



WATSONIAN NEWSLETTER

September 7, 2004

Committee News PHA HISTORY PROJECT
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Member News
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CDC Leadership Profiles Retirements

COMMITTEE NEWS:

EXECUTIVE COMMITTEE:

Executive Committee Meeting

Open meeting

When: Tuesday – **September 21, 2:30 - 4 p.m.**

Where: Corporate Square, Building 8, Room 6B.

Call In: Toll free #: 866-732-9603, Passcode 873632

From **Bob Kohmescher**

I met with Bill Gimson and Carlton Duncan today. During the meeting, Bill mentioned this recent authorization that directly effects our PHA retirees....

Hiring Authority During Public Health Emergencies

On July 19, 2004, OPM delegated authority to HHS "to assist in quickly hiring employees in the event of public health emergencies. If the Secretary determines (1) that a disease or disorder presents a public health emergency or (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks exists, the Secretary may take appropriate actions to respond to the emergency."

This authority "provides for the waiver of salary offset for Federal civilian annuitants when hired to respond quickly to emergency staffing needs and to biological, chemical, and/or radiological events, and it covers situations where there is an urgent need to perform critical tasks that deliver, or directly support delivery of, services involving life or property. The authority also permits the waiver of salary offset to reemploy annuitants on a short-term or intermittent basis (typically for less than 1040 hours per year) to support critical service delivery missions."

If such an emergency should occur, the Watsonian Society will quickly inform our membership of specific needs.

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**AWARDS COMMITTEE / EXECUTIVE COMMITTEE**

**NOMINATION FOR HONORARY PHA due by 9/8/04**

This is your opportunity to make a nomination for HONORARY PHA.

Here are the specific criteria for the nominees:

1. Must be someone who has *never* been a PHA;
2. The person shall have made one or more major contributions to the PHA series;  
and/or
3. Have a record of making a difference on the ability of a significant number PHAs to have a positive impact.

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When submitting the nomination keep in mind:

- The criteria for HONORARY PHA and relate your nomination to the criteria;
- Be as specific as you can on why the individual deserves to be an HONORARY PHA;
- Get as many Watsonian Members as possible to sign on to the nomination; and
- Encourage members to vote for your candidate.

Here is the link for the listing of all the past HONORARY PHAs.

<http://www.cdc.gov/watsonian/HonoraryPHAs.HTM>

Feel free to resubmit nominations that have been submitted in the past.
Some previous candidates were very close to being selected.

The Executive Committee determines which six candidates will be included as nominees for this year's Honorary PHA.

Nominations are due **September 8th**. Please send to the President-elect **Phillip Talboy**, – PTalboy@cdc.gov

GET YOUR NOMINATIONS IN TODAY!!

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**EVENTS COMMITTEE**

What: **The Annual Watsonian Banquet**

Date: Wednesday, October 6, 2004

Place: Petite Auberge Restaurant, Toco Hills ( Atlanta, GA)

Time: 6-7 p.m. Social Hour; 7-10 p.m. Dinner/Speakers

Cost: \$20/person Tickets will go on sale September 13.  
Seating is limited to 175 so please plan early."

Keynote Speaker: Ed Thompson, MD - Director for Public Health Services, CDC

**We need volunteers to help with ticket sales. We would like to have sellers at all the various CDC campuses. If you'd like to be involved with the Watsonian Society but don't want a permanent, year round commitment, this is your opportunity. Please let either Karen Willis (klw5) or Cathy Stout (cas3) know if you'd like to help.**



**Ticket Sellers:**

**Clifton Road:**

- Cathy Stout (404-639-4147)
- Ted Pestorius (404-639-0216)
- Karen Willis (404-639-7451)

**Koger:**

- Yale: Stacy Harper (770-488-4713)
- Columbia: Carole Rivera (770-488-6296)
- Columbia: Tim Minor (770-488-6256)
- Williams: Marcia Brooks (678-641-4720)

**Chamblee:**

- Marcia Brooks (678-641-4720)

**Corporate Square:**

- Karen Arrowood (404-639-8352)

**Executive Park:**

- Diane Ochoa (404-498-3037)

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COMMUNITY SERVICE COMMITTEE

Save the date! Hands On Atlanta (HOA) day

Saturday, October 02, 2004 9:00a to 1:00p

Location: 901 Fourth Street, Stone Mountain, GA 30083 (Directions below)

If you are interested in joining our WS/CDC team, please email Lauren Lambert at llambert@cdc.gov.

Saturday, October 02, 2004 is Hands On Atlanta (HOA) day. Join fellow WATSONIAN members, other Atlantans, for the nation's largest city-wide day of service!

An estimated 16,000 volunteers will participate in a variety of service projects in and around the metro area.

Spend some quality time volunteering with 30 great teens at the DeKalb Children's Center/WestCare Georgia, a therapeutic care facility for abused and neglected youth. [Ongoing volunteer opportunities include planning field trips, parties and other enrichment activities for the youth on a quarterly basis.]

From **9:00a to 1:00p** on Oct. 2, WS/CDC volunteers will work with DeKalb youth to: Paint cottages and activity center, repaint lines on the basketball court and plant flowers and shrubs. At **1:00 pm, the Celebration of Service Party** begins at Piedmont Park where we will enjoy live music, kids' activities and free beverages! The party is free for volunteers who wear their HOA name tag.

Please feel free to bring friends and family. (However, due to the nature of the responsibilities of the center, it is not recommended that very young children attend, please.)

<http://www.handsonatlanta.org>

Hands On Atlanta is a non-profit organization that helps individuals, families and corporate and community groups find flexible volunteer opportunities at more than 400 service organizations and schools. Hands On Atlanta volunteers, now 25,000 strong, are at work every day of the year building community and meeting critical needs in schools, parks, senior homes, food banks, pet shelters, low-income neighborhoods and more. Hands On Atlanta is an affiliate of the Hands On Network, an umbrella association of "Cares" and "Hands On" organizations across the United States, U.K. and other countries.

