calendar is already quite full. "I think the first job I will have after retirement will be to clean the basement. Then my wife and I will get everything ready for our 2-week trip to Hawaii, a somewhat delayed 25th wedding anniversary trip," he said. "After that, I'll do some summer gardening and work around the house and then we're off to the northwest national parks, hopefully in a new motor home."

Knickerbocker also plans to learn more about and to do a little oil painting, sailing and golfing. And, he said, he'll probably try and fit in part-time and volunteer work, too. Apparently for Knick, retirement and work will go hand in hand. □



Robert N. Knickerbocker

ORT, Hailed as Basic Research, Still Saving Lives Today

By James Hadley

The handsome, big-eyed child was smiling happily at breakfast. By lunchtime he was dead. In a matter of hours, diarrhea due to cholera had rid his body of essential fluids and important minerals. Left untreated, this severe fluid loss can quickly lead to dehydration and death. This scenario is not uncommon in developing countries, but it happens less and less because of the efforts of NIAID and NIH researchers more than 30 years ago.

The development of oral rehydration therapy (ORT), a simple solution composed of water, sugar (glucose) and salt (sodium chloride) has literally saved millions of people—particularly children—from certain death due to diarrhea caused by cholera and other diseases. ORT replaced expensive intravenous therapy that requires trained personnel, a medical facility and sterile equipment—all in short supply in the developing world.

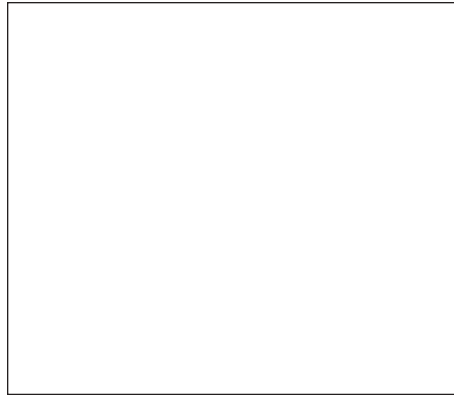
"Finding an easy, inexpensive way to deliver potentially lifesaving fluids is one of the great achievements in modern biomedical research," says Dr. George T. Curlin, deputy director of NIAID's Division of Microbiology and Infectious Diseases. "ORT is the single best example of a practical global outcome of basic research. People can be taught to mix the solution composed of common household ingredients. It's almost magical. You see a child with a limp body in the most rudimentary field setting. Two hours later, after ORT, the child is eating a banana.

"The investment that NIH made some three decades ago is still the highwater mark today," Curlin adds. "The legacy of these research programs is now integrated into the standard medical care throughout the world, including the United States."

Diarrhea affects people of all ages, but children are most vulnerable. Worldwide, children younger than 5 years old experience 1.5 billion episodes of diarrhea each year. Among this age group, dehydration from diarrhea ranks as the second leading cause of death, accounting for roughly 4 million deaths per year—or 8,000 childhood deaths per day. Each year, ORT saves the lives of more than 1 million children.

People in the United States often perceive diarrhea more as a nuisance than a serious childhood illness. However, statistics show that the impact is considerable: U.S. children younger than 5 years old account annually for more than 20 million episodes of diarrhea, leading to several million doctor visits and more than 200,000 hospitalizations.

The need for a better way to treat people



NIAID director Dr. Anthony S. Fauci (l) greets Dr. Demisie Habte, director of the International Centre for Diarrhoeal Disease Research in Dhaka, Bangladesh. Habte visited NIH while he was in Washington, D.C., to attend several programs celebrating the 25th anniversary of oral rehydration therapy (ORT).

with cholera and other diarrheal diseases became particularly evident in 1961, when the seventh cholera pandemic began in Asia. The idea of an oral rehydration technique grew out of basic research that had taken place years before. NIH-supported scientists built on this foundation, carrying out subsequent basic studies in pathophysiology and microbiology as well as necessary clinical investigations.

Curlin worked in cholera research for a number of years in Bangladesh. He recalls many NIAID and NIH clinical associates who conducted research during the 1960's at the Cholera Research Laboratory in Dhaka and at the NIAID-sponsored Johns Hopkins International Centers for Medical Research and Training unit in Calcutta. The Dhaka laboratory is now the International Centre for Diarrhoeal Disease Research in Bangladesh.

Among the members of the ORT research team were: Dr. Robert A. Phillips, then director of the Cholera Research Laboratory, supported by NIAID and NIH; Dr. Craig Wallace, former director of the Fogarty International Center; Dr. William B. Greenough III, of Johns Hopkins University; Dr. Nathaniel Pierce, now with the World Health Organization; Dr. R. Bradley Sack, now at Johns Hopkins University; the late Dr. Robert Gordon, formerly of NIAMS; and the late Dr. John R. Seal, former NIAID intramural research director and deputy director and special assistant to the NIH director for prevention.

Research to improve ORT formulations and expand its use continues to provide new strategies for conquering disease and death from diarrhea. □

"The investment that NIH made some three decades ago is still the highwater mark today."

Take Your Children to Work Day

On Thursday, Apr. 27, NIH will observe "Take Your Children to Work Day." The purpose is to introduce school children, age 9 and above, to the vital public services that their parents provide and to encourage future career decisions that will ultimately provide a quality workforce for the 21st century. This observance was launched initially in 1993 as "Take Our Daughters to Work." NIH has expanded its observance to include boys.

The following suggestions may be helpful as you plan for your child's visit:

- ▼ Clear the visit with your supervisor and alert your coworkers that your child will visit you at work.
 - ▼ Clear your schedule of any activities that would be inappropriate during your child's visit.
 - ▼ Introduce your child to your supervisor and coworkers, and, if time permits, ask them to describe what they do.
 - ▼ Allow your child to shadow you and observe the tasks you do on an ordinary day. To the extent that it is not disruptive, invite your child to accompany you when you go to other offices or laboratories.
 - ▼ Let your child see other work sites—an office or computer facility if you work in a laboratory, or a laboratory if you work in an office.
 - ▼ Plan to have lunch with other parents who are bringing their child to work. Encourage the children to discuss what they have seen and heard during their visits.
 - ▼ Suggest that your child report on the visit when he/she returns to school.
- Although the Office of Equal Opportunity is not coordinating any NIH-wide activity, institutes, centers and divisions are encouraged to participate in this observance. For more information, contact Shirley Everest, 6-4627. □

Wednesday Afternoon Lectures

The Wednesday Afternoon Lectures spring schedule continues in May with five talks, all set for 3 p.m. in Masur Auditorium, Bldg. 10.

The first two are: May 3, Dr. Roger E. Meyer, vice president for medical affairs and executive dean, George Washington University Medical Center, on "Alcohol Treatment Research: New Prospects, New Methods." This talk is part of NIAAA's 25th anniversary scientific symposium.

On May 10, Dr. E. Donnall Thomas, professor of medicine, emeritus, University of Washington School of Medicine, will discuss "The History of the Development of Bone Marrow Transplantation and Its Application to the Clinic." His talk is sponsored by the Clinical Research Interest Group.

CME credits are awarded for these lectures. For sign language interpretation and reasonable accommodation, call 4-5595.