

The NIH Record

'A Dream Come True'

Children's Inn Opens Amid Fanfare, Celebrations

By Rich McManus

Nine years of hoping, 2 years of building, and 4 years of high-level corporate and political lobbying culminated in the opening of the Children's Inn at NIH during the third week of June.

"Can you believe in Washington, D.C., that talk became a reality?" marveled congressional wife Debbie Dingell, who was master of ceremonies at the inn's June 21 ribbon cutting. Her husband John represents Michigan in Congress. One of several congressional wives whose influence and effort helped the 9-year dream come true, Mrs. Dingell presently serves as vice president of the Friends of the Children's Inn.

"For once we've done something grand," she continued. "Ultimately, the inn will become a place of encouragement, empowerment and hope."

Festivities began Sunday, June 17 with an open house and reception for workers who built the inn, local community members and children. Mickey and Minnie Mouse were surprise guests at that affair. The celebrations ended the following Friday night at a dinner

(See INN, Page 8)



Helping children cut the ribbon to open the Children's Inn at NIH on June 21 were (from l) Carmala Walgren, Barbara Bush, Merck chief Dr. P. Roy Vagelos, President Bush, and HHS secretary Dr. Louis W. Sullivan.

FIC Funds Eastern Europe, Latin America Exchanges

By Jim Bryant

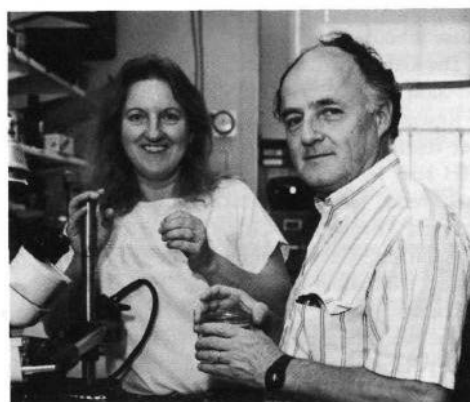
New opportunities for scientific collaboration with Eastern Europe and Latin America have recently been made available by the Fogarty International Center through two special initiatives, with some funding provided in the current fiscal year.

"We are urging NIH scientists in intramural and extramural programs to submit their FY 1990 proposals as soon as possible," said Dr. Philip E. Schambra, director of FIC.

"Now that the Iron Curtain has parted and the Cold War has ended, it is marvelous to see the eagerness of East European researchers who want to work together against the common enemy of disease," Schambra said of the East European initiative.

The money—\$75,000 for Eastern Europe (excluding the Soviet Union) and \$125,000 for Latin America and the Caribbean in the current fiscal year—is in addition to long-standing bilateral programs with countries in the two regions.

Under both initiatives, preference will be given to activities that will develop coopera-



Drs. Illani Atwater (l) and Eduardo Rojas prepare electrodes for a patch-clamp experiment as part of their research on mechanisms of hormone secretion. The husband-and-wife team from NIDDK were among the first NIH intramural scientists to utilize the FIC's new Latin American initiative.

tion in those areas where contacts with NIH have been limited in the past and that show promise of future development. The programs

(See FIC, Page 4)

The Right Stuff

HSA Programs Prep Future NIH Managers for Success

By Rich McManus

First of two articles

Those of us who work on the NIH campus can be forgiven for thinking that the initials NIH just naturally mean the red brick and green grass of the intramural program. But those not afflicted with such institutional myopia know that the lion's share of NIH, by far, is extramural. Some 84 percent of NIH's \$8 billion budget goes out the door. The administration of this money is largely up to a cadre of scientists-turned-administrators known as health scientist administrators, or HSAs.

There are more than 700 HSAs spread out across the various institutes, centers and divisions at NIH. While the routes to HSA status vary, many take advantage of a relatively new training program that helps these mid-level managers do the job of funding America's biomedical science.

Back in 1962, the Grants Associate Program began offering year-long internships that freed young researchers from the bonds of employment for just long enough for them to

(See HSA, Page 6)

Long Awaited Disability Legislation Pushed by President's Committee

President Bush came. He spoke, and he promised to sign the most important civil rights act in 26 years. This was one of the highlights of the recent annual meeting of the president's committee on employment of people with disabilities.

Fourteen members of the NIH advisory committee for employees with disabilities participated in meeting workshops on topics such as older persons and minorities with disabilities, and met with many people who visited the NIH Division of Equal Opportunity exhibit.

Led by chairperson Claudia Goad of NIAID and Joan Brogan, NIH Disability Employment program manager, committee members found this event charged with electricity by both the president's presence for the first time in many years as well as the attendees' anticipation of final passage of the Americans with Disabilities Act (ADA).

Featured speakers heralded the imminent passage of the ADA, urging the 4,000 attendees to contact their congressional representatives to ensure the bill's passage by the full House,—a measure that was subsequently accomplished. Still the measure faced a House-Senate conference before being sent to the president.

Sen. Tom Harkin, a leader in the Senate's push for this legislation, said, "In 1990, history is being rewritten—Mandela is free, the Cold War ended, and 26 years after the historic civil rights act became law, 43 million disabled citizens will gain their rights (via the ADA)."

Disabled Americans and the numerous community, business, government and other groups who fought for the ADA's passage are nearing the time when they can say, as did a woman in the 1965 march from Selma to Montgomery, Ala., "My feet's tired, but my soul's at rest."

For members of NIH's advisory committee for employees with disabilities, this meeting gave the chance to see and be part of history in the making.—Dan Rogers □

Research Volunteers Needed

The Laboratory of Neurosciences at NIH is seeking healthy volunteers to participate in a study investigating the effects of aging on brain functions. Volunteers must be in excellent health, medication free, and without past or present major health problems. Those below age 35 or above age 60 are particularly needed. Procedures require approximately 13 hours; participants can receive a stipend of up to \$300 depending on the actual time involved. For more information call 496-4754, Monday through Friday 9 a.m. to 5 p.m. □



Deep in discussion at the recent meeting of the president's committee on employment of people with disabilities are (from l) Barbara Iba, PHS Handicap program manager; Lois Deninno, NEI; Susan Rae, OD/ORS; and Claudia Goad, NIAID. (Photo: Dan Rogers)

Colleges Get Grant Briefing

NIH recently held a workshop on contracts and grants for historically black colleges and universities (HBCUs), sponsored by the Morehouse school of medicine.

The Office of Extramural Research, the Division of Contracts and Grants, the Division of Research Grants, NCI, NIAID, and NIEHS sent representatives to speak at the event. The NIH staff included: Dr. George J. Galasso, Carl Fretts, Dr. Adolphus P. Toliver, Dr. Robert F. Browning, Curtis D. Tate, Maureen B. E. Miles, Gary Thompson, Beverly Lott Wyatt, Nathaniel Lindsey and Mary B. Armstead.

The workshop provided an overview of the NIH policies and procedures applicable to the award of grants, contracts and cooperative agreements. Thirty HBCUs from all regions of the country participated. □

Correction

The June 26 *NIH Record* story on AIDS in minorities contained a quote that mistakenly attributed the spread of the 14th century Black Plague to mosquitoes. That plague was, in fact, spread by fleas. □

The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated to nonemployees by subscription only through the Government Printing Office. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 1990.

NIH Record Office
Bldg. 31, Room 2B-03
Phone 496-2125
FAX 496-0019

Editor
Richard McManus

Assistant Editor
Anne Barber

Staff Writer
Carla Garnett

Editorial Assistant
Marilyn Berman

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

Staff Correspondents:
CC, Ellyn Pollack
DCRT, Anita S. Ferguson
DRG, Sue Meadows
FIC, Louise Williams
NCI, Patricia A. Newman
NCNR, Gerry Pollen
NCRR, Polly Onderak
NEI, Claudia Feldman
NHLBI, June Wyman
NIA, Margo Warren
NIAID, Ann C. London
NIAMS, Barbara Weldon
NICHD, Carol Florance
NIDCD, Karen L. Jackson
NIDDK, Eileen Corrigan
NIDR, Mary Daum
NIEHS, Hugh J. Lee
NIGMS, Wanda Wardell
NINDS, Carol Rowan
NLM, Roger L. Gilkeson

Workshop on Rare Hereditary Connective Tissue Disorders Held

By Lauren Dickie

Using sophisticated research methods, scientists are unraveling the complex biology of connective tissue and improving the understanding of rare inherited disorders that affect it. At a recent workshop held at NIH, a core group of researchers discussed genetic and clinical aspects of inherited connective tissue problems and proposed research objectives for studying these conditions, which together affect up to 500,000 people in the United States. These disorders include Marfan syndrome, osteogenesis imperfecta, Ehlers-Danlos syndrome, hereditary hemorrhagic telangiectasia, pseudoxanthoma elasticum, epidermolysis bullosa, cutis laxa and the chondrodysplasias.

"This work will go a long way in helping us deal with these rare but tremendously disabling conditions," said Dr. Lawrence E. Shulman, NIAMS director, a lead organizer of the workshop. He added that "studies of these disorders are also extremely important in understanding how the body works under normal circumstances."

Other sponsors of the workshop were NICHD and the Coalition for Heritable Disorders of Connective Tissue which is comprised of several nonprofit voluntary health organizations including the Osteogenesis Imperfecta Foundation-National Capital Area, and Little People of America.