Investing in our community is more important than ever. We must continue to extend helping hands to those around us - continue to provide meals to those who are homeless, to work with children in our schools and to reach out to seniors who are lonely and isolated. We ask that you help Hands On Atlanta continue to do this important work by remembering Hands On Atlanta in your individual giving. Now more than ever before, we need your financial support to ensure that we continue to be able to do good work in the city of Atlanta. Here is their contact information, Those wishing to donate can send a check to this address:

Hands On Atlanta
600 Means Street, Suite 100, Atlanta, GA 30318

E-mail: Info@HandsOnAtlanta.com

Directions: From Downtown Atlanta: Take I-75/85 North to the Spring Street/West Peachtree Street exit. Turn left (north) onto West Peachtree Street. Next, turn right (east) onto North Avenue.

Take North Avenue to Piedmont Avenue and turn left (north). Make the first right (east) onto Ponce De Leon Avenue. Travel for several miles on Ponce De Leon. When Ponce divides into West Ponce De Leon and Scott Boulevard, veer slightly to the left and continue on Scott Blvd. Continue on Scott Boulevard until you reach the US-29/US-78 split.

Veer to the right onto US-78 towards Athens/Stone Mountain. Travel for approximately 7 miles to the GA-10/Memorial Drive exit. Next, take an immediate right onto the E. Ponce De Leon Avenue exit. Turn left onto East Ponce De Leon and travel to the four-way intersection. Continue straight as East Ponce De Leon becomes Main Street.

Turn left onto Manor Drive and continue to Fourth Street. Turn right onto Fourth Street and travel for 0.2 miles.

The DeKalb Children's Center/WestCare Georgia will be on your left. Take the #118 bus from the Kensington MARTA Station or the #120 bus from the Avondale MARTA Station to the Fourth Street Park & Ride. When you exit the bus, turn to the right and walk two blocks on Fourth Street to the Center.

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**PHA HISTORY PROJECT UPDATE:**  
FELLOW WATSONIANS

The **Public Health Advisory History Project** has now completed more than 100 face-to-face interviews. Many other PHAs have submitted email written accounts of their "stories."

Contributions you make to this Project are tax deductible and go a long way to making the project a success. Many PHAs have already made contributions to help support this one of a kind effort. Won't you please make a **tax deductible** contribution today to this Project? The Project will result in a book about the impact of PHAs on state and local, national and international public health policy and operations in the past, present, and possible future considerations. All grantors will be acknowledged in the book, regardless of the size of their contribution unless the authors are notified otherwise. Please make your check payable to "Community Vision St. Charles County" and send your contribution to:

Community Vision St. Charles County  
PHA History Project  
c/o Policy Resource Group, LLC  
PO Box 7327  
St. Petersburg, Florida 33734

Please put the words "PHA History Project" in the bottom left "note" or "for" line of your check. Thank you.

Check out more at [www.policyresourcegroup.com/pha.htm](http://www.policyresourcegroup.com/pha.htm) or email the authors at [phaproject@policyresourcegroup.com](mailto:phaproject@policyresourcegroup.com)

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GET WELL WISHES

David Hammond would appreciate hearing from his friends. His wife writes that he is hospitalized for Alzheimer's. I am sure David would want to stay "connected" with the Watsonian group if he could. Would you tell them he is still interested, on occasion, in the Watsonian. If it is possible have some of the "oldsters" sign a card or note to him.

He fell and broke his wrist recently , but it seems to be doing well. He can feed himself with his right hand if meat is cut up for him.

Yours,
Betty Hammond

Jim Fogel (CDC PHA 1982-86 plus circa 15 years as a state employee in Iowa) has lung cancer and has taken himself off chemo. Ironically he just got married June 29th to a gal he had been dating for 7 years. Jim worked for CDC from 1982-86 - Detroit and Florida...also was a state employee for about 15 years in Iowa

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LEAVE DONATIONS

WHO: **ROBERT G. SMALL**  
PUBLIC HEALTH ADVISOR  
NIP/ISD

REASON: MEDICAL EMERGENCY  
ELIGIBILITY PERIOD: HAS BEEN EXTENDED THRU SEPTEMBER 30, 2004  
(Leave will be accepted through OCTOBER 30, 2004)

DONATION PERIOD: (Leave will be accepted through OCTOBER 30, 2004)

HOW: Submit an approved OPM-71 to your timekeeper and latest earning and leave statement. Indicate name of recipient and the number of annual leave hours you wish to donate.

Have your timekeeper send them to the payroll office,  
MS K-19, so that a record of donated hours can be maintained.

FOR QUESTIONS, CONTACT: HARRIET BLOSSOMGAME 404-639-8391

NOTE: The decision to donate annual leave is solely voluntary.  
Thank you in advance for your participation.

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WHO: **JACQUELYNE WIGGINS**
PUBLIC HEALTH ADVISOR
NIP/ISD

REASON: MEDICAL EMERGENCY

ELIGIBILITY PERIOD: AUGUST 17, 2004 through OCTOBER 8, 2004

DONATION PERIOD: (Leave will be accepted through NOVEMBER 8, 2004)

HOW: Submit an approved OPM-71 to your timekeeper and latest earning and leave statement. Indicate name of recipient and the number of annual leave hours you wish to donate.

Have your timekeeper send them to the payroll office,
MS K-19, so that a record of donated hours can be maintained.

FOR QUESTIONS, CONTACT: ANN FOWLER 404-639-8627

NOTE: The decision to donate annual leave is solely voluntary.
Thank you in advance for your participation.

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## **CONDOLENCES:**

As many of you have already heard, our friend, colleague, PHA , and WATSONIAN MEMBER, **Andy Agle**, passed away in Lagos, Nigeria.

**Andy Agle**, a CDC employee from 1963 to 1990, died peacefully in his sleep of heart failure on Saturday, August 14 in Lagos, Nigeria at the age of 66. A global leader in health and development, Andy retired in 1990 as the Deputy Director of the International Health Program Office, ( IHPO).

Born on November 16, 1937 in Salt Lake City, Utah, Andy devoted most of his life to improving the health and well-being of millions of people in developing countries throughout Africa and across much of the world. Andy is known as the facilitator who helped communities, governments, and organizations to identify and solve their own problems.

Over 38 years, Andy has worked in 70 countries. His major accomplishments include technical leadership to the Togo Smallpox Eradication Program, the development and implementation of USAID/CDC child survival programs serving 16 African countries, technical and administrative leadership to the Carter Center programs in health and agriculture, and most recently health development in Nigeria.

