

The NIH Record

MI Program Is the Catalyst

Laboratories Culture Future Managers for NIH

By Rich McManus

The NIH Management Intern Program is looking for a few good men and women—five to be exact. From now until Feb. 28, those at NIH who think they may have the right stuff are invited to compete for positions as MIs. Applications are available at the NIH Training Center, Bldg. 31, Rm. B2C31.

Paradoxically, the program is both for everybody and not for everybody at the same time. Anyone is free to apply. Past interns have included those with backgrounds as secretaries, laboratory workers, nurses and clerk/typists. The program is tough, however. Interns must spend a year riding a sort of managerial carousel, completing 3-month assignments of their own choosing in four separate areas of administration.

On top of that, interns are also urged to take classes on their own time that supplement MI training.

The two MI graduates profiled below hail from what may be NIH's largest and richest pool of untapped managerial talent—bachelor-level scientists with a yearning to do more than their current jobs allow. They are examples of the kinds of people for whom the MI program was designed.

A Golden Year

Anne Houser has called her MI year of 1977 a "golden year." If that is true, the 6 years of federal service preceding her acceptance into the program must be described as somewhat leaden.

A native of Bluefield, W. Va., she joined NIH in 1971 as an NHLBI chemist in the Clinical Center. She had majored in chemistry at Salem College in Winston-Salem, N.C., and done a year of research at the University of Virginia before arriving in Bethesda. Like many undergraduate scientists who come to NIH each year, she was bright, talented, enthusiastic and headed just a little north of nowhere in her career.

"The lab was not a growth experience," she recalls. "I couldn't feel in control. I couldn't feel special to the effort. Basically, I was just a good pair of hands."

She remembers walking by the NIH Library on the first floor of the CC and seeing her friends busily checking out science journals; Houser used the library to comb the newspaper want ads.

"A colleague of mine who had left the lab told me about the MI program," she remembers. "I called the training office for the application package. In those days there wasn't



"I think I have the best job at NIH," says Anne Houser of the Division of Legislative Analysis. "I love NIH. I'm glad to be able to do positive things for the agency."

much publicity about MI."

About 100 people applied that year but only 10 were selected, 5 from inside NIH, 5 from without. Houser was one of the "ins."

"I was ecstatic when I found out," she says. "I can still remember the day they called. It was about the biggest high I ever had."

Then as now, new interns select, with the help of a mentor, four 3-month rotations to complete; they are also expected to wedge in some relevant classes offered by the Training Center and the Civil Service Commission.

Houser's first rotation was in OMAR—the then newly created Office of Medical Applications of Research.

"We put on the first NIH consensus conference ever," she recalls. "It was on screening for breast cancer. It was a really great experience. I learned good work habits and also how to recognize a good administrator when I saw one."

This is the second of two stories on the NIH Management Intern Program. The first installment appeared in the Jan. 10 issue of The Record.

Her second tour was with Philip Amoruso, now NCI's executive officer but then an administrative officer in NCI's Division of Cancer Treatment.

"I learned what AO's do," Houser said, "from FOI (freedom of information) requests, moves of various kinds, FTEs (full-time equiv-

Two Divisions To Merge

DRS, DRR To Become One

By Anne Barber

When the director of NIH decided to recommend the merger of DRS and DRR last September, several questions had to be answered—which name, or both, will the merger retain, who will be named director, and what will happen to the programs?

Although the merger has not yet been formally approved by the Office of the Secretary, DHHS, some of the answers came immediately, others are still pending. The new organization would retain the name of DRR, and Dr. Robert A. Whitney, Jr., director of DRS, would assume the position of acting director.

When the merger was first discussed, Dr. William F. Raub, NIH deputy director, attended a DRR meeting and stated, "This is not a hostile takeover. Remember, I used to work here." He explained that a major consideration driving the reorganization proposals is the severe limitation on staffing levels for the administration of NIH programs. "The objective is not to eliminate positions in the short run," Raub continued, "but rather to locate programs where staff can be deployed most efficiently for longterm program management."

Basically there are two components involved in the merger—intramural and extramural. The intramural functions will remain intramural with no structural or locational changes while the extramural portion has been moved to the Westwood Bldg.

"Most of NIH's extramural programs, but not all, are located in Westwood," says Richard L. Shafer, executive officer for DRR. "Due to the increased need for space in Bldg. 31, the addition of new programs along with the expansion of others," he continues, "it was decided to move these programs to Westwood with the other extramural programs." The move took place the first week in January.

There were several programs in DRR that NIH Director James B. Wyngaarden felt should be looked at closely to see if organizational changes would be more beneficial. These programs are: General Clinical Research Centers (GCRCs); programs supporting minority research and training such as Minority Access to Research Careers (MARC), Minority Biomedical Research Support (MBRS), and Research Centers in Minority Institutions (RCMI); and the Biomedical Research Technology Program (BRTP).

To assist in placing these programs properly, Wyngaarden selected a task force to

MERGER

(Continued from Page 1)

suggest where these programs should be optimally located. Raub was named chairperson and Susanne A. Stoiber served as cochair. Other members of the task force included directors and senior officials from various BIDs.

Wyngaarden also asked the task force to consult with persons, both intramural and extramural, having particular interest in these programs.

"We have received a tremendous volume of mail from interested constituency groups such as grantee scientists, medical school deans and program administrators," Stoiber says. "In addition we met with program representatives, the DRR council and held a special meeting of BID directors."

The task force was asked to evaluate two proposals relating to the management of the GCRC program. The first was to transfer NIGMS' Trauma and Burn program into the GCRC program; the second was to transfer the GCRC program to NIDDK.

The group concluded that the Trauma and Burn program is a closely integrated research program that cannot be readily separated into basic research and clinical components; it recommended against moving the program from NIGMS to the GCRC.

GCRC was a tougher nut to crack. Various organizational arrangements were studied, including the move to NIDDK, with the hope of providing a more clinically oriented administrative environment without jeopardizing the mission of the centers as places to conduct general clinical research. A major concern was that the long-term independence and support of the GCRCs might not be assured if turned over to an institute. Another fear was that locating the centers within an institute might generate conflict between the managing institute and the user institutes. Such conflict could weaken the program. The task force, for these reasons, recommended the GCRC program remain within DRR.

The members also reviewed the three major programs that provide support for minority research and training (MARC, MBRS, RCMI) to decide if they could be more effectively managed within a single structure.

Stoiber says, "The idea was to consider if clustering all minority programs together might increase the effectiveness of the individual programs in enabling minority students to enter research careers and minority institutions to develop research programs."

The task force concluded that collocating the programs made sense only if the home organization offered the most compatible

environment for the individual program. This led to the recommendation that programs directed toward attracting minorities into careers in research—MARC and MBRS—be located within NIGMS, and that the RCMI program remain in DRR.

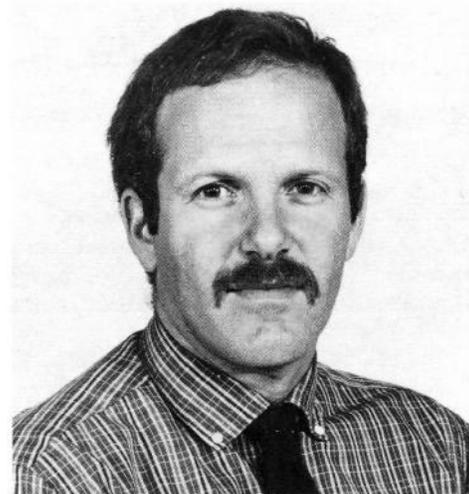
The Biomedical Research Technology Program was the next program to be studied with the possibility of transferring it to NIGMS to be managed with its biophysics program.