Inherited connective tissue defects cause a range of problems. These include, for example, easily broken bones in patients with osteogenesis imperfecta and constantly blistering skin in those with epidermolysis bullosa. Within a given disorder, the severity varies too. Patients with mild forms of Ehlers-Danlos syndrome (EDS) have hypermobile joints and flexible, fragile skin. Individuals severely affected with EDS may suffer a ruptured bowel or blood vessel. Though different, all of these problems result from abnormalities of connective tissue—the scaffolding that girds bone, skin, blood vessels, and the protective coverings of internal organs.

In the case of osteogenesis imperfecta, scientists have identified the molecular culprit—collagen. A major connective tissue protein, collagen is composed of three chains that coil around each other in precise fashion. Once formed, collagen triple helixes package themselves into tight bundles.

"Every collagen substructure has got to be right," according to Dr. Darwin Prockop, director of the Jefferson Institute of Molecular Medicine in Philadelphia. Any error may lead to problems in helix coiling or bundle formation and hence to diseases such as osteogenesis imperfecta. In recent work, scientists have

found that mutations in different parts of the collagen molecule correlate with the clinical severity of this disease.

Scientists have only recently discovered what they think may be the biological flaw that gives rise to Marfan syndrome, a disorder that weakens the tissues of the skeleton, lungs, eyes, heart and blood vessels. Drs. Diane McGookey and Peter Byers of the University of Washington cultured skin cells taken from patients with Marfan syndrome and found defects in fibrillin, another connective tissue protein. In some cultures, the cells did not produce fibrillin. In others, the cells produced the fibrillin but did not release it.

Using powerful techniques of molecular biology, researchers now hope to map the specific location of the gene responsible for the error in the cellular production of fibrillin. These techniques will aid clinicians in developing genetic markers for disease. Finding the faulty gene or genes responsible for an inherited connective tissue disorder is also essential before any future studies of gene therapy, the correction of the disease at the genetic level.

Several workshop participants noted the importance of developing transgenic mice for connective tissue disorders.

"Transgenic mice give you the opportunity to look at the temporal expression of a gene, that is, to observe the gene's expression over time," commented Dr. Francesco Ramirez, a researcher at the Mount Sinai school of medicine. Studies of both transgenic mice and other animals with naturally occurring connective tissue disorders could help scientists understand the clinical course of a rare disease that would normally develop over the much longer human lifespan.

Biological techniques in addition to gene mapping and transgenic mice will be needed to study inherited connective tissue disorders. Researchers at the workshop emphasized the need to return to basic biochemical studies and the importance of developing tissue cultures so sophisticated that the contents of a petri dish could virtually replicate the environment a growing cell would encounter inside the growth plate of a bone or in the deep layers of the skin. This work would increase tremendously the basic knowledge of bone and skin physiology and lead to a better understanding at the cellular level of bone and skin diseases.

Workshop participants also agreed that much can be learned about inherited connective tissue disorders away from the laboratory bench. "The molecular basis of these defects is important, but we need practical therapies

that will help us survive now," commented Priscilla Ciccariello, director of the Coalition for Heritable Disorders of Connective Tissue and president of the National Marfan Foundation. Recent advances in surgery and in vascular prostheses have saved many Marfan patients.

Patient registries were suggested to help define diagnostic criteria for the different diseases and to provide a way for patients to learn about and participate in clinical trials. Workshop participants also noted that registries may greatly aid in the cooperative sharing of patient information and tissue samples among laboratories working on the same disease.

An example of a successful registry is the NIAMS-sponsored National Patient Registry on Epidermolysis Bullosa, which began in 1986. Although extensive information is kept on more than 1,000 patients and the use of the registry is increasing, patient identities have remained confidential. Dr. Alan Moshell, director of the Skin Diseases Branch at NIAMS, stressed that a great deal of preparation is needed in developing a registry for any rare disease. "You have to know exactly what you want the registry to do," he commented.

Participants in the workshop stressed the relevance of their studies to a much broader understanding of human physiology and to problems as ubiquitous as aging of the skin. "Cutis laxa is a good model for human skin aging," commented workshop cochair Dr. Jouni Uitto of Philadelphia's Thomas Jefferson University school of medicine. Patients with cutis laxa are missing elastin, the protein that gives the skin its elasticity. As a result, the skin of youngsters with this disease sags prematurely and makes them look 20 to 30 years older.

Researchers believe that basic and clinical studies of heritable connective tissue disorders may yield important insights for common diseases—osteoarthritis, osteoporosis and aneurysms, to name a few. These same studies are even now revealing that hereditary connective tissue disorders may be more subtle and widespread than once believed. □

Research Participants Needed

The Laboratory of Neurosciences at the National Institute on Aging seeks interested patients with diagnosed or suspected Alzheimer's disease and mild to moderate memory loss to participate in inpatient/outpatient drug trials. Candidates will be screened for other health problems. For more information call 496-4754. □

FIC

(Continued from Page 1)

are to send United States scientists abroad and to bring foreign scientists at all levels to the U.S. for "short stays" of up to 1 year.

The new funding is not intended for travel to conferences. Rather, it can be used to extend time at scientific meetings or other visits to establish contacts or meet with researchers to discuss future collaboration.

"The East European initiative came about in response to political and economic reforms in Eastern Europe," said Alexandra Stepanian, FIC's program officer for Eastern Europe and the Soviet Union.

"It's an exciting opportunity to establish and expand contacts with people in Eastern Europe, especially Czechoslovakia and Romania, where contact had been very limited," she added.

Schambra explained the potential value of the program to the U.S. "Eastern Europe offers unusual research opportunities of direct relevance to us," he commented.

"For example, while mortality from cardiovascular disease has declined by 35 percent in American males between 1970 and 1982, it rose by 60 percent in Poland," he said. "Hungary and Poland have the first and second highest rates of chronic obstructive pulmonary disease in the world. Perhaps linked to these disease rates are some of the worst environmental pollution problems in the world," Schambra added.

"We believe cooperative medical research can improve the quality of life for Eastern Europeans by strengthening long-neglected medical research institutes and scientific communities," he said. "Strong, western-oriented institutions and improved health are clearly beneficial to long-term European stability," he added.

The East European initiative has sparked the interest of DHHS secretary Dr. Louis Sullivan, as well as assistant secretary for health Dr. James O. Mason, who proposed a Public Health Service-wide program to expand cooperation with the area.

Schambra noted that the U.S. has a long history of mutually beneficial collaboration with other nations in the Americas.

"The Latin American initiative will allow the FIC to provide new ways for U.S. and Latin American scientists to collaborate in a wide range of research and research training areas," Schambra said, "such as neurological research relevant to the Decade of the Brain."

"We are not focusing on any one country,"



An international research team at the Laboratory of Cell Biology and Genetics, NIDDK, meets to discuss research on juvenile diabetes. Standing are (from l) Drs. Jenny Fiedler, Claudio Parra, Manueo Kukuljau, Edna Mancilla—all of Chile, and Dr. Ari Goncalves of Brazil. Seated are Drs. Illani Atwater and Eduardo Rojas.

said Dr. Arlene Fonaroff, areas officer for the Americas and the World Health Organization. "The science dictates the cooperation."

Among the first NIH intramural scientists to utilize FIC's Latin American initiative were Drs. Eduardo Rojas and Illani Atwater, a husband-and-wife team who are both with the biophysics section of NIDDK's Laboratory of Cell Biology and Genetics. Rojas, a native of Chile, and his wife both have numerous scientific contacts in Chile and realized that much more could be done under the new program. They immediately applied for short-term visits to Chile and Bolivia that would accomplish several goals.

"Our trip to Bolivia was our first one there," said Atwater. "We contacted institutions there before going down and arranged a series of meetings. We visited the High Altitude Research Center, the Center for Gastroenterology, and several other medical research centers."

Atwater's major interest is juvenile diabetes; more precisely, its research and prevention. She visited several centers for children with diabetes in Chile and learned that Chilean children are treated with much lower doses of insulin than in the U.S. Surprisingly, the onset of diabetes is much slower there than in the U.S. She showed the results of her analysis

to Chilean and Bolivian scientists, and is preparing a request for support of four young Chilean scientists and one Bolivian scientist to come to the NIH this summer under the Latin American initiative to learn techniques for screening their populations for juvenile diabetes.

Rojas and Atwater also sought to get the Bolivians onto the National Library of Medicine's computerized information networks. A system called BITNIS, which uses the NLM's BITNET to access Medline at the NLM, has been in operation in Chile for over a year. Rojas and Atwater introduced BITNIS to Bolivian scientists and gave them lists of contacts who could help them get online through the Chilean system.

Rojas' primary mission on the trip was to concentrate on academic exchanges and develop a system to provide surplus equipment from the NIH warehouse. While in Santiago, he reactivated a program to send junior postdoctoral scientists to NIH. As a result of his trip, three postdoctoral scientists in the early phases of their careers will come this summer to NIH supported by NIDDK, and a request for two more senior scientists to come to NIDDK is being presented for support under the Latin American initiative's auspices.

(Continued on Page 5)

(Continued from Page 4)

Rojas also discussed with laboratory chiefs in Chilean and Bolivian institutions how to obtain and maintain equipment, much of which has come from the U.S.

"Many foreign scientists fear going to the U.S.," Rojas said, "because of their lack of proficiency in English and their worry that they can't make enough money to support their families while they're here." He told them about actual experiences of foreign scientists who had conducted research in the U.S. and of the long-term benefits to their careers such studies had provided.

"Even though we have limited funds," said Fonaroff of FIC, "we hope to stimulate the widest possible interest for Latin American cooperation within NIH."