He has received many awards for his outstanding service including the CDC Superior Performance Award in 1968, the CDC Cooperative Outstanding Achievement Award in 1979, and the CDC Honor Award of International Health in 1987. In 1976, he was made a member of the Order of the Bifurcated Needle by the World Health Organization for contributions to the smallpox eradication program. Andy was later recognized by the United States Public Health Service in 1989, earning a Superior Service Award.

In 1995, he received an Emmy Award for his involvement in creating a series of advertorials in promoting the UN Conference on Population and Development in Cairo. In 1998, Andy was knighted alongside former President Jimmy Carter and Dr. Donald Hopkins as a *Chevalier* by the *Ordre National du Mali*. He also served on the Board of Directors for the Sasakawa Africa Association, Global Health Action, and the Task Force for Child Survival and Development during the 1990s.

Andy earned his Bachelor's degree at San Jose State University in 1963 and his Master's in Public Health at UCLA in 1972. Before college, he served in the U.S. Navy Reserve for two years.

His career began at the Centers for Disease Control in 1963. He was an active participant in the global smallpox eradication program from 1966 to 1982. Andy's smallpox assignments included Togo, Nigeria, Afghanistan and Bangladesh

During most the 1980s, he served as the technical coordinator for two of CDC/USAID's Child Survival Programs (Strengthening Health Delivery Systems and The Combating Childhood Communicable Diseases Project). This latter project supported health activities in 13 African countries with an aggregate population of over 150 million people.

Upon retiring from the CDC in 1990, he joined The Carter Center's Global 2000 agency as Director of Operations. During his nine years at The Carter Center, he was responsible for managing and directing international development activities in health and agriculture. Global 2000 operates in thirteen countries in sub-Saharan Africa and in six Latin American countries.

At Global 2000, Andy also played a major role in the guinea worm (*dracunculiasis*) eradication program, an effort to wipe out a devastating parasite that plagues sub-Saharan Africa's drinking water. According to the World Health

Organization, by the year 2000, guinea worm had been reduced to about 75,000 cases – down from several million just decades ago.

In September 1999, Andy went to work for the Task Force for Child Survival and Development in Atlanta. As the Associate Executive Director, he managed the strategic planning, policy development and implementation, and development activities of the Task Force.

He returned to Nigeria in 2000 to lend his expertise to the United States Agency for International Development-funded BASICS II program as country director. Here, he maintained working relations between USAID, Nigeria's Ministry of Health, and other key players in promoting child survival in Nigeria. He directed the project's largest and longest running program.

In his final days, Andy and his colleagues celebrated the success and wrap-up of the Positive Deviance/Hearth Project, a malnourished child rehabilitation program. His team received a merit award from the Governor and State Ministry of Health of Kano State, Nigeria in recognition for their excellent work in nutrition. Andy was active and deeply involved until the very end. On the Tuesday before his death, the entire BASICS staff was gathered together for the first time since 2001 to enjoy a private dinner. Andy beautifully wrapped up the project by giving a very moving, impromptu speech to his staff and presented very personal awards to each and every one. It is a success that is to be expected of a man who performed his duty with conviction and honor.

Andy is survived by his former wife of 27 years, Laura; his first wife, Judith; his daughter, Dawn Eidelman; his sons, David, Alex, Nick, and Mark; his two brothers Lynn and Larry; and his three grandchildren, Aron, Eliot, and Joshua.

Those wishing to support the continuing legacy of Andy's work are asked to make a contribution in his memory to The Endowment for Global Health Priorities, CDC Foundation, 50 Hurt Street Suite 765 Atlanta, GA 30303.

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A little belated, but here is the sad information on **John Bruce**.

Thanks to **John Vадnais**, for sharing this.

"John David Bruce died at Kaiser Hospital in Richmond, California on July 23, 2004 after a brave fight with cancer. He was 66. He is survived by his wife of 33 years, Janet Bruce of El Cerrito, California and two sons, John Bruce of San Francisco and James Bruce of Albany, CA.

John graduated from the University of Colorado in 1961 and served in the US Army in Germany from 1961 to 1964. He then began a 35 year career with the U.S. Public Health Service. He served with CDC from 1964 through 1981 as a Public Health Advisor assigned to Los Angeles, Berkeley, Baltimore, and the San Francisco Regional Office. In 1981 he became part of HRSA, in the same Regional Office. He retired in 2000. He served as a little league coach in El Cerrito and was on the Finance Committee and Vice President of the Parish Council, St. John the Baptist Catholic Church in El Cerrito. He was an avid walker, bird watcher and environmentalist.

Memorials may be made to the American Cancer Society, 1700 Webster Street, Oakland, CA 94612; or to Nature Conservancy, P.O. Box 17056, Baltimore, MD 21297"

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PHA **Ralph Burke**, passed away, August 26th at the age of 66. He had a remarkable career with CDC which we will elaborate upon in a future message.



Condolences can be sent to his wife: Sarah.

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Romel Lacson's wife Claudia died, after a long struggle with an illness.

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In the song *Kilkelly, Ireland*, the narrator sings at one point "*I'm sorry to give you the very sad news....*" **Debbie Krasevic** of the Pennsylvania STD Program died on Saturday morning, August 7, in Hershey Medical Center. Her obituary notice was published in the Harrisburg Patriot News.

Debbie stayed with her sister, Angela "Sis" Barrett, from the time she was originally hospitalized until her death. Anyone who would like to mail a note to Sis can use this address: 210 Francis Cadden Parkway, Swatara Township, Harrisburg, PA 17111. Debbie's mother is Angeline Krasevic, and notes can be sent to her at: 911 Penn Street, Bressler, PA 17113.

Debbie was the voice of Pennsylvania VD and STD Control for 34 years. She was an irreplaceable information-sharer in the nationwide system once known as ICCR, and "Debbie in Harrisburg" to all her interstate buddies, the better to distinguish Pennsylvania, exclusive of Philadelphia from Philadelphia.