"This program," says Shafer, "is where Raub worked in 1970, serving as its chief."

In studying BRTP, the task force viewed the program as two sections—instrumentation and informatics. The optimal organizational location for one may be far less than ideal for the other. In addition, they felt the rapidly developing human genome project would generate an array of activities directed toward data base projects in molecular biology, an area in which DRR, NIGMS and NLM are already involved. Also the merger brings into DRR the Biomedical Engineering and Instrumentation Branch, which might offer additional professional depth to management of the BRTP.

In view of these developments, the task force was unable to reach a consensus on the preferred organizational location. However, it did recommend that NIH develop a trans-NIH plan for genome research and biotechnology information, which will determine management and funding arrangements for data base and technology support for molecular biology.

The task force has issued a preliminary report containing these recommendations; comments from interested parties have been invited. After reviewing the comments, the task force will develop a final set of recommendations and present them to Wyngaarden. □



Dr. Kenneth Croen, medical staff fellow in NIAID's medical virology section, recently received an ICAAC Young Investigator Award given by the American Society of Microbiology. He was recognized for elucidating important differences between how two herpes viruses, herpes simplex and varicella zoster, establish latent infections in human nerve cells. These differences may account for why these viruses have distinct patterns of reactivation.

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Status of NIH Drug Testing

The Department of Health and Human Services will be distributing, desk-to-desk in the near future, guidelines on how drug testing will be conducted throughout the department. The notice, which must be received 60 days before any drug testing may be started, will identify the job categories selected for random testing along with educational and rehabilitation plans that must be offered to employees. Following this general notice will be a specific notice sent to all personnel working in the selected job categories. This specific notice must be received by the employee at least 30 days in advance of any testing.

NIAID To Match Immunology Know-How with Transplant Technology

By Leslie Fink

Surgical craftsmanship has now gotten so adept that donated kidneys, hearts and other organs are stitched into new bodies with amazing precision. After years of experimentation, transplant physicians have solved the surgery problems that once prevented them from widely using organ transplantation as a treatment for disease.

But despite this progress, successfully transferring one person's organs into another person's body still faces a major hurdle: controlling the body's natural urge to repel foreign cells. The immune system, whose job it is to recognize and destroy foreign invaders, attacks the cells of a transplanted organ as though they were disease-causing viruses, bacteria or cancer cells.

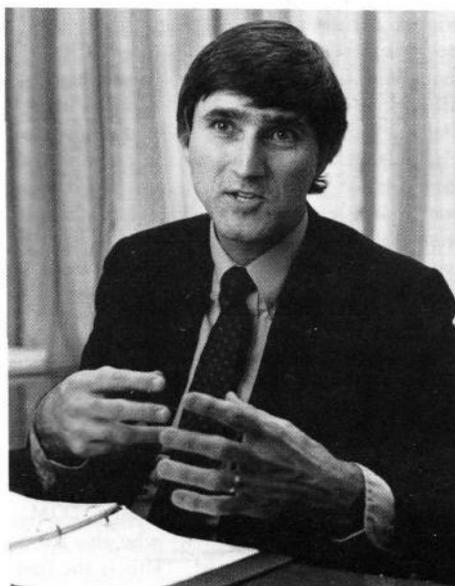
"The problem transplantation faces now," says Dr. William Duncan, chief of NIAID's Genetics and Transplantation Branch, "is trying to coerce the immune system to accept an organ that is foreign." If putting an organ into a patient is no longer a major problem, "getting it to stay there is," he says.

Through its recently renamed Allergy, Immunology, and Transplantation Program (AITP), the NIAID has set out to fortify and build new ties between laboratory immunologists and transplant teams to help solve this problem. Indeed, the success of an organ transplant relies on up-to-date knowledge about how the immune system works and how to alter it safely. In return, transplant patients give basic research immunologists rare opportunities to understand the idiosyncracies of the human immune system.

The program's new name better reflects the close ties between immunology and transplantation, says Dr. Robert Goldstein, acting director of AITP. "We want to let people know we're interested in transplantation with a capital T," he says.

NIAID's interest in organ and tissue transplantation started about a decade ago when AITP's predecessor, the Immunology, Allergic, and Immunologic Diseases Program, began developing reagents to match tissues from organ donors with those of recipients. "That's when transplant surgeons became interested in the NIAID," says Goldstein. "From there it became clear that transplantation and immunology would never again be separate."

As transplants more frequently become treatments for diseases, the AITP is forming new teams of molecular biologists, geneticists, cell biologists, immunologists and clinicians to tackle the diverse and complex challenges transplants pose to the body. In these groups, scientists at the lab bench are studying the



"The problem transplantation faces now," says Dr. William Duncan, chief of NIAID's Genetics and Transplantation Branch, "is trying to coerce the immune system to accept an organ that is foreign."

players in the immune system—genes, cell surface receptors and immune substances—to learn which ones perform important roles in recognizing and attacking a donated organ. Based on those findings, researchers in the clinic are testing high-tech drugs, such as monoclonal antibodies, designed to regulate specific parts of the immune system so that transplanted organs will survive longer in patients who receive them.

"We're trying to understand systems as complicated as memory is in the brain," says Duncan. "We want to know how to turn off a small portion of the immune system so the transplant will survive, but leave the rest on so we don't get infections."

Improved knowledge about the molecular and cell biology of the immune system will help scientists continue to refine ways to transplant a variety of organs and tissues, including the heart, kidney, liver, pancreas and bone marrow, from one person to another.

Already bone marrow transplants are used to restore infection-fighting abilities to patients whose immune systems have been wiped out by drug treatments, disease, or were defective from birth. Bone marrow is the soft, spongy interior of bone, which contains immature cells destined to become disease-fighting cells of the immune system.

Today, many patients are unable to accept

foreign bone marrow because it contains cells, called T lymphocytes, that attack the recipient's body. Even though this clash, called graft-versus-host (GVH) disease, can be diminished with drugs, it causes much illness and even death among patients who receive bone marrow transplants.

NIAID-supported scientists have begun to develop techniques to eliminate T cells from donated bone marrow before it is transferred into a patient. Refining these techniques to target only those T cells that participate in GVH disease will help patients' immune systems adapt to their transplants. By characterizing important cell surface molecules and immune substances, NIAID scientists also hope to develop drugs specifically aimed at knocking out the key players in GVH disease while leaving the rest of the immune system intact.

Researchers of genetic diseases have also become interested in bone marrow transplants because the technique promises to be a useful shuttle for genes themselves, carrying healthy genes into patients whose own cells contain defective ones. But lack of understanding about how transplanted bone marrow cells adapt to their environment has slowed the progress of these experiments. Although there are many obstacles to overcome, continued studies of how immature bone marrow cells grow into mature, functional cells will provide information crucial to the development of this gene transfer therapy.

The AITP currently supports three teams of immunologists and transplant physicians working to clear what may be transplantation's final scientific hurdle. These teams "represent the best mechanism to promote effective interaction between basic immunologists and transplant clinicians," says Duncan. The AITP plans to increase support of these collaborative projects by funding at least two new ones by 1990. "The NIAID supports strong research programs in basic immunology," says Duncan. "We can build on these basic strengths to expand our contributions to transplantation immunology." □

Need a Lift?