For additional information, Fonaroff and Stepanian can be contacted at 496-4784. □

Fogarty Center Moves Offices

Occupants of Bldg. 31 have some new neighbors. The John E. Fogarty International Center (FIC) for Advanced Study in the Health Sciences has moved its headquarters there from Bldg. 38A.

The center's new home is in the C wing of Bldg. 31. The following FIC room numbers now apply:

- Office of the Director, Rm. B2C39
- Assistant Director for Program Coordination, Rm. B2C39
- Assistant Director for Planning, Evaluation, and Public Affairs, Rm. B2C32
- Senior Science Advisor, Rm. B2C39
- Office of Administrative Management (including personnel and passport services), Rm. B2C15
- International Research and Awards Branch, Rm. B2C21
- Special Foreign Currency Program, Rm. B2C35
- International Coordination and Liaison Branch, Rm. B2C35

The FIC Volunteer Services program also shifted locales and now occupies Conf. Rm. 3 in Bldg. 31's A wing. And later this summer, the International Studies Branch is expected to transfer from Bldg. 38A, Rm. B2N13 to Bldg. 31.

The remaining FIC offices have not moved. Their locations are as follows: the Scholars-in-Residence Branch, Bldg. 16, Rm. 202; the Public Affairs Office, Bldg. 16, Rm. 306; and the International Services and Communications Branch, Bldg. 16A, Rm. 101. Also unchanged are all FIC telephone numbers.

For help contacting an FIC office, call 496-2075.

NINDS Research Goals Outlined for Decade of the Brain

The National Advisory Neurological Disorders and Stroke Council has released a new report, *Implementation Plan: Decade of the Brain*, which makes specific recommendations for the goals of neurological research during the 1990's. The document identifies 14 neurological disease areas in which the opportunity exists to make extraordinary advances during the Decade of the Brain, recently declared by Congress and the President.

These recommendations represent "the highest priority issues which will have a profound effect on the quality of life of our citizens," according to Dr. Michael D. Walker, director of NINDS's Division of Stroke and Trauma and executive director of the national panel that developed the plan.

Some of the research areas covered in the plan include developmental and inherited disorders, head and spinal cord injury, stroke, the dementias, and epilepsy. Among the council's many recommendations are that neuroscientists:

- use molecular genetic techniques to study the function of specific brain chemical receptors, which are important in understanding the interaction of addictive or therapeutic drugs with the brain and nervous system;
- expand research on nerve growth factor, which can rescue certain neurons after injury or disease-related deterioration, with the ultimate goal of developing new therapies;

- analyze the precise sequence of events during the first few hours of stroke and trauma in order to develop effective new treatments;

- further investigate molecular genetic techniques, especially cloning, for use in diagnosing and potentially conquering Huntington's disease, neurofibromatosis, and other hereditary neurological disorders.

The council also suggested additional funding for training new physicians and scientists. "There is a critical need to replenish the young minds that do this fruitful research," Walker said.

To arrive at its recommendations, the council convened a national panel for research in neurological disorders, which took testimony on research needs from the scientific and lay communities during an April national meeting. The panel then identified the broad issues that will be important to NINDS during the decade. "The aim was to reorient the objectives of our research," said Walker. "We know that basic research is the mainstay of advancement, but we want to make sure that it translates well to improved clinical care and treatment."

Single copies of the council's plan are available from the NINDS Office of Scientific and Health Reports, Bldg. 31, Rm. 8A16; telephone: 496-5751.—Stephanie Clipper □

FAES Announces Fall Classes

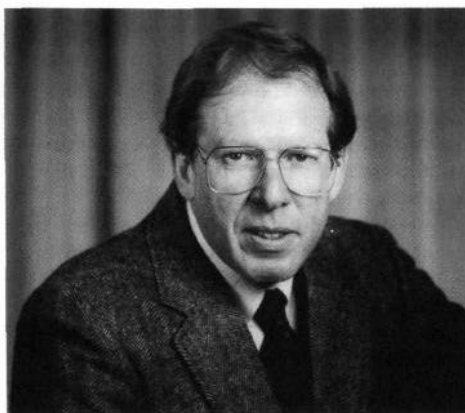
The FAES Graduate School at NIH announces the schedule of courses for the fall semester. The evening classes sponsored by the Foundation for Advanced Education in the Sciences will be given on the NIH campus.

Tuition is \$50 per credit hour, and courses may be taken for credit or audit. Courses that qualify for institute support as training should be cleared with the supervisors and administrative officers as soon as possible.

Courses are offered in biochemistry, biology, biotechnology, chemistry, computer science, mathematics, medicine, pharmacology, immunology, microbiology, psychology, psychiatry, statistics, languages, administration and courses of general interest.

It is often possible to transfer credits earned to other institutions for degree work, and many courses are approved for AMA Category 1 Credit.

Classes will begin Sept. 17, and registration will be held from Sept. 5 through 11. Fall catalogs are available in the graduate school office in Bldg. 60, Suite 230, the Foundation Bookstore, Bldg. 10, Rm. B1L101 and the business office in Bldg. 10, Rm. B1C18. To have one sent call 496-7977. □



Dr. Michael A. Kaliner, head of the allergic diseases section of the Laboratory of Clinical Investigation, NIAID, recently delivered the 18th Annual Clemens von Pirquet Lecture at Georgetown University Medical Center. His theme was "Asthma in the 1990s: Translation of Pathogenetic Studies into New Therapeutic Strategies." Kaliner also received the prestigious Clemens von Pirquet Award for significant contributions to the field of allergy and clinical immunology.

HSA

(Continued from Page 1)

acquire HSA training. Although the GA Program didn't guarantee a job at the end of the year, almost all graduates were highly sought after to manage grant portfolios.

Just 6 years ago, members of the GA board designed three new training mechanisms that would allow new and experienced HSAs to gain GA-type training while they remained in their jobs. This two-part story examines those three mechanisms through the eyes of three HSAs who took advantage of the training.

The Significance of Paper Shuffling

Sometimes it is not enough to be a member of the Tallahassee, Sopchoppy and Gulf Coast Marine Biological Association. Or to explore cellular volume regulation in salinity-stressed molluscs.

Dr. Lynn Amende had completed 8 years of postdoctoral studies at NIH between 1979 and 1987 when she realized that "there had to be a better way for me to contribute significantly to science." Her doctoral studies on clam blood and blue crabs at the University of Maryland had led to a career in cell biology. But Amende wasn't happy just studying membrane structure and function.

"I just got disenchanted with the idea of doing that for the rest of my life," she said. "I wanted a job dealing more with people, and helping them do what they really wanted to do."

In 1987, while a senior staff fellow in NIDDK's Laboratory of Cell and Developmental Biology, Amende began inquiring about other lines of work.

"I thought that teaching and research were my only options—I didn't know you could make significant contributions through shuffling paper," she laughs.

In conversation after conversation, people referred her to a man named Tony Polcari.

A. Robert Polcari is director of the Health Scientist Administrator Development Programs and director of the Extramural Staff Training Office. Involved with NIH and ADAMHA since 1962 in both clinical (he was a psychiatric social worker for the first half of his career) and administrative posts, he is widely regarded as the man to see about switching careers from science to administration.

Polcari advised Amende to try the GA Program, to which she applied without success. Because she nonetheless qualified for the GA register, Amende was available in September 1987 when Dr. Bettie Graham, then at the Fogarty International Center, picked her for a new extramural training opportunity that was just 3 years old at the time.

Called the HSA Trainee Program, the train-

ing takes experienced research scientists who are hired from the GA register by ICDs to perform HSA functions and who have a high potential for leadership and asks them to spend 26 weeks during their next 2 years of employment learning how to be an HSA.

"The problem with the HSA Trainee Program is that no one knows much about it," said Amende. "I was only the third one hired."

As chair of the GA board that year, Graham knew all about HSA training. She made Amende a program officer in FIC's International Fellowship Program and gave her the leeway to complete an HSA trainee syllabus that included eight basic assignments, four elective assignments, six courses and the GA/HSA Seminar Series. These extracurricular



Dr. Lynn Amende

forays were woven into Amende's job performance plan.

In November 1987, Amende began her traineeship in the new and larger world of extramural NIH.

"It was very different from being in a research lab," she remembers. "It was a shock to the system. Intramural labs are just a little part of NIH. The world sees NIH as the extramural side. To me, that was a big thing to get used to. The research lab is not the center of the world, contrary to what you may think while you're in it."

To help her navigate this wider world, Amende, like all who participate in HSA training programs, was assigned a preceptor from the GA board; Dr. Nathan Watzman, chief of DRG's clinical sciences review section (and a former GA), became her mentor.

"The preceptor knows who's good to work for and who is not," said Amende. "They make sure you make contact with the right people."

Watzman helped her plan a logical series of assignments that spanned DRG, NINDS, NCI, NHLBI, NIAMS, NIGMS and the

National Science Foundation; her theme assignment was "Small Grants Programs."

Amende completed a curriculum that normally takes 2 years in only 1. During her second year of acquiring an HSA rating, she spent Fridays taking the GA/HSA Seminar Series. In addition, she also held down her job administering fellowships at FIC.

After completing her traineeship, Amende remained at Fogarty, where she was "perfectly happy," for full-time work. When her boss Graham moved to the new human genome center at NIH, Amende decided that she, too, would move.

Taking advantage of contacts made during an assignment in NHLBI's review branch, Amende, after much hard work and persistence, landed last year in her present post—executive secretary of the contracts, clinical trials and training review section, NHLBI.

"I'm still one of the little people, but I'm happy here," she said.