In an era that predated voice messaging and email, Debbie was the archetypical STD Secretary, the link between the central office and every field rep, the phone-friend of all the Division and Bureau and Deputy people who needed something, the confidante of the CDC project officers and higher-up staff and Regional Office personnel, the person who knew who to talk to in all the City and County Health Departments, the PA STD welcomer to a long list of federal assignees, the organizer of innumerable going-away parties, the lady with the inside track on personnel and organizational changes in the Department of Health (no one will ever know how many in-house secrets were communicated in the smoking room).

Debbie's time in VD/STD saw the demise of the Syphilis Central Registry as a series of odd-shaped cabinets of thin cardboard stock morbidity cards that survived two floods in Harrisburg, but her memory was incredible, and she often saved countless field hours of fruitless follow-up by taking her key, opening the old filing cabinets and pulling a card when the PC screen drew a blank. She counted cases the old way - each month had to have an exact count, but she used and understood NETTS.

Debbie's work mirrored the work of her colleagues - from syphilis to gonorrhea and chlamydia and PAP smears; from Thayer Martin media to PCR tests; from tetracycline to Zithromax; from only four VD clinics in State Health Centers to STD providers statewide; from project grants with hand-drawn graphs to the professional packaging of today's submissions. She worked on Legionnaire's Disease with the brand new cadre of EIS officers who flew into Harrisburg in 1976; was at her desk when all the phones in Harrisburg went dead as the Three Mile Island sirens went off; she knew what it took to track down swine flu among armed forces recruits and their families; worked with the staff that convinced the Amish to vaccinate against polio; helped lay out and type and submit the first PA AIDS and Infertility project grant requests, and was working on another project grant when she went to the emergency room.

This morning, one of Debbie's coworkers, trying to find a description for her amazing interconnectedness, likened her to a Kevin Bacon-like person linked to anyone by seven degrees of separation. To the computer literate, and to those who read the STD Journal, she was one of those "nodes" that bridge the gap from one community of people to another. At home she was "Aunt Deb," doing all the things that title implies.

I'm sorry to give you the very sad news that Debbie is gone. I miss her.

Ed Powers

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The family of Sam Crane wishes to acknowledge with deep appreciation the many comforting messages, floral tributes, cards, phone calls, visits, prayers and many other expressions of kindness are gratefully acknowledged.

Nancy Pearcey --Brother: Sam Crane - 07/23/04
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**MEMBER NEWS:**

Carole and I welcomed our 8<sup>th</sup> grandchild, Tomas Evan Conlon, on July 27, 2004. Parents, Joe and Kelly and big sister, Chloe, are very excited. **Richard T. Conlon**

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From retired PHA **Jim Lewis:**

" Sold our home in Pinehurst and bought another in nearby Southern Pines. Will move on June 28, spend July & August in the mountains in Blowing Rock NC and move into our new residence Sept 1. We should have our computer up and going in the mtns early July so shouldn't miss any mail . Definitely going to miss our home but the new one will turn out to be as enjoyable; even has a small pool which will help us cool off in the hot summers here. Anyone traveling this way, please let us know so we can get together."

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**John Narkunas**, retired PHA and former WS Exemplar, is now working as a contractor in the Global AIDS Program. He is assisting them in the implementation of ARV treatment programs in African and Caribbean countries. This program is under the President's Program for AIDS Relief ( PEPFAR). John says they are hoping that it will make a big difference in HIV-infected people's lives in the developing world.

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**Sal Mier** (retired PHA who last worked for CDC in the Dallas Regional Office more than 10 years ago) has been doing some consulting with EPA and Research Triangle Institute and with the Arkansas Department of Health. Sal says he has slowed down in the last couple of years — "really not pursuing any work but if it comes my way I will consider doing it---especially if its short term."

Sal and his wife, Grace, now have 13 grandchildren. They still live just south of Dallas. All of their children and grandchildren are in the area with the exception of youngest son Steve and his family who are in Chicago. {**Steve** also served as a PHA - from '92-'95. Steve is still with the City of Chicago Public Health Department. He was recently promoted to Director of Administration. He and his wife Kelly have 3 children and live on the South side of Chicago.}

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From recent retiree, **Dean Mason:** "... almost completed the transition to New Canaan, CT. Our home in Marietta has not yet sold. My wife declared that come "hell or highwater" she was moving to CT in early August so our furniture will also be moved at that time.

My job is proving to be very exciting and of course, challenging. I just returned from a "Rotavirus Conference" in Mexico City. Both GSK and Merck anticipate licensure of their

respective Rotavirus vaccines quite soon (perhaps late 2004 or 2005). The most prominent CDCer at the Conference was Dr. Roger Glass.

Please give my warmest regards to everyone. All should know they have a place to stay in New Canaan that is only 45 minutes by rail from NYC. Please stay in touch and feel free to share my locating info.

Your pal, Dean"

### **MEMBERS IN THE NEWS:**

*CDC Provides Olympic Efforts* August 16, 2004

This Inside Story by *CDC Connects* reporter Kathy Nellis

The Olympics are underway! The torch was lit Friday, August 13, and CDC employees were part of the historic torch run.

For the first time ever, the Olympic Torch Relay International Route is said to have united "all five continents: Africa, America, Asia, Australia/Oceania, and Europe." Those are the continents represented by the five Olympic rings.

No matter how you count the continents, the torch went on an international journey through 27 countries, to arrive in Athens Olympic Stadium in time for the opening of the Games.

Participating in the torch run were CDC's own **Andrea Lipman** and **Bruce MacLachlan**.

Lipman, a health scientist with the Division of Laboratory Sciences at NCEH, has been at CDC for five years. She started as a PMI. She is excited that she got to participate in such a momentous event. "My husband, Andy, started a campaign to have me nominated by all my friends and family. It was a total surprise to me! He built a website explaining why I should be nominated and had a guest book where my friends could write a message to me. He felt that I was an inspiration since I do a lot a charity work while battling thyroid cancer (five years free) and Multiple Sclerosis. His nomination is on the website."

"This honor showed me how lucky I am to have such an amazing family and group of friends. It also validates that what I have gone through the last five years is not trivial and I should be proud, because I have done it with my chin up."