Disabled employees who occasionally need to commute from building to building, just across the main campus or even as far away as Executive Plaza and the Federal Bldg., may reserve a special lift-equipped van for door-to-door transportation by calling NIH motor pool, 496-3426. Two days notice is recommended. □

Transgenic Mice Develop AIDS-like Disease, Virus Recovered

Scientists at NIAID and NIDR have produced mice that may be a valuable model for understanding how the human immunodeficiency virus (HIV) induces disease in infected humans. The mice (a colony of which recently died by accident—replacements are now being developed) contain the genetic information for the AIDS virus in every cell of their bodies and spontaneously develop disease with many of the features of AIDS. The disease observed is providing a way to examine pathogenic effects of individual HIV proteins in various tissues and organs, as well as early steps in the evolution of immune system destruction.

"These transgenic mice are expected to be valuable not only for better understanding of HIV effects on tissue, but also for testing of therapeutics to prevent HIV-induced disease," said Dr. Anthony S. Fauci, NIAID director. "The transgenic mouse model may have applications beyond the HIV studies," adds Dr. Harald Löe, National Institute of Dental Research director. "You could use similar transgenic systems to investigate other viruses that cause human disease."

To study how HIV might affect tissues in a whole animal the researchers produced mice that contain complete copies of HIV genetic material in every cell of their bodies. Because the mice contain genetic material from another organism—HIV—in addition to their own, the mice are called transgenic. "Obtaining information about how HIV induces disease in infected people and ultimately destroys the immune system is a high priority of AIDS research. This can't be learned from the tissue culture systems currently available," said Dr. Malcolm A. Martin, chief, NIAID Laboratory of Molecular Microbiology, and head of the research team.

To make the transgenic mice, Dr. Jan W. Abramczuk, Laboratory of Oral Medicine, NIDR, injected complete copies of HIV DNA into fertilized mouse eggs that were subsequently implanted into anesthetized adult female mice. Sixty-four mice were born; of these, the researchers identified seven (called "founders") that contained complete copies of HIV DNA in their chromosomes and later transmitted the copies to their transgenic offspring.

None of the seven founder mice showed any sign of disease, but about one-half of the offspring of one founder developed symptoms that were apparent 10 to 12 days after birth. The affected animals were easily identified by their smaller size (50 to 60 percent of the weight of unaffected littermates) and a skin condition characterized by dry and scaly tails, ears, and paws. All the diseased animals contained copies of HIV in their cells, while their

healthy littermates did not. All affected animals died at about 1 month of age.

Several of the sick animals were sacrificed prior to natural death and their tissues examined microscopically to obtain information about how fatal HIV-induced disease evolves. All affected animals developed a lung disease characterized by accumulation of immune system cells called lymphocytes and macrophages around blood vessels in the lungs. This condition is similar to interstitial pneumonitis present in adult AIDS patients.

Lymphadenopathy (swollen lymph nodes in the absence of tumors or other infection) existed in all of the diseased animals. The affected mice also developed a skin condition that had many of the abnormal features of human psoriasis, a disease frequently seen in adults with AIDS. Of particular note was the recovery of infectious HIV particles from the skin, spleen and lymph nodes of some affected animals. Dr. Abner L. Norkins, chief, LOM, and scientific director, NIDR, who also participated in this work noted, "This is the first example of a transgenic mouse system in which the complete genetic information of an infectious human pathogen has been integrated into cells and the animals actually developed a disease."

The offspring of another founder mouse were also affected. These animals were smaller in size, became lethargic and died spontaneously. Every affected animal from which DNA could be obtained was transgenic (contained HIV). Other founder animals, in comparison, did not give rise to offspring that spontaneously developed disease.

Because mouse cells do not contain the receptor by which HIV enters human cells, mouse cells cannot naturally become infected with the virus. The researchers believe that the disease observed in mice was due to the synthesis of viral proteins or progeny particles within particular mouse cells. For example, the production of HIV proteins or complete viral particles within macrophages residing in the lung or lymph nodes of the transgenic mice could have a direct toxic effect on these tissues, or could elicit the production of cellular proteins that could induce the disease observed.

Because of potential hazards associated with the production of mice capable of producing infectious HIV particles in their cells, the experiments are carried out in NIH biosafety level 4 (BL4) containment facilities—the highest level.

Before beginning the experiments, Martin and his colleagues presented their research plan to, among other experts, an NIH biosafety committee, and to the NIAID Recombinant DNA Advisory Committee. □



Notary publics Dan Grauman, computer systems analyst, Biostatistics Branch, and Jean Stein, administrative officer, Division of Cancer Etiology, both of NCI, have collected \$70 for the Patient Emergency Fund by soliciting voluntary contributions for their notary services since last June following a suggestion made by coworker Ruth Wolfson. "Donations range from 50 cents to \$5," said Grauman, who has worked at NIH for 14 years. As notaries, they witness a variety of transactions that range from transferring car titles to filing insurance claims. Stein, a 25-year NIH veteran and notary since 1975, enthused, "I think adoption papers are my favorite ones to sign."

OPRR Receives Film Award

The Office for Protection from Research Risks, Office of Extramural Research, was awarded the Golden Eagle Award by CINE (Council on International Nontheatrical Events) for its videotape production, *The Belmont Report: Basic Ethical Principles and Their Application*. Dr. Charles MacKay, videotape series project director, accepted the award on behalf of OPRR at the 31st annual awards presentation ceremonies and CINE Showcase of Films recently at the Washington Plaza Hotel. Films selected for the CINE Golden Eagle Awards will represent American cinematography in international festivals abroad because of their outstanding technical direction, original script presentation and overall production.

This instructional videotape is one of three in a series entitled "Protecting Human Subjects." *The Belmont Report* examines the basis for such fundamental ethical principles as respect for persons, beneficence and justice, and how they apply in research. The videotape producer and director is Michael D. Hamilton.

Commenting on the videotape series, Dr. Katherine Bick, NIH deputy director for extramural research, noted that it was an effort of several PHS agencies and NIH components. The Office of Health Affairs of FDA, NEI, NIMH, the National Library of Medicine and the Clinical Center, as well as staff from several other NIH components also contributed to the project.—Darlene Ross □

Advisory Committee Seeks Representatives

The NIH Asian/Pacific Islander American Advisory Committee (A/PIAAC) celebrated its first holiday season together recently with a festive potluck luncheon in Wilson Hall. Guests included Dr. William Raub, NIH deputy director and Dr. Sun Zong-Tang, director of the Cancer Institute of China in Beijing. Sun is currently at the FIC for 1 year to conduct a liver cancer prevention project in collaboration with NCI.

A/PIAAC was formally established in September to advise the DEO director on issues and concerns of Asian/Pacific Islander American employees and to serve as a communication channel between employees and NIH management. The committee works toward advancing equal opportunity for Asian/Pacific Islander American employees, advising on such issues as career development, recruitment, cultural awareness and upward mobility.

A/PIAAC representatives are appointed from each of the BIDs. Elected officers for FY 1989 are: Fu Temple, chairperson, Dr. Jane Hu, vice chairperson, Dr. Victor Fung, executive secretary, and Lucie Chen, alternate secretary. Joan Brogan from the DEO staff serves as the

Asian program manager. Subcommittees of A/PIAAC include affirmative action, Asian culture and heritage, education and awards and public relations.

The committee is still seeking representatives from the following BIDs: NIDDK, NIA, DRR, NIAMS and CC. All employees are welcome to attend the committee meetings held on the first Wednesday of every month. For more information, contact Fu Temple, 496-7219 or Joan Brogan, 496-2906.

Shuttle Stop at Metro Moved

The Campus Shuttle bus stop at the Medical Center Metro Station has been moved at the direction of the Washington Metropolitan Area Transit Authority. The bus now stops at the last bay furthest from the Metro escalator rather than the closest stop. Drivers picking up passengers at other than the designated Metro stop will be ticketed by Metro police. Thus, drivers have been instructed not to pick up passengers other than at the designated kiosk. □

Fifth Rowe Symposium Scheduled

The fifth annual Wallace P. Rowe Symposium on Animal Virology will be held on Feb. 6 and 7 in the Lister Hill Auditorium, Bldg. 38A.