While a trainee, Amende had done a review for a cooperative agreement on cardiovascular disease in American Indians. "I found out all sorts of interesting Indian history along the way," she said, adding that finding an American Indian cardiologist was also part of the challenge.

When Amende later went job searching, she knew that a vacancy existed in the office where she had distinguished herself as an HSA trainee.

"You become known to these people while on assignments," she said. "It helped me out later."

"I think the trainee program is great because you're exposed to various aspects of NIH. You're not insulated. You make contacts with people who know what's going on and maintain them for the rest of your career at NIH."

"It sounds elitist," she continued, "and I think it is. I'm a fortunate person, though. They tell us that we are the future of NIH, the right stuff. That's why they want us so well-rounded. And training is not cheap. They spend a lot of money on us."

Today she is still exposed to a wide range of science as an executive secretary and is happy to have a palpable product—a summary statement that she writes after grant applications are reviewed—to show for her efforts.

"The beauty of extramural jobs is that you can move around," she said. "I'm in review now but I may go back to program eventually. Or I may want a staff job. At the moment, this is what I want to do. I have no regrets."

A Long Way from Dry Creek

If stories of success due to pluck, persistence and hard work gratify you, then you have no further to go than Dry Creek, La.—

(Continued on Page 7)

(Continued from Page 6)

population threehundredsomething—for inspiration.

"There were only two streets in town—Main and Plum. Plum out of town, that is," says Dry Creek native Tommie Sue Tralka, director of NIDDK's Digestive Diseases Centers Program and project officer for the institute's liver transplantation data base.

One of five children born to Thomas J. Carroll, the principal of her town's only school ("It was a big, columned building that housed grades 1-12"), Tralka graduated from high school in only 2 years. Though she had the highest average in her class of 11 students, her brother was named valedictorian.

"They wouldn't let me be valedictorian because it wasn't my class," she remembers.



Tommie Sue Tralka

Tralka went to Louisiana State University for the first year and a half of college, then attended McNeese State University, where she enrolled in a program that permitted third-year students to proceed, without an undergraduate degree, directly to medical school at LSU. Tralka soon became the first woman from McNeese to go to medical school, where she was the youngest member of her class.

Two years into her medical studies, Tralka married and had the first of her three children. Following a year's leave of absence, she began her third year but soon withdrew from school to care for her baby.

"We were studying the ill effects of parental neglect on children at the time and I just felt so guilty," Tralka recalls. "I had tried to stick with school. I even had a tutor come to the house to help me pass my pharmacology exams. Neighbors wondered why a man was visiting me at home during the day."

Tralka arrived in Washington in 1967 and got a job at NIH the day after moving here. Armed with a letter of reference from Dr. Ralph Lillie—"the father of histochemistry"—she was hired as a histopathology technician in NCI's Laboratory of Pathology.

"I didn't know that I was qualified to do research," she remembers. "After 3 years as a tech I was going crazy with boredom."

In November 1970, she began research as a biologist/electron microscopist in the lab's viral oncology and molecular biology section.

"They let me be more and more independent and work on my own. Gradually I worked my way up to first author on papers," Tralka says, crediting her boss at the time, Dr. Alan Rabson, with motivating her.

"He used to say, 'You've come a long way from Dry Creek, Tommie Sue,'" she recalls fondly.

After 17 years as an electron microscopist, Tralka saw the handwriting on the wall. "EM was dying out as gel electrophoresis gained ascendance. More and more, molecular biology was being emphasized. I was a GS-12 and I couldn't get a higher grade without an M.D. or Ph.D."

Describing herself as a "perfectionist," Tralka had enjoyed EM because it was "very critical, very specific and very controlled. But I missed people. I only saw them outside the darkroom."

Yearning for a more people-oriented position, Tralka spent a year as a technical information specialist on detail from NCI; she worked for Dr. Anthony Demsey in NIDDK's Review Branch. At the end of the year she acquired the health scientist administrator rating.

"He had great faith in me," says Tralka, who also credits Demsey with alerting her to the Newly Hired HSA Training Program, which gives freshly minted HSAs 1 year to complete 12 weeks of assignments and courses that broaden their perspective on extramural NIH.

"You have 1½ years from the time you are a newly hired HSA to join the program," said Tralka, who was learning the ropes as an executive secretary in the branch. "I just made it under the wire."

"I had heard it was a good way to get to know extramural NIH," she continues, "and get a broader view of NIH."

Tralka was assigned a preceptor—Dr. George Cosmides, associate director of NLM's Division of Specialized Information Services—and began the required 480 hours of training on top of an "extremely busy" job in the review branch. Her assignments carried her to DRG, NIAID, NHLBI, NINCDS, OD, NLM, NIGMS, NICHD, DRR, NEI, DHHS and Capitol Hill. She also found time to take the GA/HSA Seminar Series, which involves about 160 hours of class.

"I worked at home a lot. From midnight to 4 a.m. I would write my summary statements, sleeping before and after. It was not a real easy year, but it was worth it."

Tralka, now a GS-14, says the Newly Hired HSA Training Program "really let me meet people. I know who to call on now when I have a problem. I also have a lot more understanding of the whole of NIH. A lot of people

in intramural NIH don't realize they're only about 12 percent of the NIH budget."

Since becoming an HSA, Tralka was appointed to the STEP committee and was named to the Extramural Associates Advisory Board. She is also a member of her institute's minority affairs advisory committee.

"Coming from Dry Creek, I always felt like a minority," she jokes.

An ardent supporter of career days for women at NIH, Tralka is perhaps the only participant who has been a role model in four different professions—scientist, information specialist, scientific review, and program administration planning. As Alan Rabson might say, "Not bad for a woman from Dry Creek." □



Dr. Marlene Cole was recently appointed deputy director for operations of the Veterinary Resources program (VRP), National Center for Research Resources. VRP provides NIH intramural researchers with a wide range of professional and technical services supporting the supply, care, and use of laboratory animals. Cole, a diplomate of the American College of Laboratory Animal Medicine, received her D.V.M. degree with honors from Guelph University, Ontario, Canada. After serving for 5 years as assistant university veterinarian at Emory University school of medicine, she joined the PHS Commissioned Corps and was appointed institute veterinarian, NEI. Cole has been assistant to the director, VRP, since 1987, and has played a key role in a VRP reorganization and in the initiatives to achieve AAALAC accreditation of the entire NIH intramural laboratory animal care and use program.

Alliance Art Show Returns

Paintings by Haitian-born artist Sauveur Alliance are displayed through July 31 in Gallery 31, located just inside the A-line of Bldg. 31's cafeteria. Alliance, whose whimsical, Caribbean-themed artwork has been shown across the eastern United States and abroad, works as a custodian for the Howard Hughes Medical Institute at the Cloister. Last year, Alliance's collection made its NIH debut in the Clinical Center Galleries. □

Inn

(Continued from Page 1)

for families of pediatric patients and friends of the inn's operations board.

In between, President and Mrs. Bush stopped by for 45 minutes on Thursday morning, more than 3,000 employees toured the 33,000-square-foot residence on Tuesday afternoon, and two separate ribbon-cuttings took place. This in addition to a lavish catered dinner for corporate donors Wednesday night put on by Merck & Co. Inc., which donated some \$3.7 million—the company's largest charitable gift ever—toward construction of the building.

"I've been so impressed by what I've learned about the unique concept of the Children's Inn," said Bush. "It's an extraordinarily sensitive idea. I am very moved to be here to see how joyously your caring has been realized."

Intended to be a national model of family and child-centered care, the inn will provide room for up to 36 families that have children being treated on pediatric protocols at NIH.



Dr. Philip Pizzo, chief of the Pediatric Branch, NCI, says he has learned "the meaning of life and death" during his 16 years at NIH. His parents were on hand as he realized the dream of building a family-centered residence on campus.

Some 60 percent of the residents will be cancer patients; the remainder will be here for a host of childhood illnesses including heart disease, osteogenesis imperfecta (OI, or brittle bone disease), epilepsy, asthma and arthritis.

Bush picked OI patient Brianne Schwantes of South Milwaukee as an example of the value of family-oriented care.

"Those who have treated her say that it is her family's depth of support that has given this child her life," he said. "The family is the key to everything."

Endorsing the first lady's recent admonition to the graduates of Wellesley College to put family first, even if it means sacrificing career goals, Bush said, "The lesson of the inn will show us all that the most important part of life is a very simple one—sharing a laugh,



A number of congressional wives devoted great influence in getting the inn built. Among them were top officers of the Friends of the Children's Inn Inc. (from l) D. Chris Downey, secretary, Debbie Dingell, vice president and Carmala Walgren, president.

wiping a tear, listening to a loved one."

Bush singled out Dr. Philip Pizzo, chief of NCI's Pediatric Branch and so-called "godfather" of the inn, and Dr. P. Roy Vagelos, chairman and chief executive officer of Merck (and an NIH intramural scientist for more than a decade) as "people of exceptional goodness." He also thanked parents and nurses: "You have a special grace. You bring joy and strength to each other."

Reciting the Prayer of St. Francis of Assisi, Bush concluded, "God bless this place," then set about cutting the inn ribbon with a crowd of children. Both the president and first lady then spent a good while greeting and hugging children and posing for pictures with parents.

Ceremonies earlier in the week were characterized by passion and joy.

"Acting NIH directors aren't allowed to have many happy occasions," joked Dr. William Raub at the Tuesday ceremony, "but believe me, I'm going to enjoy this week."

Emphasizing that the inn will enrich the research mission of NIH, Raub said, "The Children's Inn can't quite be a home in the literal sense, but it can come close."