"The torch this year was not as heavy as I thought, and you get to keep it. I had Brenda Wood from 11 Alive on my bus. There was only one person between us. The bus ride was the most amazing. You had to go around the bus and tell why you were nominated. You never knew there were such amazing people that did amazing things. The run itself was just exhilarating. I don't think I have ever had so much adrenaline in my body. I just tried to soak it all in. It was truly a highlight of my life."

When she's not carrying Olympic torches, Lipman likes to run, play softball and tennis, and she's just taken up golf. She loves to travel to new places and animals are a passion of hers.

**Bruce MacLachlan**, Program consultant, Field Services & Evaluation Branch/Division, TB Elimination/NCHSTP, also carried the torch this year. He has been at CDC for 30 years. "My oldest daughter, Kelly, nominated me. She was aware of my longtime interest

in the Olympics and knew I would be honored to have the opportunity to carry the torch. We had attended the Los Angeles Olympics together in 1984 when she was six. In addition, we both were involved in the Atlanta Olympics; she worked at the swimming venue while I was a volunteer in the Olympic Village. I also worked with the 2002 Salt Lake City Olympics torch run when it started here in Atlanta in late 2001."

MacLachlan says it was an honor and an adventure. "As one of about 500 total U.S. torchbearers in the four U.S. cities (Los Angeles, St. Louis, New York, and Atlanta) it was a great honor to be able to carry the torch. This was the first global torch run, visiting 27 countries on the five continents represented by the Olympic rings, so it was a thrill to be for a few minutes the sole torchbearer in its' worldwide journey."

The torchbearers shared a common mission, he explains. "Each torchbearer had the opportunity to walk or run the torch about a ¼ mile. The torch itself was relatively light, less than two pounds, made out of aluminum and wood from the olive tree, and was designed to resemble an olive leaf. The flame was passed from torch to torch so the runners were able to keep the torch you ran with. The route was divided up into a number of segments so groups of runners gathered at various sites to board a bus to be dropped off on the route. While everyone was excited and the support team was very enthusiastic it was also very humbling to hear the stories of some of the others in our group of runners. While we didn't have big sports stars or other famous types among us, we had many others who were real life role models and heroes, many cancer survivors, a man in a wheelchair, a ninety-year-old mother whose sons had flown in to see her run, etc. One of the local TV stations was at my part of the route and interviewed me while I was running. They also interviewed my daughter who was taking pictures there so we both got on TV that evening. As she said, it 'was quite a Father's Day gift!'"

The other thing that was very impressive was the organization of the run, says MacLachlan. "There was an support team that had the route laid out, posters up, transportation arranged, security in place, media out in force, motorcycles, police cars, sponsor vehicles, all timed down to the minute. They had two 747's that traveled to the various cities with the staff and equipment."

He enjoys travel, photography, reading and tennis and collects Olympic lapel pins. "I currently have hundreds of pins from a number of different Olympic Games and from most countries that have been to the Games. It is an interesting activity to participate in during the Olympics as it gives you the opportunity to interact with people from all over the world regardless of language, age, etc."

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he emblem of the Athens 2004 Olympic Games is a circular wreath made of a branch from the olive tree, a sacred symbol of Greece as well as a symbol of peace and freedom. This year's torch is designed to resemble an olive leaf. According to the official website of the Olympic Games, the torch's ergonomic design, "dominated by curves, establishes the Torch as a continuation of the Flame itself in its free movement. The Flame rises from the Torch as an extension of the torchbearer's hand."

As you watch the various competitions, it's fun to think that CDC staff had a hand in getting the flame to its home in time to open the Olympic Games.

**HAVE YOU HEARD FROM.... ? WE HAVE NOT**-- Please let us know if you know how to reach them-- tell them to come up for air!!!:

**Max Pesses**  
**Bill Rodenberger**  
**Harold VanPatten**

### **TRANSFERS/PROMOTIONS & TDYs**

**Bob Kohmescher** has been requested to assist CDC's Global AIDS Program in Abuja, Nigeria from September through December. He'll be working with another PHA, **Wayne Duncan** who has been assigned there for several years. Bob will be assisting with the development of GAP's HIV country plan as well as providing much needed assistance with day to day operations. **Phil Talboy**, WATSONIAN President-elect, will be filling in for Bob.

**Bill Comeaux** has been offered and accepted the position as the PHA in a new position in the Epidemiology and Surveillance Branch in DHAP. In this position Bill will serve as the Assistant Director for Operations and will function as the key advisor on management to the director for this new field station in Cameroon. He will be living in the town of Limbe. Bill will be directly involved in the administrative start-up of a new office and laboratory in rural Cameroon and will report to the director of the new field station. This is likely to be a very challenging and exciting position.

Bill will start in his new position immediately by working in DHAP, and will be moving to Cameroon in the near future.

**Peter Crippen** has moved from the laboratory team of the Global AIDS Program to become the Deputy Chief of the Respiratory and Enteric Viruses Branch, Division of Viral and Rickettsial Diseases, NCID, effective August 23, 2004.

September 5, 2004 **Gabriel (GABE) Palumbo** (DTBE) begins a new page in his federal career. Gabe begins his assignment to the PHA position in Berkeley, CA.

**Margaret Patterson**, (DTBE) has accepted a transfer from her PHA position in the Palm Beach County Health Department, Riviera Beach, FL, to the South Carolina TB Control Program, Columbia, SC, effective 9/5/2004

**Derrick Felix** (DTBE) was selected for the Public Health Advisor position in Fort Wayne, Indiana and began his new assignment on September 5, 2004.

**Edmund Morris** (DSTD) has accepted a transfer to Chicago, IL, effective May 16, 2004.

**Vernon Pressley** (DSTD) has accepted a transfer to Philadelphia, PA, effective May 16, 2004.

**Isa Chinaea** (DSTD) has accepted a transfer to Puerto Rico, effective April 18, 2004.

**Keith Williams** (DSTD) has accepted a transfer to the Division of HIV/AIDS Prevention-IRS, Atlanta, GA, effective April 4, 2004.

**Sheri Brooks** (DSTD) has accepted a transfer to Dallas, TX, effective April 4, 2004.

**Larry Franklin** has left the Immunization Program in Mississippi and has moved to Atlanta. Larry accepted a position with the Global AIDS Program in NCHSTP and will be working with **Steve Sloane** and Ethleen Lloyd. Larry's report date was August 8<sup>th</sup>.