Sponsored by the National Institute of Allergy and Infectious Diseases, the symposium honors the late Dr. Wallace Rowe, who was an internationally recognized authority on animal virology. Rowe was chief of the Laboratory of Viral Diseases at NIAID from 1968 until his death in 1983.

A feature of the symposium is the presentation of the annual Wallace P. Rowe Award for Excellence in Virologic Research to an outstanding young virologist.

The theme of this year's symposium is "Viral Oncology." Internationally renowned investigators will discuss their research on oncogenes and growth factors, DNA virus transformation, virus evolution and genetic determinants of disease, retinoblastoma and retroviral leukemogenesis.

The speakers on the first day of the symposium will be Drs. Peter Vogt, University of Southern California; George Vande Woude, NCI; Hidesabura Hanafusa, Rockefeller University; Stuart Aaronson, NCI; Ronald Desrosiers, Harvard University; Daniel Di Maio, Yale University; Howard Temin, University of Wisconsin; and Webster Cavane, Ludwig Institute for Cancer Research.

The second day's speakers include Drs. James Mullins, Harvard University; Daniel Nathans, Johns Hopkins University; Wen Hwa Lee, University of California at San Diego; Ed Harlowe, Cold Spring Harbor Laboratories; Neal Copeland, NCI; and Kuan-Teh Jeang, NIAID. Interested persons may call 496-3006 for more information. □

Ihde Named JNCI Editor

Dr. Daniel C. Ihde has been named editor-in-chief of NCI's biweekly scientific journal, the *Journal of the National Cancer Institute*. He succeeds Dr. Robert Wittes. The new *Journal*, which was launched in March 1988, covers the full spectrum of cancer research from molecular biology to clinical trials.

Ihde received his medical degree from the Stanford University School of Medicine. He was a clinical associate in NCI's Medicine Branch from 1973 to 1975. He became a senior investigator in what is now the Navy Medical Oncology Branch in 1975. He has been the deputy chief of the Navy Medical Oncology Branch and head of its clinical investigations section since 1981. He is also a professor of medicine in the Uniformed Services University of the Health Sciences and director of the department of medicine's division of hematology/oncology. □



NIH's Asian/Pacific Islander American Advisory Committee gathered recently to celebrate the holidays. Committee members are (back row, 1 to r): Charles E. Hamilton, NIAID; Apolinario E. Sebastian, ORS; Dr. Toshimichi Shinobara, NEI; Dr. Ferdinand Hui, FIC; Baldwin M. Wong, NICHD; Dr. Carl Ohata, NHLBI; Dr. Kenneth Chu, NCI; Dr. Victor Fung, NIEHS; (middle row, 1 to r): Robert McDewitt, NIMH; Lucie Chen, NLM; Margaret Feng, NLM; Clara Gault, NHLBI; Mya Hlaing, NICHD; Dr. Su-Chen Tsai, NHLBI; Karen Hardman, NIDR; Delia F. Mahjoub, NIAID; (front row, 1 to r): Joan D. Brogan, DEO; Fu Sing Temple, NIGMS; Yin Ling Chien, NIGMS; Mimi Kang, NIGMS; Dr. Jane H. Hu, DRG. Members not pictured are: Annette Kuo, NIDR; Raymond Lim-Sharpe, ORS; Krishna K. Jain, DRG; Dr. B. K. Lee, DCRT.

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alents—a measure of staffing) and budget issues. I also learned that I didn't want to be an AO."

All of the AOs with whom she worked in that rotation are now executive officers, she points out.

Her third rotation, taken with Kurt Habel in a program planning office, resembled the second in that it taught her the kind of projects that, for her, are best to avoid.

"I didn't like the long-term planning and reporting aspect," she said. "It's not for me to collect loads of information then huddle up in a room for a few weeks to write a report."

Houser's last rotation, in the Division of Legislative Analysis, found her falling in love.

"It was wonderful," she recalls. "I can still remember the first hearing on Capitol Hill that I attended. It was the Labor and Human Resources Committee with Kennedy as chairman. It was an exciting time. Those people are impressive and powerful. They do things that affect us and we know it."

In DLA, Houser found an office where

"Make the year count. Pick really good assignments. Meet as many people as you can. Do a good job at everything and realize that people will excuse you if you make mistakes."

—Anne Houser, DLA

"everything that is important to NIH is important to this office." There was no question that she would seek her first post-MI job in DLA.

"Unfortunately, there were no slots available when I graduated," she remembers. "Then two people suddenly left and I joined DLA as a program analyst."

That was a decade ago. Today she is chief of DLA's Legislative Liaison and Analysis Branch.

"It is not any less exciting today than it was then," she says. "I've been to hundreds of hearings and the excitement of that has waned a bit. But the issues we face are always new."

Houser manages a staff of three, including former MI Rosalind Gray, her AIDS expert. She has been mentor to some half dozen MIs since 1978 and is "always on the lookout for MI grads."

"You really have to want to be in the MI program," she advises. "You have to prove

yourself all over again every 3 months. People remember reputations many years down the line. You meet a lot of people and find out who does what. They get some sense of your competence and what you can do."

Houser says there was a time during her lab years when "I felt there was nothing beyond the laboratory. I had never even seen a memo before—we were not included in the general bureaucratic maze."

Today she declares that EOs and AOs "make the world run."

Her advice to new MIs is simple: "Make the year count. Pick really good assignments. Meet as many people as you can. Do a good job at everything and realize that people will excuse you if you make mistakes. It's a year that you can't lose in—a golden year."

What Goes Down Must Come Up

Leave it to a person who is legally blind to be able to see far enough into the future to know that a downgrade today may lead to an upgrade tomorrow.

Donald Poppke has known for 30 years that he has diabetes, and that a complication known as retinopathy would restrict his sight; that is a physical problem that he can accept and manage.

The sights he has set on his career goals, however, are rather emphatically unimpaired. It takes uncommon vision to accept a downgrade—not just once, but twice—in order to improve future prospects.

He came to NIH in 1974 with a B.S. degree in biology from Washington and Lee University and some experience in electron microscopy gained at Microbiological Associates in Bethesda and at Howard University Medical School.

Poppke joined NIDR's Laboratory of Biochemistry, then under the direction of Dr. Karl Piez, and continued his microscopy there until 1980, rising to the GS-11 level.

By that time he had begun to recognize the need to change direction, in part because of deteriorating eyesight. He enrolled in a master's program at American University in science/technology management, attending classes at night.

"I wanted a career change that would utilize my science background but wouldn't be pure science," he said. "I knew some MI grads who encouraged me to apply to the intern program, even though it would involve a four-grade drop to GS-7. I was very naive about the whole thing to begin with. I didn't know what the initials BID (bureau, institute, division) meant, let alone what BID I was in."

One of 10 interns selected in 1980, all of whom were inhouse employees, Poppke says, "I had high expectations. I was extremely

happy to be selected."

Right from the start, he took a unique view of the program.

"I approached it differently than most," he recalls. "I looked at it from a vertical organizational perspective, not horizontally. I intentionally sought to experience an institute, Building 1, and PHS or DHHS. That was my plan and I stuck to it."

His first rotation was in general administration for NEI.

"It was kind of a sampler—I dabbled in each of the major areas in 2-3 week minirotations."