"One day the inn will be a monument to the children whose participation in research projects allowed diseases to be cured," predicted Pizzo, who first got the idea for an inn 9 years ago. "These cures we hope for will allow children to stay in the real inn—their homes."

HHS secretary Dr. Louis Sullivan, who was here Thursday with the president, called the inn "a wonder of the human spirit, a wonder of generosity and giving, and a wonder of caring and curing. It is the product of an inspired, intrepid and indomitable group of people."

Merck chief Vagelos said the inn was but one example of the "extraordinary advances that can result when private industry cooperates with public institutions."

Addressing the gathering Wednesday eve-

ning, Vagelos particularly credited Carmala Walgren, wife of Rep. Doug Walgren of Pennsylvania, with spearheading the inn's creation.

"Carmala was catalytic in getting this thing going," he said. "She is a very determined lady, a compassionate mother and a very good lawyer. She was very persuasive. Dogged, I would say."

Vagelos praised two other congressional wives for their "countless hours and enormous effort"—Dingell and Chris Downey, wife of Rep. Thomas Downey of New York.

"Nature is not always just," observed Downey, "and we are here because we want justice done."

Walgren, who became involved in the Children's Inn early in 1986 when a neighbor fell ill with cancer and was treated here, called the inn "a work of love, an example of the importance Americans place on family."

When the first families to occupy the inn arrived on July 2, they were greeted by a structure that some 3,000 NIH employees had seen and admired during an open house that was tagged onto the traditional Camp Fantastic fundraising barbecue on June 19 (and which raised a record \$5,500 for the camp for children with cancer).

"We wanted this house to be an extension of the healing process for kids and families," said inn architect Bob Greenberg. "The objective is to encourage families to interact and to get out of their rooms."

Greenberg and building director Alan Kay of Alan I. Kay Companies wanted a structure that was unlike the imposing medical setting



Cindy White (l) and her daughter Katie met Mickey in the community on Sunday, June 17. Mrs. White is



Lindsay Cushingberry of Dallas enjoys the embrace of President Bush, who reiterated his commitment to NIH and biomedical research during the ceremony.

of the Clinical Center. They selected such noninstitutional materials as wood-shake shingles, cedar siding, stone, copper and glass, wood planter boxes, copper gutters and downspouts, and stone arches to get a residential feel in keeping with an upscale Bethesda neighborhood.

While the outside of the inn suits the 2-acre wooded site donated by NIH (and chosen from among several rustic campus parcels), the inside of the inn is the heart of the facility.

A magnificent community room dominates the entryway of the inn, anchored by a stone fireplace whose chimney, 8 feet in diameter,

risers 2 1/2 stories through a skylight in the roof. Pastel and earth-tone furnishings and carpet are set off by white oak railings and trim. Banks of greenery built into the floor accent the margins of the room. A sculpture donated by Merck will soon grace the entryway.

Other common areas include a glassed-in playroom offering easy monitoring by parents and an adjacent play terrace. Each area includes seating for parents, a feature that inn executive director Andrew R. Tartler calls essential for maximum use.

"Studies show that play areas are used more frequently when parents have a place to sit," he said, indicating the care that went into even small details of the inn.

Sliding glass doors and screens in the play terrace admit some of the outdoors to the inn, a factor Tartler calls important when many pediatric patients are not permitted to play outside because of sensitivity to sunlight.

Toys and gadgets, including 35 miniature wooden airplanes donated by students at Baker Intermediate School in Damascus, are designed for "successful play," Tartler continued, defin-



Dr. Pindaros Roy Vagelos (l), chief executive officer and chairman of Merck & Co. Inc., which donated some \$3.7 million to the inn, confers with Dr. William F. Raub, acting NIH director, prior to ceremonies opening the inn.

ing this as play that accommodates all levels of ability.

Cork-backed flooring in play areas minimizes chances of injury due to falls, he added;

(Continued on Page 10)

Inn Makes Lasting First Impression

For Children's Inn architects, builders, contributors, volunteers or well-wishers, there probably could not have been a better reward for a job well done than seeing patients and their parents get first glimpses of the new home-away-from-home. The opportunity to collect that reward came just 1 day before the grand unveiling, when the inn opened its doors to children and their families for guided tours and first impressions.

"It's beautiful," exclaimed Ginnie Cross, whose 9-year-old daughter, Dana, has been an NIH patient for a little more than a year. "It really makes you feel comfortable."

Sue Liden, a family friend of the Crosses, agreed, "It's really very warm. They've done a terrific job."

During Dana's treatment periods, the Crosses have regularly made the long drive to and from their Prince Frederick, Md., home. Although the drive is manageable, returning home after some sessions can be tiring, not to mention inconvenient. The inn is a much welcomed alternative to a motel.

"The Children's Inn is so much nicer than going to someone else's home or to a motel," Cross said. "That always seems so cold and impersonal."

"It's wonderful," enthused Karen Kram, mother of 8-year veteran patient Bradley. The Krams live on Maryland's Eastern Shore. "I wish my house was this nice. We're close enough to drive, but a couple of times when Brad was an inpatient, it would have been

nice not to have to drive back."

Bradley, a patient since he was only a few months old, reserved his comments for the inn's unique second-floor playroom, which contains a jungle gym fashioned after a ship.

"It's okay," he paused to understate before shrugging his shoulders and charging off to explore energetically the climb-through window of the playroom's puppet stage. If his huge grin was any indication, the inn had already collected it's first grade-school fan.

"This is really nice," said 7-year NIH patient Katie White, a 15-year-old from Altoona, Pa., whose mother is a member of the inn's board of directors. "It's gonna help a lot of people. Your parents and family can come here and stay. That helped me and I think it'll help a lot of other people to feel more at home."

For 11-year-old Iyonna Bell, a patient at NIH since February, and her mom, the tour of the inn was taken simply out of curiosity. They live close enough so that commuting for care here is not a problem.

When asked if she'd be ever be staying at the inn, Iyonna shyly shook her head, "no"—the Bells live in downtown Washington. Close proximity notwithstanding, both mom and daughter hope they get the chance to enjoy the beauty of the inn at least overnight.

"It's lovely," said Cornelia Bell, smiling. "We'll see. We just might be able to stay here some days."—Carla Garnett



and Minnie Mouse at a special open house for children and a member of the inn board of directors.

(Continued from Page 9)

a playground designed by the same architect who planned the Cabin John Regional Park play area will be built behind the inn in the future.

The second floor of the inn includes the residential section—four "pods" (A, B, C and D) containing nine suites, six of which are interconnecting (in case of visits by extended family). Each room sleeps four adults comfortably.

All rooms include a bath and private phone (though phones for free long distance calls are located in each pod) and one room in each pod is completely wheelchair-accessible.

Two rooms come with kitchens in the event of long-term stays and two rooms have sliding glass doors leading outside. Ceilings in each room are a capacious 9 feet high.

"Some families might not want to stay here," allows Tartler. "There can be a magnifying effect when so many people in the same situation are put together." Other potential residents might object to house rules such as no smoking or alcohol consumption. For these people, NIH will continue to provide subsidized lodging at area hotels and motels.

Other inn amenities include two community kitchens with shelf and cabinet space for each family. Families, who stay for free but are asked to make a minimum donation of \$10 per night, must buy their own groceries; the inn provides only minimum refreshment. For purposes of hygiene, the dishwashers in each kitchen are equipped with a sanitation cycle. Also, icemakers are fully automatic,

(Continued on Page 11)



Playing on the floor of the inn are (from l) Dean Walker, 11, of Ossing, Md.; Brianne Schwantes, 10, of South Milwaukee, Wis.; Dr. P. Roy Vagelos, chairman and CEO of Merck & Co. Inc.; Lindsay Cushingberry, 3, of Dallas; and Dr. Philip Pizzo, chief of NCI's Pediatrics Branch.

Children's Inn Had a Predecessor on Campus

While the Children's Inn at NIH is, in many respects, unique, it is not the first residence for ill children on the NIH campus.

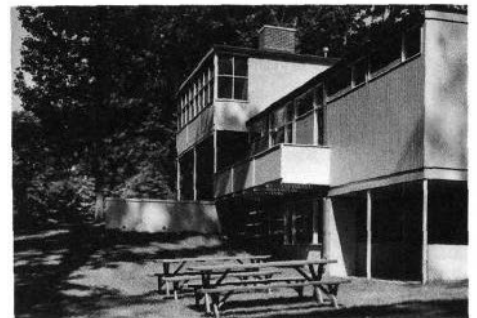
Back in 1957, on the present site of Bldg. 37 west of the Clinical Center on South Drive, a 2-story house called the Children's Treatment Residence opened. Occupied by six boys ages 10-12, a housemother and a live-in counselor, the residence was built for use in NIMH's research on emotionally disturbed children.

"The house was built for children with severe behavior disorders," remembers Hazel Rea, deputy director of NIMH's intramural research program. "The patients were among the earliest occupants of the Clinical Center, but they were just awful to have in a hospital. They would disconnect all the wires on the machines so that you didn't know what wire went where."

The Treatment Residence offered the opportunity to examine the effects of an "open setting" of living arrangements as opposed to the closed setting of a hospital ward.

"It was the brainchild of Dr. Fritz Redl," said Rea. "His idea was that these children needed 24-hour treatment in a residential situation. These were impulsive, acting-out children. The theory was that you dealt with their behavior on the spot. Tackle it right then and there, rather than talk about it later."