Congratulations, To all in their new assignments!

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CDC Leadership Profiles: Meet Janet Collins August 25, 2004

Name: **Janet Collins, Ph.D.**

Title: Acting Director, National Center for HIV, STD and TB Prevention (NCHSTP)

Responsibilities: "Since May I have served as acting director for NCHSTP, which includes five Divisions: the Global AIDS Program, two Divisions of HIV/AIDS Prevention, the Division of STD Prevention, and the Division of TB Elimination."

First job at CDC: "I was recruited to CDC in 1990 as a scientific Branch Chief in the Division of Adolescent and School Health. I stayed in that position for ten years and then was selected by Dr. Jim Marks as the Deputy Director for the National Center of Chronic Disease Prevention and Health Promotion."

Path to public health: "I have a PhD in educational psychology and my doctoral work was with Al Bandura on self-efficacy and motivational theory. From my first exposure to public health, I could see the tremendous untapped potential for the application of behavioral science. So, I ditched a career in educational measurement and never looked back. After working on several grants with CDC, for example Hepatitis B vaccine acceptance, asthma self-monitoring programs for children, and train-the-trainer materials for youth HIV prevention, I was approached to come to Atlanta. I must have really wanted to be here because I left Santa Cruz, California to do it!"

Last book(s) read: Nothing special, just a junky best seller.

What are the top priorities you are working on? "Our priorities are to continue to contribute to the science base in laboratory, epidemiology and behavioral science and to apply the best, most current science to all of our public health challenges. Basing our work on science and epidemiology is our saving grace when we are faced with political or other forces with a different agenda than public health. My personal priority is to do all that I can to support the incredible work and the commitment and creativity of CDC professionals who work on HIV, STD, and TB prevention day in and day out. I have been very impressed since arriving at NCHSTP.

We are also working hard to participate fully in the Futures reorganization at CDC. Futures offers the promise of a stronger CDC, but also creates some immediate challenges to day-to-day operations and staff morale. Recognizing the monumental

decisions that are being made and the speed at which the reorganization is proceeding means that we need to have our best people from the Center involved.”

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**CDC CONNECTS:** July 20, 2004 **CDC Leadership Profiles: Meet Ileana Arias**

**Title:** Acting Director, National Center for Injury Prevention and Control (June 2004)

**Responsibilities:** “To have a significant impact on injury prevention in the United States, particularly through the partnerships that we have set up in the past and ones that will be afforded us through the Futures Initiative and through the new Coordinating Center. The Center’s main goal is to convey the message that injury prevention is important to the quality of life and health of Americans across the life span. We also will deliver on programs and activities that will help prevent those injuries.”

The Center, which employs just under 200 staff, celebrated its 10-year anniversary in 2002. Prior to that it was part of the National Center for Environmental Health.

**First job at CDC:** Team Leader, CDC Family and Intimate Partner Violence Team, Division of Violence Prevention, NCIPC (February 2000)

**Path to public health:** “I am a clinical psychologist by training and had been on the faculty of the Psychology Department at the University of Georgia since 1985 before coming to CDC. My area of research was on domestic violence focusing originally on perpetrators and later on victims. I was trying to identify how women could minimize the negative consequences of being in a battering situation. This research brought me into contact with the Center and I actually served on the Center’s review panels which were then called IRGC (Injury Research Grant Review Committee). That’s how I became familiar with the work that CDC was doing in the area of family violence prevention. When a team leader position became available in 2000 in the Family and Intimate Violence Prevention Team, I applied for the position and got it. I took a leave of absence from UGA for a year and a half. In the meantime, the Division reorganized into branches. At that time, I decided to leave academia, and I became chief of the newly created Etiology and Surveillance Branch.”

**Last book(s) read:** *The Man Who Loved Children* by Christina Stead. “I love to read. I’m a New Yorker magazine and New York Times crossword puzzle addict. I like suspense and mystery novels, especially those that address human relationships and complexity.”

**What are the top priorities you are working on?** “We have four priorities. The first is child maltreatment. Historically, we have focused on victims, but one of the things we’ve come to realize is that we need to focus on perpetrators and the primary prevention of violence in order to prevent those injuries to begin with. With child maltreatment we try to engage in research activities that address the primary prevention. Often that means supporting universal prevention programs as opposed to focusing on high-risk populations or even victimized kids. We also try to focus on community-level variables in order to reduce the rate of child maltreatment in a community. Several examples of that are the universal parenting programs that are being supported and evaluated in the State of South Carolina. In the area of child sexual abuse, we are shifting focus from the child to the adults in that child’s life. It’s not fair to expect a child to be in a position where they can protect themselves and prevent their own abuse. So what we would like to do is to engage individuals in that child’s environment — teachers, clergy and coaches — and

sensitize them to the issues of child abuse and make sure they are the ones who intervene and try to prevent child sexual abuse.

“The second major priority is suicide, which is a very big problem. It is a leading cause of death in people ages 14 to 34. One of the difficulties is that we have very few resources for suicide. Suicide is a very difficult issue, I think in part because it has a moral connotation for many people and when it happens, it is devastating. Suicide is often viewed as a consequence of depression or another mental health issue as opposed to a problem in its own right. We know that all individuals who die by suicide are depressed and we know that not all depressed individuals engage in suicide. We try to address the issue both from a human perspective and from an environmental perspective. We look at environmental interventions that can be implemented to reduce the risk of suicide incidents. Because these issues are so multi-dimensional, it will take a significant amount of time before you will actually see the impact of an intervention.

“The third major priority is quality of life issues for seniors. We know that falls are the primary cause of injury-related deaths and emergency department visits among people 65 and older. Studies in California, Wisconsin, Michigan, and Washington are looking at a number of different approaches to reducing senior falls. For example, seniors can reduce their risk of falling with regular exercise such as Tai Chi, which increases their lower body strength and improves their balance. It's also important that seniors have their doctors review all their medications once a year to ensure that these aren't causing any side effects that might lead to a fall. Driving is also an area of concern for many seniors because motor vehicles represent independence. But we need to know that more than 7,000 people 65 and older die in motor vehicle crashes, and another 250,000 are injured. Possible reasons for older adults' increased risk for motor vehicle-related injury include visual deterioration and declines in cognitive and motor skills. Also, physical frailty increases susceptibility to injury in a crash. Thus, a crash that results in nonfatal injuries to a younger person might result in the death of an older adult driver or passenger. NCIPC identifies and measures these age-related factors and uses the findings to identify those at highest risk and design public health programs to reduce the risk of crash and injuries.