Next stop was budget analysis in DHHS, after which he took the ever-popular tour through the Division of Legislative Analysis. His last assignment was a return to DHHS budget, this time to probe the substance of it rather than the process.

"Budget was the least likely thing I would have expected to find interesting when I entered the MI program," he admitted. "My preconceived notion that it was just a lot of checkbook balancing was thrown out the window."

Presently a DHHS budget official with oversight of all seven agencies within PHS, Poppke is something of a budget disciple these days.

"I now know that budget is the engine that drives the machine. It is the most forward part of planning. If the dollars aren't there,

Birds of a Feather ...

A funny thing happened while the *Record* was interviewing the ex-Management Interns for this story. The conversations kept being interrupted by calls or visits from fellow MIs.

Twice during the interview with Donald Poppke, former MIs popped into the picture.

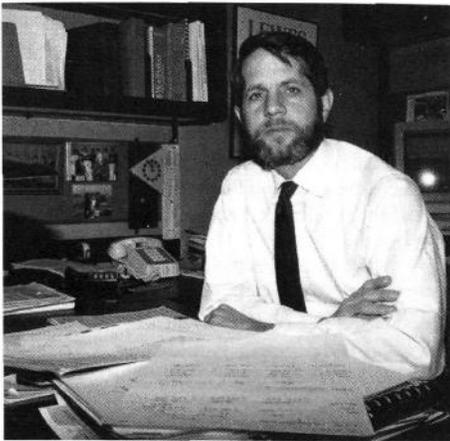
James Becraft (1972) stopped by Poppke's office to say hello. He is currently director of the Division of Budget Policy and Management, DHHS.

"MI was a great program," he enthused. "I came to it right out of the Marine Corps. I probably wouldn't have entered government service at all if not for MI."

Becraft still carries the flyer announcing the MI program from 1972 in his briefcase as a happy reminder.

Later in the interview the phone rang. It was Steven Foster (1975) calling from New York where he works for the Dana Foundation.

"He wanted to know why the cancer institute was spending its grant money in a certain way," Poppke confided.



Donald Poppke oversees the budgets of all PHS agencies in his current position. "NIH's reputation of being the best managed and best run agency is well-deserved," he said.

despite good intentions the programs won't happen."

Poppke was offered a DHHS budget position upon graduating from the MI program and spent 2 years there, confident that budget experience would be helpful no matter what he did later.

"NIH has a cadre of really bright bachelor-level people who don't want more science training. They're an untapped wealth (for management training)."

—Donald C. Poppke, DHHS

"After 2 years, though, I wanted to explore something other than budget," he said. A leadership change in the department also affected his decision to leave.

In 1983 he joined NCI as an administrative officer in the Cancer Therapy Evaluation Program, taking a downgrade from GS-12 to 11.

"It served my longer term goals well to do it twice," he commented.

The CTEP job lasted 2 years, ending just as an executive officer job was opening at the new National Center for Nursing Research. By this time he had earned his master's degree from American University.

"I was just in the right place at the right time," he says, allowing that the MI credentials and network helped too.

MI, he says, is not an end in itself but the means to gain exposure to other areas and important people.

"It's the beginning of the hard work, not the end," he cautions. "I have kept in touch with the people I met during my internship.

They are a great source of advice."

Poppke said the EO position at NCNR was "a terrific experience for me. It was exciting to be part of creating a new organization."

After the new center was up and running, however, his game plan was to leave it to someone else.

"I'd had 4 years in general administration by that time and decided that budget was more suitable for me."

On Dec. 7, 1987, he became senior analyst for PHS in the Office of Budget, DHHS, a position that made him boss of the office in which he had originally interned.

"I'm very satisfied now and don't foresee any immediate change, which is rare for me," he allowed. "I think I could stay here for quite a while. I enjoy the frenetic environment. There's lot of firefighting and management by crisis. You often have to throw your agenda out the window each morning."

Poppke is currently acting as mentor to a presidential management intern (a more lengthy version of MI) and has two more PMIs on his staff.

"I enjoy counseling people on their careers," he says. His advice on the MI experience? "NIH has a cadre of really bright bachelor-level people who don't want more science training," he observes. "They're an untapped wealth (for management training). They understand the culture of science. It's important to have this viewpoint in the management of science.

"They could be groomed and turned into the kind of people NIH needs to assure continued management excellence," he continued, "particularly since NIH has limited recruitment from the outside."

For a person who is legally blind, that's not a bad view of the future.

Löe Wins Swedish Dental Prize, Surgeon General's Award

Dr. Harald Löe, director, National Institute of Dental Research, is the recipient of both the Swedish Dental Society's International Prize and the Surgeon General's Exemplary Service Award.

The Swedish Dental Society's International Prize of 100,000 Swedish kronor (approximately \$17,000) was presented to Löe during a ceremony held recently in Stockholm in connection with the 25th anniversary of the Swedish National Dental Research Meeting. Löe was the first to receive the award dubbed the "Nobel Prize of dentistry" and given to the dentist who has performed a pioneering effort in dental research or other areas of



At a special award ceremony, Surgeon General C. Everett Koop (r) presented NIDR director Dr. Harald Löe with a medal as part of the Surgeon General's Exemplary Service Award.

importance for dental science.

At the ceremony, Löe delivered a lecture on the importance of research for the future of the dental profession.

The Surgeon General's Exemplary Service Award was personally presented to Löe by U.S. Surgeon General C. Everett Koop at NIDR's annual holiday party.

The award included a medal and a walnut plaque with a mounted replica of the medal citing Löe's "exceptional merit in the continued effort to improve the health of the American people through the United States Public Health Service."

The Surgeon General's Award is given to civil service employees of the PHS who have "exemplified the highest leadership and commitment to meeting the initiatives of the Office of the Surgeon General and to the mission of the PHS." □

Learn More About MI

If you would like to know a little bit more about the NIH Management Intern Program, there are three information sessions this week that you can attend.

The hour-long sessions beginning at 11 a.m. will be held Jan. 25 in Bldg. 10, Rm. 9S235; Jan. 26 in Bldg. 36, Rm. 1B13; and Jan. 27 in the Hubert H. Humphrey Bldg. in Washington, Rm. 703H.

In addition to facts about MI, the meetings will include details on the application and selection process.

For more information, please call the NIH Training Center, 496-6211.

Dr. Kenneth S. Brown Retires from NIDR

Dr. Kenneth S. Brown retired recently. He served as medical director in the Public Health Service and as principal investigator in the connective tissue section, Laboratory of Developmental Biology and Anomalies, NIDR. He was with the institute for 27 years.

Retirement includes living with his wife on his 37-foot, 10-ton sailboat known as "Wind-swept." Expeditions are planned to the Caribbean and to Europe.

"Retirement is a perfect time to sail across the Atlantic. We have our health, the time and the flexibility; it is a unique window of opportunity," he said. Their three children will accompany them on some of their voyages.

Brown's chief research interests at NIDR included the genetics, biology and biochemistry of birth defects, particularly those of the craniofacial structures such as cleft lip and cleft palate.

Last year, a special award was established in his honor by the National Foundation for Ectodermal Dysplasias for his "zeal for foundation efforts and for his own considerable contributions." Called the "Dr. Kenneth S. Brown Ectodermal Dysplasia Research Award," it will be given to researchers who have made significant contributions or greatly enhanced the understanding of the ectodermal dysplasias (malformations of the embryo).

The things he liked best about NIH? "The community atmosphere. People at the NIH are always helpful. The support for researchers at NIH is excellent; there is just no comparison with academia or private industry. The leaders at NIH have a clear vision of long-term goals and the administrative staff constantly thinks about the scientists—what more could you ask?"