"A completely equipped gameroom, craft-room and wood shop are located on the lower



The NIMH Children's Treatment Residence opened in 1957 on land currently occupied by Bldg. 37. A precursor to the Children's Inn, the house was dedicated to the care of ill children, mainly adolescents with severe behavior problems.

level, which opens onto a covered outdoor play area," reported the *Record* in the issue of July 29, 1957. "An attractive living-dining area, kitchen and staff rooms complete the first floor; and three identical double bedrooms, an infirmary, laundry and housemother's apartment are on the second floor."

A photo of the modern (at that time), ranch-style home appeared with the article. Today, little evidence of its having once stood remains.

"I think it didn't last very many years," said Rea. "It's really not very comparable to the Children's Inn."



Clowns cavorted among employees who attended the eighth annual Camp Fantastic barbecue, held this year on the lawn of the Children's Inn. A record \$5,500 was raised to support the camp, which starts the third week in August for almost 100 children with cancer.

What's in a Name?

When President Bush was thanking those who made the dream of a Children's Inn at NIH into a reality, he mentioned Merck chairman and CEO Dr. P. Roy Vagelos near the top of his list. Only he didn't pronounce the NIH alumnus's name properly, leaving people wondering who the mysterious "Dr. Vah-YAY-hos" was.

Bush had inadvertently given a Hispanic twist to a name whose origins are in fact Greek. Someone pointed out the error, which was made several times during Bush's public address, after the ceremony and Bush made quick amends to the industrialist.

Greeting Vagelos (pronounced VADGE-uh-los) during an inn tour, he asked how he could make things square between them. Vagelos suggested that the president and his wife join he and Mrs. Vagelos for a group portrait. Bush instantly obliged and the two were restored to cordial relations.



A choir composed of pediatric patients braved scorching June sunshine to sing songs at the inn opening.

(Continued from Page 10)

meaning that no dirty hands go fishing for loose cubes.

Meals can be eaten in two dining areas, each skylit and open to the kitchen via pass-throughs. The dining rooms also open onto covered outdoor terraces furnished with tables and chairs.

Overlooking the chimney-dominated community room is a large television room with a big-screen color TV connected to the local cable (all rooms have cable access as well). Immediately adjacent is a solarium that also has a TV; parents are expected to use this room when a mellow PBS broadcast suits their mood more than blaring MTV.

Past the TV rooms is a glassed-in computer room. Five personal computers will allow children to keep up with homework, play video games or keep in touch with a relative back home who also has a computer.

Returning to the first floor, there are two quiet rooms for small meetings, a teen room for pinball games and socializing, a library/

conference room, an information/administrative office and a lounge for volunteers.

Since the inn has only four paid staff, dozens of volunteers are needed to conduct orientations and operate the inn on a day-to-day basis. Presiding over the house is resident manager Kate Higgins, who has an apartment just to the right of the inn's front door.

Admission to the inn will be coordinated first by a social worker and subsequently by parents or guardians of children participating in NIH protocols. Preference will be accorded to children who are most ill. Age range will be 0-18, with some leeway for young adults.

"We might take someone as old as 25," said Tartler.

The NIH campus shuttle system now includes stops at the inn. Depending on the generosity of the community, the inn may soon have a shuttle bus of its own to accommodate the shopping needs of residents.

While NIH will contribute laundry service, electricity, and shuttle service, in addition to the land it has already given, funds for operating costs are still being collected. An endowment of some \$7 million is being sought, said Randy Schools, general manager of R&W and the only person to sit on both the inn board, which operates the inn, and the board of the Friends of the Children's Inn, which is the fundraising arm.

"So far we have raised \$5.4 million," Schools said. "We hope eventually to raise about \$7 million, but that's a long way off. It would be nice if one day we could use the interest on that money to cover operating expenses for the inn."

"More than 4,000 people have already contributed their energy, money, love and support to this project," said Kathy Russell, president of the inn board.

Said Cindy White, whose daughter is an NIH patient and who also sits on the inn board, "This home will have a beautiful impact on countless children."

No one who has seen it can doubt her. □



President Bush meets with Andreano Johnson of Madison Heights, Va., for an impromptu photo session. Bush lingered with the assembly of children, who serenaded him with two original songs prior to his address.



A stone chimney 8 feet in diameter dominates the inn's community room, here being inspected by employees during an open house June 19 for NIH'ers. The fireplace includes a natural gas ignition system.



The Maryland Science Center honored Dr. G. Marius Clore (l) of NIDDK's Laboratory of Chemical Physics on June 14, naming him 1990 Distinguished Young Scientist. Clore uses nuclear magnetic spectroscopy to determine the three-dimensional structures of proteins in solution. Among the proteins he studies are cytokines (interleukin-1 and interleukin-8), DNA-binding proteins and AIDS-related proteins. He is shown with Dr. Ad Bax, also of the Laboratory of Chemical Physics.



Dr. Janet M. Cuca has been named NEI review and special projects officer, extramural and collaborative programs. From 1981 to 1989, Cuca served as special assistant to the DRG director, executive secretary of the behavioral and neurosciences study section, and executive secretary in the special review section, all in DRG. This past year, she served as the executive secretary of the cancer clinical investigations review committee in the Grants Review Branch, NCI. Cuca replaces Dr. Catherine Henley who retired from federal service.

International Women's Group Donates Fairy Tale Quilt

By Louise Williams

Like many a fairy tale character, sick children find themselves in an unfamiliar world, a place made scary and unpredictable by disease.

But the recently opened Children's Inn at NIH is trying to ease its young patients' ordeal. To make the unfamiliar less frightening, the inn has turned to some of childhood's big guns—the Wizard of Oz, Heidi, and *Jemima Puddle-Duck*.

Those and other fairy-tale favorites are part of a 12-block quilt that hangs in the inn's reception area, greeting the arriving patients and their families. The quilt was a special gift to the inn from the NIH international women's group, an offshoot of the Fogarty International Center's (FIC) Volunteer Services program.

The story of the quilt is something of a fairy tale itself. Through a lucky stroke, much hard work, and some selfless sharing, the quilt became more than anyone had envisioned.

The quilt began once upon a time, when 11 women from different lands also found themselves in unknown terrain—in this case the NIH area. The women—from Australia, Denmark, France, Germany, Italy, Japan, the Netherlands, Spain, Switzerland, and the United Kingdom—were spouses of some of the nearly 2,000 foreign scientists conducting research on the NIH campus. They missed the camaraderie and support of families and friends left back home.

"We all find ourselves in much the same situation," says Karen Fananapazir, one of the 11. From Scotland, she has been at NIH nearly 3 years and helped coordinate the quilt undertaking. "We're all interested in what's going on, and most of us are here for just 1 to 2 years. We want to make the most use of that time."

The 150-member international women's group supplies a social net that helps newcomers cope. Its social and support activities include a Thursday morning coffee welcome for area newcomers, three children's play groups, a babysitting cooperative, outings to local sites, international dinners, a monthly evening session with a guest speaker, a monthly newsletter, and classes. One of those classes grew into the Children's Inn quilt.

None of the 11 women had done quilting in their home countries. Rather, they became interested in the craft and American folk culture after arriving in the United States.

As Fananapazir explains, quilting dates back thousands of years and had flowered in Europe

in the 17th and 18th centuries. But the craft had largely died out there, although it is making a comeback worldwide.

Fananapazir attributes the resurgence to American quilters, who have kept the craft alive by adding a few twists of their own. Unlike European quilters who stitch a design onto one large piece of cloth, Americans employ a patchwork technique, using block designs, geometric shapes, and lively colors.



Members of the NIH International Women's Group display their donated quilt, now hanging in the foyer of the Children's Inn.

In a serendipitous stroke, Fananapazir had befriended an American quilter, Jackie Glennon, eager to try her hand at teaching. The two decided to see if other group members wanted to learn quilting. Eleven members signed up. Moreover, the class proved such a hit that no one wanted to disband at its end.

That was when Fananapazir remembered a suggestion made weeks earlier by the then-coordinator of the FIC Volunteer Services program, Sandy Roberts. "On hearing of my interest in quilting, she'd said, 'Wouldn't it be lovely if the women's group could get together and make a quilt for the Children's Inn?' Back then," Fananapazir recalls, "the idea had seemed like a practical nightmare."

Now, the class provided a ready-made group of quilters—suddenly, the impractical was possible. The women's group greeted the idea enthusiastically, and Glennon remained with her former students, producing one of the quilt's 12 blocks.

The quilters met with NIH staff involved with the inn and were assured of the gift's welcome. They also received special help from Helen Orem, then head of the Clinical Center's art program, which arranges for artwork displays in NIH buildings and is handling the

(Continued on Page 13)

(Continued from Page 12)

hanging of watercolors, oils, and prints in the Children's Inn.

Orem had the idea to tie the quilt into the inn's color scheme, says Crystal Parmele, now in charge of the art program and involved in both the inn and quilt projects. "So the quilt became an absolutely appropriate piece."

Each woman had to use at least one color from the reception area that would eventually house the quilt—dark-brown, pale green, and peach.

"Orem was a wonderful source of inspiration," says Fananapazir. "She couldn't have been more encouraging. The inn colors are restful. Helen told us that children are usually associated with bright primary colors—reds, yellows, and blues. But for those who aren't well, such colors are wearying. The patients wouldn't enjoy them. That influenced our end design and color use."

But the quilters still needed a theme to tie together the dozen blocks. Depicting children's stories from around the world "hit the right note," says Fananapazir.

"Each person chose her own story and artwork," she continues. The women shared ideas and rough sketches. For sketches that seemed too detailed, members suggested ways to simplify the designs. For other blocks, members suggested design accents.