“Our fourth priority casts a wide net over acute care injury and disability issues. NCIPC coordinates a national public health approach for the prevention and reduction in scope and impact of injuries through research and dissemination on best practices. Currently, the Center supports research on evaluating trauma care systems, evaluating protocols that provide onsite interventions in acute care settings, and evaluating interventions for secondary conditions following traumatic brain injury (TBI). NCIPC also oversees TBI registry activities, including TBI follow-up studies that document disability and other outcomes of TBI including strategies to ensure that persons with TBI receive needed services. Like other centers, we are also involved in preparing for and responding to mass trauma events (such as the terrorist attacks on 9/11 and other bomb-related events). We've developed resources for public health professionals and clinicians so that they can coordinate an immediate response to a mass trauma event. These resources include an instrument for rapid assessment of injuries and other medical conditions as well as a mental health survey for investigating the psychological symptoms associated with a mass trauma event. These resources are also used to reduce and limit the adverse effects of future events.”



## RETIREMENTS

### *Retirement of Jerry Shirah*

Join us for a retirement celebration!!

Where: Famous Pub (Toco Hills Shopping Center)  
2947 N. Druid Hills Road. 404-633-3555

When: Wednesday, September 29, 2004, 4:30 p.m. - ??

After more than 34 years of government service, including more than 32 years with CDC, **Jerry Shirah** will retire on October 1, 2004. Jerry began his CDC career with the Division of STD Prevention as a Venereal Disease Investigator (VDI) in Tampa, FL. He went on to serve as district supervisor in Orlando, FL and as Assistant Senior Public Health Advisor in Pennsylvania.

Moving to the Immunization Program, Jerry was Assistant Senior Public Health Advisor in Upstate New York, and Senior Public Health Advisor for the City of Philadelphia. Transferring to the Diabetes Control Program, he served as Senior Public Health Advisor for the Mississippi Diabetes Control Program and for the Florida Chronic Disease Control Program. While with the Florida Chronic Disease Control Program, he was a temporary advisor to the WHO Non-Communicable Disease Program and Coordinator of a WHO Non-Communicable Disease Collaborating Center.

Jerry then returned to the STD Program as the Senior Public Health Advisor in Florida just as the Disease Intervention Specialist (DIS) Training Center was starting up in south Florida and at a time when the Florida STD Program had more than 100 federal assignees. Most recently, Jerry has served as Deputy Chief, Training and Health Communications Branch, Division of STD Prevention.

After retirement, Jerry plans to do some consulting work and travel.

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The Office of Global Health (OGH) announces the retirement of its Deputy Director, Mr. **Ross Cox**, effective Friday, September 3rd, 2004. Ross retires with 35 years of Federal service. He began his career in public health working as a Peace Corps Volunteer in the Smallpox eradication campaign in Ghana, West Africa. He joined CDC's Bureau of State Services in 1972 as a Public Health Advisor (PHA) working in venereal diseases control in Los Angeles County and later in San Diego County. Chosen as one of two PHAs for the EIS Class of 1975-1977, he worked in Atlanta and Miami as an epidemiologist focusing on enteric diseases. He was among those to note that what was fecal material to some people was bread and butter to enteric disease specialists. His first international assignment with CDC came in 1977 when he went to the Pan American Health Organization's Caribbean Epidemiology Center in Trinidad as their PHA/Training Officer. While in Trinidad, Ross developed a life-long affinity for Carnival music and fine rum.

In Atlanta, Ross held positions in the "old" Bureau of Epidemiology and, following CDC's last major re-organization, in what later became the Center for Environmental Health. He next worked as a special assistant to the CDC Executive Officer in the Office of the Director before moving to the International Health Program Office, the predecessor of OGH, as their senior management official. After a 3-year assignment in Kenya and

South Sudan with The Carter Center in the mid 1990's, Ross returned to OGH in 1998 as the Deputy Director.

Considered one of CDC's true internationalists, Ross has personally worked both short- and long-term in most of the countries where CDC has programs. He has been recognized by PAHO and several foreign governments, including Egypt and Sudan, for his contributions to public health. Within CDC, he is a past recipient of the Equal Employment Opportunity Award for Managers and the William C. Watson Medal of Excellence, both awards recognizing significant contributions to promoting the work of CDC. Ross is valued as an advisor on CDC's global engagements and as an advocate and facilitator for getting CDC's global mission accomplished. His professional interests include disease eradication, especially polio and Guinea worm, and child protection/survival issues.

In retirement, Ross plans to continue working on child survival concerns. He and Teresa, his wife of 30+ years, will be moving to Bangkok, Thailand, where Ross is joining the staff of The Alliance for Safe Children (TASC) working on the prevention of injuries among children. He also plans to find time to pursue his interest in training sheep to clear land mines, and he will remain available to provide advice to DHHS and CDC senior staff on the best places to gain cross cultural experiences.

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**What are the predisposing, reinforcing, and enabling factors that would lead you to retire? .....**

Well, **Lawrence W. Green (Larry)** has identified and tackled all of those that influence his behavior and his quality of life, thus clearing the way for him to retire from CDC at the end of August!

Larry joined the Office on Smoking and Health in CDC's National Center for Chronic Disease Prevention and Health Promotion five years ago, as Distinguished Fellow-Visiting Scientist. His hope was to study what accounted for the spectacular success of tobacco control in the last third of the 20<sup>th</sup> century, and how we might take those lessons to other areas of public health. Larry has indeed been able to lead and galvanize a number of CDC scientists in identifying these lessons and in exploring their relevance for other public health challenges, most notably for obesity control. In his second month at CDC, Larry was tapped to serve as Director of CDC's World Health Organization Collaborating Center on Global Tobacco Control, and a year later he became Acting Director of the Office on Smoking and Health.