Brown received his B.A. and M.D. from



Dr. Kenneth Brown

the University of Chicago. He joined the PHS in 1960 as an assistant surgeon and interned at Blodgett Memorial Hospital in Grand Rapids, Mich.

Brown joined NIDR as a clinical associate in 1961 and in 1962 he became a senior assistant surgeon in the PHS reserve. In 1964 he began serving as a staff investigator in the Human Genetics Branch at NIDR and by 1969 he was promoted to surgeon in the PHS regular corps. From 1967 to 1974 he served as chief, developmental genetics section in the Human Genetics Branch and in 1974 he became a principal investigator in the connective tissue section, LDBA. In 1980 he was elevated to the rank of medical director in the corps.

During his long and prolific career with NIH, Brown served as acting chief of LDBA and as special assistant to the scientific director, NIDR. For more than 20 years, he was also a faculty member with the Foundation for Advanced Education in the Sciences.

Brown received several honors and awards including the PHS commendation medal in 1983 and the PHS outstanding service medal in 1987. □

Personal Computing Branch staffs; and using the comprehensive URC library.

Additionally, a learning assignment employee will perform duties during his or her scheduled times in the URC as a member of the resident staff. These activities will not only reinforce and expand the employee's PC knowledge but will facilitate his or her teaching and communications skills. Upon conclusion of a learning assignment, the employee will not only be better prepared to use the technology but also will be more qualified to assist others in their own work area.

Employees with basic or advanced PC skills and an interest in this program may call George Murray, Jr., 496-5025, for further information. □

URC Offers Learning Assignments

Employees who want to learn more about using personal computers may now request a learning assignment at the User Resource Center located in Bldg. 31, Rm. B2B47. While these assignments can be tailored to meet employees' needs, usual schedules require 4 to 24 hours per week during a 3 to 6 month period.

These assignments offer an opportunity to expand PC skills and to learn more about the hardware and software applications used at NIH. This is accomplished through: taking self-study software courses; experimenting with the IBM and Macintosh PCs connected to a variety of printers and state-of-the-art devices; having direct access to the URC and

Mammography Screening Offered

The Occupational Medical Service clinic of the Division of Safety is sponsoring a low-cost mammography screening program Feb. 6-10. A mobile screening van staffed by trained female technologists will be provided by Drs. Groover, Christie, and Merritt, a Washington area radiology group. The screening locations and dates are:

Bldg. 31	C Wing	Feb. 6
Bldg. 10	10C Parking Lot	Feb. 7
Bldg. 35/36	Near Convent Dr.	Feb. 8
Westwood Bldg.	South Parking Lot	Feb. 9
Executive Plaza	North Parking Lot	Feb. 10
between 2 buildings		

To participate in the program, women must:

- Be age 40 or older unless there is a family history of breast cancer. Younger women who have a physician's order (prescription) will be accommodated.

- Be asymptomatic—experiencing no current breast problems (example: pain in one breast, lump or nipple discharge).

- Have a physician to whom the report will be sent (participant will also receive a copy).

- Not have had a mammogram within the last 12 months.

- Not have breast implants.

- Not be pregnant or nursing.

- Pay via Visa, MasterCard, check or money order in the amount of \$55 at the time of the exam.

To schedule a 30-minute appointment, interested employees may call the OMS Westwood health unit, 496-7638. Space is limited and requests will be handled on a first-come, first-served basis. Women unable to participate in this program may request a list of alternative screening centers.

In addition to mammography screening, a 1-hour general breast health education program will be offered on Monday, Jan. 30 at 11:30 a.m. in Masur Auditorium, Bldg. 10.

Breast cancer is the most common type of cancer among American women. Early detection through breast self-exam, mammography screening and examination by a health professional is linked to successful treatment. Take a step in the new year toward better health by participating in the screening and education programs. □

ECS Presents Film

The NIH Employee Counseling Services will present a film entitled *Sons and Daughters: Drugs and Booze*, about the parental role in prevention, on Thursday, Feb. 16, from noon to 1 p.m. in the Little Theatre, Clinical Center.

This is part of the Guest Lecture/Film Series presented by ECS. □

Lyme Pioneers Honored

As part of a scientific workshop on Lyme disease cosponsored by NIAMS and NIAID in Bethesda last month, several people were honored for their contributions to Lyme disease research.

Dr. Allen C. Steere, NIAMS grantee at Tufts-New England Medical Center in Boston, was recognized for his discovery of Lyme disease. Dr. Willy Burgdorfer, scientist emeritus in the NIAID Laboratories of Pathobiology at the Rocky Mountain Laboratory in Hamilton, Mont., was honored for his seminal discovery of *Borrelia burgdorferi* as the etiologic agent of Lyme disease. Polly Murray and Judith Mensch, who first brought Lyme disease to medical attention, were honored for their dedication and contributions to the identification of Lyme disease as a new clinical entity.

The most common tick-borne disorder in the nation, Lyme disease involves many systems of the body including the skin, joints, nervous system and heart.



Lyme disease research honorees included (from l to r): Dr. John Gallin, director of intramural research, NIAID; Polly Murray; Dr. Lawrence E. Shulman, director, NIAMS; Dr. Willy Burgdorfer; Dr. Allen Steere; and Dr. John R. La Montagne, director of the Microbiology and Infectious Diseases Program, NIAID.

Hope E. Hopps, Retired FDA Scientist, Dies

Hope E. Hopps, 62, a retired scientist and administrator at the Center for Drugs and Biologics, Food and Drug Administration, died of cancer Nov. 7 at George Washington University Hospital. She lived in Silver Spring.

Hopps was born in West Warwick, R.I. She graduated from the University of Rhode Island, and received her master's degree from the University of Maryland in 1950. Because of her recognized potential, she received a National Research Council scholarship for her graduate studies. After a short time as senior bacteriologist at Garfield Memorial Hospital, she joined a research group at Walter Reed Army Institute of Research. In 1956 she transferred to the National Institute of Allergy and Infectious Diseases, then in 1960 went to NIH's Division of Biologics Standards, which subsequently became the Bureau of Biologics of the FDA in 1972.

At that time, she essentially left the laboratory bench to become an assistant to the director of biologics, a position she held until her retirement in 1981. Because of her expertise and accomplishments in the fields of infectious diseases, immunology, cell biology and vaccine development, she was asked to return to government service when the FDA's Bureau of Biologics and Bureau of Drugs were merged into the Center for Drugs and Biologics. In 1982 she was reinstated as acting associate director for program development and operations. In 1983 Hopps again formally retired, but continued to be a consultant and guest worker for the Center for Drugs and Biologics until her death.



Hope E. Hopps

Hopps was active in numerous societies and was president of the Washington Chapter of Graduate Women in Science 1967-68, and national president in 1972. Her scientific achievements in the broad field of infectious diseases gained her national and international recognition. She frequently represented the U.S. government abroad on scientific issues. She authored or coauthored 89 papers in scientific journals and medical books, and was the recipient of two U.S. patents for discoveries related to vaccine development.

She is survived by her husband, George; one brother, Robert J. Byrne of Coventry, R.I.; a sister, Helen G. Molony of Raleigh, N.C.; and several nieces and nephews.

Lecture on Computer Docs

"Artificial Intelligence in Medicine," the third offering in the STEP program's "Science for All" series will be held on Thursday, Feb. 2 from 1 to 3 p.m. in the Lister Hill Auditorium, Bldg. 38A. Transportation is available via the NIH campus shuttle bus and parking is available in lot 41B.