Some of these accents surprise viewers. The Japanese block, called "The Old Man of the Flowers," has a very small basket attached to the fabric. France's "Little Red Riding Hood" has the wolf's head literally poking out of the bushes.

The sharing also meant pitching in when a fellow quilter unexpectedly had to return home. A German member helped complete the Italian block, and one Danish member took over for another.

By mid-November 1989, the quilt was complete. Those involved with the inn were so delighted that they developed a coloring book of the quilt. The pages reproduce the block drawings, each with a summary of the tale depicted, says Parmele.

She notes that the coloring book is being given to each child on first entering the inn and should ease the check-in wait.

As Parmele observes, "The quilt was going to be a wonderful gift," but it blossomed into "more than anyone had anticipated," becoming the inn's "centerpiece."

Fananapazir knows it gave its creators a special gift. Quilting relies on nonverbal skills. As the women pieced together the quilt, they

also wove bonds of friendship, making them feel more at home.

She and her fellow quilters hope the work will do no less for the inn's young patients, cheering them as they navigate illness' foreign territory. "We hope the children really like it. They're the ones the quilt was made for."

"The NIH gave me and my family the opportunity to come to the United States," she adds. "It felt good to be able, in this small way, to contribute something in return." □

Fogarty Board Names New Members

Four leading U.S. biomedical professionals have joined the advisory board of the Fogarty International Center for Advanced Study in the Health Sciences.

The four represent the spectrum of biomedicine from basic research to public health administration and have long been involved in international scientific activities.

The new board members are Dr. Alexander G. Bearn, adjunct professor at Rockefeller University; Vivian W. Pinn-Wiggins, chairman of the department of pathology of the Howard University college of medicine; Dr. David C. Tiemeier, senior director of molecular and cell biology for Searle Pharmaceutical Co. in St. Louis, Mo.; and Dr. Robert E. Windom, former assistant secretary for health and now a health-care consultant in Sarasota, Fla.

Tiemeier, who is taking over from a resigning board member, will serve through January 1992; the other new members will serve through January 1994. □



Three of NIDR's dental researchers are former participants in the general practice residency program at St. Elizabeths Hospital in Washington, D.C. Dr. T. Earl Flanagan Jr. (seated), director of the program, pointed the three in the direction of NIDR. Says Flanagan, "I feel that dentists need to be more involved in oral health research." Shown with Flanagan, who is chief of the dental clinic at St. Elizabeths, are (from l) Dr. Tracy A. Harris, staff fellow, Laboratory of Cellular Development and Oncology; Dr. Vincent H. Davis, clinical dental staff fellow; and Dr. Gail Cherry-Peppers, postdoctoral minority fellow (geriatrics), Clinical Investigations and Patient Care Branch.

Regular Inn Tours Scheduled

In order to provide privacy for Children's Inn residents, tours will be conducted each Wednesday in July between 11:30 a.m. and 1 p.m. beginning July 11. After July, tours will be conducted on the second Wednesday of each month during the same hours. Please call 496-5672 to register for tours.



The Cantare Audire singers of Namibia are touring the world as representatives of the globe's youngest nation. Emissaries of peace and unity, they will perform Friday, July 20 at 7:30 p.m. in Masur Auditorium, Bldg. 10, to benefit the Friends of the Clinical Center. Tickets are on sale at all R&W outlets for \$7. Members of the choir would enjoy staying with NIH'ers during their visit. If you would like to host one or more guests July 18-19, call 496-4600. There are 15 women, 9 men and 6 couples.

Dr. Pierre Renault, NIDDK Deputy Director, Dies

Dr. Pierre Renault, 53, deputy director of NIDDK, died of leukemia on May 15 at the Clinical Center.

Since 1983, when he was named deputy director, Renault managed to combine his administrative duties with clinical and epidemiological research. His interest in the emotional and behavioral aspects of human illness and his love of statistical analysis were themes woven throughout his career. He had a strong commitment to the equal opportunity goals of NIH and took an active role in NIDDK's efforts to recruit minorities to professional positions.

Renault received his B.S. in 1959 and M.D. in 1962 from the University of California, San Francisco. He later trained in internal medicine and served as an internist in the Navy. After completing a residency in psychiatry at the University of Chicago, he joined the faculty there and conducted psychopharmacology research, served on the psychiatric consultation service at the University of Chicago Hospital, and became certified by the American Board of Neurology and Psychiatry.

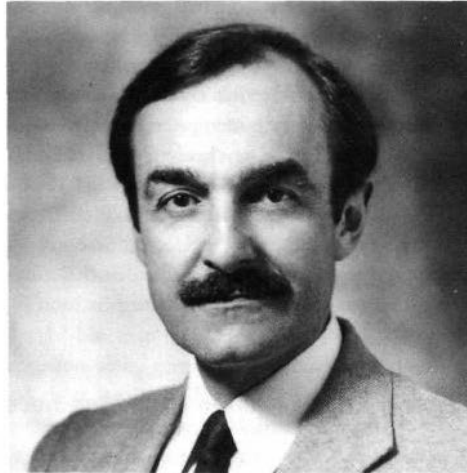
In 1974, he joined the Public Health Service, continuing his research career as chief of the Clinical Behavioral Branch of the National Institute on Drug Abuse. He became associate director of the former National Center for Health Care Technology in 1980 and joined NIDDK as associate director for the Office of Program Planning and Analysis in 1982. From 1974 to 1982, Renault also maintained a private psychiatry practice in Chevy Chase. As a Commissioned Corps officer, he received the PHS Commendation Medal and the PHS Meritorious Service Medal for his contributions to biomedical research.

"I feel great sadness and a great personal loss," said Dr. Phillip Gorden, NIDDK director. "Dr. Renault was an inspiration to us all during his long battle against cancer."

Renault was diagnosed 7 years ago with Hodgkin's disease, an often curable cancer of the lymph system, and underwent intensive chemotherapy and radiotherapy in the Clinical Center. The treatment resulted in remission of the Hodgkin's disease but led eventually to a secondary leukemia.

After every round of therapy, Renault returned to work at the earliest sign of renewed strength. "He had tremendous determination to come to work," said Earl Laurence, executive officer of NIDDK and longtime colleague of Renault. "His spirits especially soared when he regained enough energy to ride his bike into work."

As NIDDK deputy director, Renault organized and chaired NIDDK's epidemiology coordinating committee. He also collaborated with Dr. Maureen Harris, director of the National Diabetes Data Group, on a study of



Dr. Pierre Renault

diabetes and depression, and with Dr. Jay Everhart on a study of the link between mental disorders and irritable bowel syndrome. In addition, he conducted several research projects with Dr. Jay Hoofnagle, director of NIDDK's Division of Digestive Diseases and Nutrition. In one project, Renault interviewed patients with chronic hepatitis who were undergoing long-term alpha-interferon therapy. He spoke at length with patients before and during their therapy to assess its long-term psychiatric effects, which about 10 percent of the patients experienced.

"Pierre sorted out nicely what the psychiatric side effects were and who would get them and helped us find ways to manage the side effects," said Hoofnagle. Although the hepatitis patients understood that their contact with Renault would be limited, "They all asked to see Pierre again," said Hoofnagle. "The patients just loved him. He took his time with them. He was very nonjudgmental, a very good and careful listener."

Renault inspired a similar response in most people. "His unassuming style and genuine concern and respect for others made people feel absolutely at ease. He was extremely approachable," said Laurence. "He really was loved," said Harris, who was among the many colleagues and staff members who expressed deep affection for Renault.

"Dr. Renault was committed to the underprivileged," said Father Eugene Linehan, a priest in the Clinical Center's spiritual ministry department who conducted the May 18 funeral mass at St. Bartholomew Catholic Church in Bethesda.

Renault was dedicated to recruiting minorities to biomedical research careers and to professional and administrative positions at NIH. Among the programs he created were the Minority Travel Award Program, which allowed minority students and faculty from

minority institutions to attend national scientific meetings, and an awards program for elementary and high school students with outstanding projects in the annual District of Columbia Science Fair. Renault was honored recently with the NIDDK Equal Employment Special Achievement Award and the NIH Equal Opportunity Award.

Born in San Francisco, where his parents immigrated from France, Renault said he resisted his parents' early efforts to make him practice French but grew to appreciate the language and to speak it fluently. His colleagues joked with him about inheriting a French palate, as well.

An avid sailor, he kept a sailboat moored in the Chesapeake Bay. He enjoyed collecting baseball cards with his 11-year-old son, Jacques. He also appreciated classical music, computers and bicycling.

Renault's family requested that contributions in lieu of flowers be made to the NIDDK Minority Science Teachers' Program, which sponsors a 7-week series of scientific seminars for minority science teachers in the greater Washington, D.C., area.

Renault is survived by his wife, Nancy, and their three children, Josette Claire, a senior at Boston University; Cybele Anne, a junior at Vanderbilt University; and Jacques Pierre, a fifth-grader at Burning Tree Elementary School. —Kathy Kranzfelder □

Programming Seminars Offered

The Division of Computer Research and Technology's Computer Training program is now accepting registrations for two seminars on object-oriented programming. The seminars will be held on July 23 and 30 in Bldg. 12A and will run for 2 hours each. They may be taken individually or together.

The July 23 seminar is entitled "Concepts in Object-Oriented Programming." Object-oriented programming is attracting attention in the scientific community because of its potential for handling complexity in large-scale software projects. This seminar will provide an introduction to object-oriented concepts, with language independent examples, as a background for further study.