The talk will be presented by Dr. Lawrence C. Kingsland, chief of the Computer Science Branch of the Lister Hill Center for Biomedical Communications, NLM. With the aid of a video exhibit that is currently touring museums of science throughout the U.S., Kingsland will discuss what artificial intelligence is and how it works. In addition, he will demonstrate an artificial intelligence software program used by doctors to diagnose and treat rheumatic disorders such as arthritis. AI/RHEUM, one of the world's largest medical artificial intelligence systems, contains in its knowledge base information on 32 rheumatologic diseases and has been tested with more than 500 clinical cases. Following the lecture, participants will be able to take one of two optional tours: a visit to the Learning Center, a facility for interactive medical education software; or a walking tour of NLM.

Advance registration is not required nor is continuing education credit available. For additional information, contact the STEP program office, 496-1493. □

NHLBI's John Gill Retires

Dr. John R. Gill, Jr., a senior investigator with the National Heart, Lung, and Blood Institute's Hypertension-Endocrine Branch since 1960, is retiring after 31 years of federal service.

A native of Richmond, Va., Gill received his undergraduate and medical-school training at the University of Virginia. After receiving his M.D. in 1954, he completed his internship at Washington University of St. Louis in 1955 and his residency at Duke in 1957.

That year he joined the staff of NHLBI as a clinical associate in the (then) Laboratory of Clinical Endocrinology. Except for a year's study with the Institute of Biological Chemistry in Copenhagen, he has been with NHLBI ever since.

Since 1966, Gill has also served on the faculty of the Georgetown University School of Medicine, where he is currently clinical associate professor of medicine, a post he has held since 1972.

An astute clinician and meticulous researcher, Gill has authored or coauthored



Dr. John Gill

more than 180 scientific papers and abstracts on a variety of topics. His main areas of research and clinical interests have included the kidney and processes involved in the regulation of blood pressure, electrolyte, fluid, and acid-base balance; neurological and hormonal mechanisms (especially hormones from the adrenal glands) that normally act as regulators or modulators of those processes; and diseases that upset the status quo by involving the kidney directly or by perturbing its neurohormonal controls.

Gill is a member of a number of professional societies including the Endocrine Society, the American Society for Clinical Investigation and the American Society of Nephrology. He has also served on several advisory groups of the American Heart Association, NIH and NHLBI. □



Damara Bolte (r), chief of the production unit, presents gifts to recently retired Dessie Kirkland and Charles A. Blake as they and other 1988 retirees were honored by the small animal section. VRB, DRS.

Farewells at the Small Animal Section, DRS

Employees of the small animal section, Veterinary Resources Branch, DRS, attended a triple-whammy party given by the section on Dec. 16 honoring five long-time employees who retired during 1988, presenting length-of-service awards for 30, 20 and 10 years in VRB, and (of course) celebrating the Christmas season.

Dr. Nathan Jackson, acting section chief, and 73 other employees honored 1988 retirees Charles A. Blake, Jurline Cox, Birdie Dinkins, Anita P. Hebron and Dessie Kirkland. Dinkins and Hebron also received 30-year length-of-service awards.

Twenty-two employees received 20-year service awards and three received 10-year awards. □

Magazine Honors Randy Schools

Randy Schools, general manager of the R&W at NIH, was recently named a "Washingtonian of the Year" in the January issue of *Washingtonian* magazine.

One of 17 honorees recognized for making the metropolitan area "a better place for all its people," Schools, who has worn many hats in his life including those of a military counterintelligence agent and a Garfinckel's manager, now devotes much of his time and efforts to fundraising for such charitable organizations as Camp Fantastic and Special Love, Inc., Friends of the Clinical Center and the Children's Inn at NIH, in addition to his duties at the R&W.

If that list of his philanthropic activities is not convincing, perhaps Schools may be judged by the company he keeps; other Washingtonians of the Year include Rep. Steny Hoyer (D-Md.), broadcaster Larry King, newspaper columnist Courtland Milloy and Redskins quarterback Doug Williams. □

Brossi Earns International Honors for His Chemistry

Dr. Arnold Brossi was recently awarded the 1988 Charles Mentzer Prize of the Société de Chimie Thérapeutique in Strasbourg, France, for his distinguished accomplishments in NIDDK's Laboratory of Chemistry. He was also recently elected honorary member of the Polish Chemical Society and invited to serve as adjunct professor and international advisor of the National Institutes of Pharmaceutical Research and Development in Beijing, China.

Brossi came to NIH in 1976 as chief of NIDDK's section on medicinal chemistry in the Laboratory of Chemistry. Founded in 1905, the Laboratory of Chemistry is the oldest laboratory at NIH. Its independent research teams, applying the science of chemistry in its broadest context, are investigating the mechanisms of enzymatic reactions and their simulation, medicinal chemistry and drug receptors, immunochemistry, novel toxins and metabolic pathways.

A medicinal chemist, Brossi has mainly been interested in synthesizing and studying biologically active natural products such as colchicine and physostigmine and drugs for malaria treatment. Recently, as leader of an international research team on the development of antimalarial drugs sponsored by the World Health Organization, he and his collaborators discovered a new, potent drug called arteether, which is derived from the Chinese antimalarial drug qinghaosu also called artemisinin. Qinghaosu is an ingredient of the Chinese weed *Artemisia annua* and has proven effective in combating drug-resistant strains of the disease-causing stage of malaria parasites. Currently, he is working on a chemically similar but more potent derivative of quinghaosu, which the body assimilates more easily than the natural drug.

In addition to his personal research interests and accomplishments in the Laboratory of Chemistry, Brossi has directed the research training of 30 postdoctoral fellows from 13 countries. He is internationally recognized for his research contributions, having been invited to speak at many national and international congresses. He is the author or coauthor of more than 300 scientific papers and is inventor and coinventor on several patents.

—Eileen Corrigan □

R&W Membership Drive

Memberships can be purchased at all R&W Gift Shops, or by sending a check made out to R&W for \$3.50 (After Jan. 31, cost is \$5) to: R&W, Bldg. 31, B1W30. Be sure to include your work address and phone. □



TRAINING TIPS

The NIH Training Center of the Division of Personnel Management offers the following:

<i>Courses and Programs</i>	<i>Dates</i>
<i>Management and Supervisory</i> 496-6371	
Getting Results in Task Oriented Groups	2/15
Attitudes: How They Affect in the Work Environment	2/7
Effective Presentation Skills	2/13
Federal Budget Process	2/22

<i>Office Operations Training</i> 496-6211	
Your Image: Make It Work For You	4/21

Adult Education 496-6211

Training and Development Service 496-6211

Management Intern Applications now available

Personal Computer training is available through User Resource Center (URC) self study courses. There is no cost to NIH employees for these hands-on sessions.

The URC hours are:

Monday–Thursday	8:30 a.m.–9:30 p.m.
Friday	8:30 a.m.–4:30 p.m.
Saturday	9:00 a.m.–3:00 p.m.

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FY 89 Training Center Courses

Access Wylbur and enter SHARE TRAINING. First time users only, enter: x fr &ags2UGL.@@share(setup) on file37

FAES Offers Stipends

FAES is administering special funds known as Wellcome Stipends to augment the stipends of postdoctoral level guest workers at NIH. Depending on the total funds that are available and the number of eligible applicants, a maximum of \$3,600/year (\$300/month) may be granted to each approved individual as an income supplement to a maximum total family income of \$15,000/year plus \$1,000 for each dependent including spouse.

The selection committee will consider the scientific merit of the research to be conducted as well as need and professional qualifications of the applicant.

Awards will be made twice a year, Mar. 31 and Sept. 30 for the 12-month period beginning Apr. 1 and Oct. 1, respectively. Applications for 1989 must be received in the FAES office on or before Feb. 26 for the March awards and on or before Aug. 26 for the September awards. Applications are being accepted now for the awards to be made on Mar. 31.