The July 30 seminar is entitled "Object-Oriented Programming with C++." An extension of the C programming language, C++ has become an increasingly important tool for object-oriented programming. This seminar will offer an overview of the language features of C++ that support such programming.

For seminar information and registration, contact the DCRT Computer Training program, Bldg. 12A, Rm. 1023, 496-2339. □

TRAINING TIPS

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

Courses and Programs Dates

Management and Supervisory 496-6371

Attitudes: How They Affect Productivity in the Work Environment	7/19
Applied Creativity	7/24
Communications for Results	7/24
Reviewing Other Peoples' Writing	7/25

Office Operations Training 496-6211

Delegated Acquisition	7/12
Basic Time and Attendance	7/12
Domestic Travel	7/23

Personal Computer Training 496-6211

Introduction to Word Perfect	7/12
Introduction to Keyboarding	7/13
Introduction to Filemaker (Mac)	7/17
3 Com Network Administrator	7/18
Welcome to Macintosh	7/23
MacDraw II (Mac)	7/24
Intro to DBase III +	7/17
WordPerfect 5.0 Advanced Topics	7/23

Training and Development Services 496-6211

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

The URC hours are:

Mon.-Thurs.	8:30 a.m. — 7 p.m.
Friday	8:30 a.m. — 4:30 p.m.
Saturday	9 a.m. — 1 p.m.

Training Center, DCRT, and other training information is available on WYLBUR. Logon to WYLBUR and type ENTER TRAINING

Training Center Now at EPS

The NIH Training Center is now in operation at Executive Plaza South, 6120 Executive Boulevard, Rockville. On May 29, a newly expanded shuttle bus service was made available to provide convenient and comfortable transportation on a daily basis. Bus schedules have been circulated throughout the NIH campus.

Training courses are being temporarily held in EPN conference rooms while new training classrooms at EPS are being equipped with the latest in projection technology and ventilation systems. A handy, informative User's Guide has been developed by the NIH Training Center to make employees aware of new site advantages including names and locations of local eating establishments, the shuttle service schedule, parking availability, and a map of the area surrounding NIH and Rockville.

Informal visits to the center are welcome; a formal Open House is scheduled for the fall. The staff at the NIH Training Center invites employees to call with their training needs and is looking forward to serving NIH'ers in its new facility. □

'Charlie' Retires After 31 Years in Security Division

Charles Pyles, known as Charlie (most people don't know his last name), has retired after 31 years in NIH's Security Division. Starting out as a guard, he moved into the police force, and later into parking and traffic control, then security evaluation. For the past 3 years he has been working in the crime prevention section in what is now the Division of Security Operations.

"There have been a lot of changes within the security community," he says. "With the animal-rights movement and different groups protesting, the Security Division has become much more professional. We offer more security services than ever before. We went from a reaction group to a proaction group."

When Charlie first came to NIH in 1959, "it was basically an open campus atmosphere. The guards patrolled the facilities and routinely checked for fires and overheated equipment," he said. "Basically, we directed and assisted people."

Then he moved to the police force. "Back then, you couldn't issue a parking ticket. It was in the 1970s before you could do that."

Charlie remembers well the second week he was at NIH. "I was assigned to the 11 p.m. shift and, on my way to work, I got stuck in an elevator in Bldg. 10. It took them an hour to get me out and I was late for work. And you know what? They charged me for an hour's leave."

Of all the jobs Charlie has held within security, he enjoyed the last one the most—crime prevention. "It keeps me in contact with the NIH community. It makes you feel good to walk around the campus and know most people by their first name. It is also a great feeling when people recognize you. It is a two-way street."

The crime prevention section tries to identify and ameliorate situations that are conducive to crime. Staffers go into all NIH buildings, on and off campus, to determine ways to prevent thefts of equipment as well as personal property. "We also do crime prevention seminars that have helped to reduce crime on campus. It is a really good program and it really does help."

David Merriman, a crime prevention specialist in the same division, said, "I have worked with Charlie all of my 24 years at NIH and it has been a very enjoyable and pleasant experience. He has taught me a lot."

According to Charlie, "The best thing I've come to know over the years at NIH is the people. It is a good organization and I've made a lot of friends. You couldn't ask for a better place to work. It's that contact with the community that makes it exciting and interesting."

Charlie lives on a little farm, 56 acres, near Ijamsville, Md., that has been in his family



Charlie Pyles

since the early 1800s. About his daily travel to NIH, he says, "I have spent over a year of my life on I-270."

After his retirement Charlie plans to continue working. But this time it will be for a private firm doing security surveys. Something a little different, he says, but still in the field he loves—security.—Anne Barber □

Orioles Bullpen Party To Help Kids at Camp Fantastic

Special Love, Inc. and Camp Fantastic invite you to a "Bullpen Party" at Memorial Stadium on Sunday, July 22. The event kicks off at 11:30 a.m. when you are treated to hamburgers, hot dogs, beverages and a few surprises. Then enjoy the Orioles vs. the Chicago White Sox from lower reserved grandstand seating. Cost for the day is \$15 and includes food, beverages and your ticket for the game. (Tickets only, without the bullpen part, are available for \$7.) Kids age 14 and under will receive a free Orioles relief pitcher. A portion of the ticket price will benefit Camp Fantastic, a summer camp for kids with cancer. For tickets or more information, contact the R&W Activities Desk in Bldg. 31 at 496-4600. □

New Weight Watchers Session

R&W will be sponsoring another 8-week session of Weight Watchers, to begin July 27 and end Sept. 14. The class will meet on Fridays, noon-1 p.m., in Bldg. 31, Rm. 11A10. Cost for the session is \$100 (make checks payable to Weight Watchers). Registration will be held on Friday, July 13, noon-1 p.m. in the hallway outside of the R&W Gift Shop in Bldg. 31 (Rm. B1W30). Class size is limited to 30 and registrations will be taken on a first-come, first-served basis. □

Urge NIH'ers To Help Themselves

Novello, Wives of Top Officials Back Breast Cancer Screening

By Anne Barber

Breast cancer is still one of the leading causes of death among women, "even though with early detection, the rate of survival is 90 percent," says U.S. Surgeon General Antonia Novello.

Novello, along with Marilyn Quayle, wife of Vice President Dan Quayle; Ginger Sullivan, wife of DHHS secretary Dr. Louis Sullivan; and Marie Mason, wife of DHHS's assistant secretary for health, Dr. James O. Mason, came to NIH on June 18 to encourage women to participate in the mammography screening that was offered at NIH during the week of June 18-22.

Quayle, whose mother died of breast cancer, urged women to participate in mammography screening.

"The first sight I saw when I arrived here was the mammography screening van. Not only is NIH encouraging screening for women, they back up that knowledge by allowing employees to have mammograms on site.

"It is an incredible shame we have over 42,000 women a year dying of breast cancer. Through early detection, we can improve the survival by 30 percent."

Quayle continued, "I am honored to be a part of this occasion to promote mammography screening and I encourage all other institutions and businesses in Washington to do the same.

"I am thrilled that so many people at NIH wish to participate. I hope it continues, so we can all live long and fruitful lives."

In closing, she said, "I want to thank all you NIH employees for all you do to help us."

Quayle, along with her husband, served as honorary cochairmen for the "Race for the Cure," a charity race held recently in Washington to benefit breast cancer research and education.

Sullivan called cancer a family disease. "If one person has cancer, the entire family becomes involved."

Her message: "Give your mother the gift she gave you—the gift of life. Give her a mammogram."

Sullivan said, "We are all here today to remind you that we are our brother's keeper. We need to keep reminding each other to get mammograms."

Mason's sister died of breast cancer at the age of 42, leaving behind six small children. "With early detection," she said, "it could have been prevented."

Continuing, she said, "It is exciting to encourage all women here to get their mam-



Marilyn Quayle, wife of Vice President Dan Quayle, expressed pleasure in seeing so many people at NIH participating in the mammography screening being offered. Also showing their support for breast screening and standing behind Quayle are Surgeon General Antonia Novello (l) and Ginger Sullivan, wife of DHHS secretary Dr. Louis Sullivan.

mograms and do it annually."

Novello, who worked at NIH prior to becoming the surgeon general, seemed genuinely pleased to be back. In fact, she stated, "I am here as the surgeon general but I am an NIH'er for life."

Novello agreed with Sullivan that breast cancer is a family issue. "We need to give ourselves a chance to get the exam to detect it while it is possible to cure it."

Studies show that in 1990, 44,000 will die of breast cancer. With early detection, the survival rate is 90 percent. The longer cancer goes undetected, the poorer the survival rate.

"We tend to take care of our families before we take care of ourselves.

"You have to help us," she continued. "If we make it available for you, you have to take advantage of it. This week we have scheduled 110 appointments for screening. Do it for yourself and your family."

After the remarks, Novello and Sullivan went into the mobile van to have their screening done.

The National Cancer Institute strongly encourages all women between ages 40-49 to get a mammogram and a clinical breast exam every 1-2 years; women ages 50 and over should get a mammogram and clinical breast exam every year.

Women who were unable to get an appointment during the mobile van's visit to NIH can call the District of Columbia Cancer Bureau (727-2360) for a list of local hospitals and health centers that provide mammograms at low cost. □



Marie Mason (l), wife of DHHS's assistant secretary for health, joins Sullivan and Novello as they move toward the mobile van to have their screening done. Standing at the door of the van is Kathy Carey, chief nurse for the Occupational Medical Service of the Division of Safety, the program responsible for organizing the mammography screening.