Application forms are available in the FAES Business Office, Bldg. 10, Rm. B1C18 or by calling 496-7976. □

Jo Braz, Former CC Nursing Service Chief, Dies

Jo Braz, former chief of the Allergy and Infectious Diseases Nursing Service, died Oct. 29, 1988, in an automobile accident. She was 66. Braz, who retired in October 1982, had been with the Allergy and Infectious Diseases Nursing Service since 1955.

Prior to coming to NIH, Braz specialized in pediatric nursing. From 1951 to 1955 she was head nurse at Children's Hospital in Washington, D.C. From 1947 to 1950 she was a staff nurse at Children's Hospital in St. Paul, Minn. From 1946 to 1947 she was head surgical nurse at Shriners' Hospital for Crippled Children in Minneapolis. In 1946 she specialized in infant care at Children's Hospital in San Francisco. From 1944 to 1945 she was a staff nurse at Children's Hospital in Honolulu.

A native of Hilo, Hawaii, Braz received her nursing degree in 1944 from St. Frances Hospital in Honolulu. In 1967, she received a B.A. in nursing administration from American University in Washington. She was affiliated with the American Nurses Association, the Maryland Nurses Association, the National League for Nurses and the American Red Cross.

Upon retirement, Braz became a resident of Crisfield, Md., where she continued her nursing career part-time at McCready Memorial Hospital.



Jo Braz

Braz is survived by three brothers and two sisters; John F. Braz and Ernest F. Braz of Honolulu, Hawaii, William F. Braz of Santa Clara, Calif., Olympia Lonsinger of Cawker City, Kan., and Bunny Alsheimer of Silver Spring, Md. The family has suggested that contributions in Braz' memory be sent to the NIH Patient Emergency Fund or Mother's Against Drunk Driving.

Colleagues Mourn Mike Levy, Health Physicist with DS

Mike Levy, 39, a health physicist with the Radiation Safety Branch, Division of Safety since 1980, died as a result of a brain aneurysm on Jan. 9.

His most recent work involved operating the Clinical Center whole-body and thyroid counters for both patients and radionuclide users. He was trained in electrical engineering at MIT, and received his board certification in health physics in 1986.

Prior to joining NIH, he served as medical engineer for Massachusetts General Hospital's department of radiological medicine, and as a consumer safety officer in FDA's Bureau of Radiological Health. In his spare time he acquired a commercial pilot's license, jogged, biked, hiked and played competitive tennis.

Levy's enthusiasm for working directly with scientific and support staff, his quick mind, sense of humor and his extensive expertise led him to excel as a teacher in small groups, large groups and in one-on-one situations. His particular sensitivity to the needs of staff he supported was repeatedly noted in letters sent to branch management by appreciative staffers.

Together with his wife, Marcia, Mike raised



Mike Levy

a family of three—Ilana, age 7, Byron, 5, and Melissa, 2. As a response to numerous calls from NIH staff interested in expressing their sympathies with Levy's family, friends have created a fund to benefit his children. For more information, contact Peter Doob, 496-5774.

Fogarty Center Gains Four New Leaders

Dr. Richard M. Krause, former director of the National Institute of Allergy and Infectious Diseases, has rejoined the NIH as senior scientific advisor to the Fogarty International Center.

Dr. Philip E. Schambra, director of the Fogarty Center, announced Krause's appointment and several other changes in FIC leadership. These include Dr. Kenneth A. Collins as chief of the International Services and Communications Branch, F. Gray Handley as chief of the International Coordination and Liaison Branch, and Dr. Jack R. Schmidt as chief of the Scholars-in-Residence program.

In his new position, Krause will play a central role in bringing a more rigorous scientific orientation to the FIC and in identifying international scientific needs in cooperation with the institutes of the NIH.

Krause was NIAID director from 1975 until 1984, when he left to become dean of the Emory University School of Medicine in Atlanta, Ga. At Emory, he launched a major recruitment for new chairpersons and other faculty, and implemented extensive expansion of the research laboratories.

While NIAID director, Krause reorganized the institute to take advantage of new research initiatives and promoted basic and clinical research in vaccine development, sexually transmitted diseases, tropical medicine, and allergic and immunologic diseases.

Krause came to NIAID from Rockefeller University, where he was professor and senior physician at the hospital. He achieved an international reputation for his work in immunology and microbiology. A persistent theme of his research was the significance of substances in bacteria that stimulate the immune system; he concentrated on the genetic factors influencing these intricate processes.

In addition to Krause's appointment, Schambra announced other senior level changes at FIC:

Dr. Kenneth Collins is chief of the International Services and Communications Branch, a new position created by the merger of FIC's Foreign Scientists' Assistance and Volunteer Services programs. Collins comes to FIC from the Division of Research Grants, where he was chief of the research documentation section, Information Systems Branch. He was responsible for operation of CRISP (Computer Retrieval of Information on Scientific Projects), a large scientific database of information on PHS-supported research projects.

Prior to DRG, Collins' professional experience included work at the National Library of Medicine, the Library of Congress and the Pan



Fogarty International Center director Dr. Philip Schambra (second from l) has recently filled several top posts in FIC. Appointments include (from l) F. Gray Handley, chief, International Coordination and Liaison Branch; Dr. Richard M. Krause, FIC senior scientific advisor; and Dr. Kenneth A. Collins, chief, International Services and Communications Branch. Not pictured is Dr. Jack R. Schmidt, chief, Scholars-in-Residence program.

American Health Organization.

F. Gray Handley is the new chief of the International Coordination and Liaison Branch (ICLB). Formerly, Handley was at the U.S. Department of State, where he was executive director of the U.S. Secretariat for the International Conference on Drug Abuse and Illicit Trafficking. He has worked extensively in the international arena, including the State Department's Bureau of International Organization Affairs, the World Health Organization in Geneva, and the PHS Office of International Health. He was also a presidential management intern.

Handley recently returned from a month in Vienna, where he served as advisor on the U.S. delegation to a plenipotentiary conference that negotiated an important new multilateral convention against drug trafficking. The delegation was led by the attorney general, and the U.S. was one of 40 signatories.

Dr. Jack Schmidt, former chief of the ICLB, has been appointed chief of the Fogarty Scholars-in-Residence branch. He succeeds Dr. Peter Condliffe, who retired last August.

—Jim Bryant □

Calling All Cold Sores

The National Institute of Dental Research is looking for individuals who have cold sores or fever blisters for research studies. For more information call 496-0309. □

STEP Forum Tackles Management

The STEP Forum on "The Federal Demonstration Project," scheduled for Wednesday, Feb. 8 from 1:30 to 4 p.m. in Wilson Hall, Bldg. 1, will focus on streamlining procedures for post-award grants and contracts administration. It will bring together a variety of viewpoints on easing the burden of regulation to heighten research productivity.

Dr. William Raub, NIH deputy director, will discuss the aims of the project. Dr. Robert Johnson, vice president for research and graduate education, Florida State University, will offer the viewpoint of the academic research community and William Kirby of NSF and Geoffrey Grant of NIH will present the views of science funding agencies.

As with all STEP forums, there will be opportunity for discussion with the audience. The forum is open to all interested NIH personnel. No preregistration is required. For additional information, contact the STEP program office, 496-1493. □

Volunteers Needed

The NICHD seeks mothers and their first-born, healthy infants, no older than 2 months, to participate in a study of styles of mother-infant interaction. Participation involves two brief visits to mother and baby at home. For more information, call Rebecca Abrook, 496-6832. □