Larry later moved to the Public Health Practice Program Office where he serves as Associate Director for Prevention Research and Academic Partnerships and as the Director of CDC's Office of Science and Extramural Research (OSER). As part of the former role, Larry has been instrumental in strengthening relationships with existing stakeholders and forging collaborations with new partners. In his role as Director of OSER, Larry has developed and provided oversight for the second round of extramural research funding awarded by the Extramural Prevention Research Program. What has been most unique about the second round of the EPRP is that it was the first CDC extramural grant funding program to require all applicants to use a participatory research approach. With participatory approaches, rather than having researchers involve those expected to be the users or beneficiaries of the research (such as health practitioners,

policy makers, and community members) only as subjects of the research, the researchers must also engage them in the research process itself—including defining research questions of importance to their community, and interpreting and applying the study findings in and for their own community. Such involvement of users and beneficiaries in the research process helps ensure that the research addresses the actual needs of communities and encourages ongoing use of the research findings by those communities beyond the end of the research study. This second round of the EPRP has provided almost \$12 million in grant funding per year to fund 26 three-year community-based participatory prevention research grants. As CDC aims to increase its extramural research funding and its customer-focused orientation, Dr. Gerberding has recognized the second round of the EPRP and its external peer review and award process as a gold standard for CDC.

Among the myriad of committees and working groups of which Larry Green has been an integral member, special mention must be made of the fact that he recently co-chaired the Public Health Research Workgroup for the CDC Futures Initiative and served as chair of the search committee for the Director of CDC's new Office of the Chief of Science. Larry is also Visiting Professor in the Department of Behavioral Sciences and Health Education at Emory University's Rollins School of Public Health. One of his principal tasks for Emory has been to develop a DrPH program whose graduates will be well grounded in understanding and meeting the needs of public health practice and practitioners.

For most the 1990s, Larry was the Director of the Institute of Health Promotion Research and Professor and Head of the Division of Preventive Medicine and Health Promotion, Department of Health Care and Epidemiology, at the University of British Columbia in Canada. During this period, he led a research team for the Royal Society of Canada that produced a widely used report and set of guidelines on Participatory Research. Larry has broad experience in health education, prevention, and community interventions for health promotion and risk reduction. He served as the first Director of the U.S. Office of Health Information and Health Promotion in the Office of the Assistant Secretary for Health under the Clinton Administration, and as Vice President of the Kaiser Family Foundation. He has been on the public health faculties at Berkeley, Johns Hopkins, Harvard, Texas and Emory.

Larry has authored hundreds of influential articles and publications. As well, his textbooks have been widely adopted. *Community and Population Health* with Judith Ottoson is in its 8<sup>th</sup> edition; *Health Program Planning: An Educational and Ecological Approach* with Marshall Kreuter is in press for its 4th edition. The latter has been the repository for description of his PRECEDE-PROCEED model and the more than 950 published applications of this model in case studies, research, and other textbooks.

Larry Green is a past President and Distinguished Fellow of the Society for Public Health Education and recipient of the American Public Health Association's Distinguished Career Award and Award of Excellence, and the American Academy of Health Behavior first Research Laureate award. He currently serves on the Editorial Boards of the *American Journal of Preventive Medicine, Health Education Research, Theory and Practice*, the *American Journal of Health Behavior* and 11 other journals in his field.

Larry will be leaving CDC to return with his wife, Judith, to their beloved San Francisco. None of us who know Larry can quite picture him taking it entirely easy at this stage in

his life! Not surprisingly, therefore, Larry will continue such activities as consulting, research, writing, and providing expert guidance and advice. He has, however, indicated that he also hopes to participate in all of the walking tours of San Francisco that he can locate, and to find regular excuses to visit his daughters and grandchildren.

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After 20 years of distinguished service with the U.S. Public Health Service (USPHS), **Dr. Helene Gayle**, current Director of HIV, TB, and Reproductive Health with the Bill and Melinda Gates Foundation and former Director of the National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC), will retire on August 31, 2004.

Dr. Gayle began her career at CDC in 1984 as an Epidemic Intelligence Service officer with the Nutrition Division in the former Center for Health Promotion and Education working on issues of malnutrition in the United States and in the developing world. She completed the Preventive Medicine Residency (PMR) program on assignment with the former International Health Program Office focusing on child survival issues in Africa with the Combating Childhood Communicable Diseases Program. Following the PMR, she joined the AIDS Program in the National Center for Infectious Diseases working on pediatric and adolescent AIDS, and since that assignment has remained deeply involved in HIV/AIDS programs, research, and policies related to U.S. and international populations.

Dr. Gayle's expertise has been in much demand during her CDC career. She served as the AIDS Coordinator and Chief of the HIV/AIDS Division for the U.S. Agency for International Development and immediately following that assignment, the Director of CDC's Washington Office. She has served as a health consultant to international agencies including the World Health Organization, UNICEF, the World Bank, and UNAIDS and has worked extensively in Africa, Asia, and the Americas. In 1995, she was appointed the first Director of the newly formed NCHSTP. For the past 3 years, she has been working with the Bill and Melinda Gates Foundation. Dr. Gayle has accepted a permanent position with the Foundation and will continue working there after retiring from CDC.

Dr. Gayle has published numerous articles on public health, especially those related to HIV/AIDS issues and has received many awards for her scientific and public health contributions. She is a member of the Institute of Medicine and the Council on Foreign Relations, and serves on numerous boards and panels dedicated to furthering the goals of public health. During her tenure, Dr. Gayle attained the rank of Rear Admiral in the USPHS.

Upon her retirement, Dr. Gayle also asked me to convey a message to her colleagues, co-workers, and friends at CDC and to provide them with her new contact information. This information is attached.

Please join me in extending best wishes to Dr. Gayle in her retirement and in her continuing role with the Gates Foundation.

Greetings,

On my final day as a CDC employee, I just wanted to send a brief note of special thanks all of my NCHSTP colleagues and friends. I feel really fortunate to have had a wonderful

career at CDC with many outstanding assignments. However, having the opportunity and honor to be asked to develop and then lead NCHSTP was clearly the high point of my CDC career. NCHSTP is a great organization filled with wonderful people who believe they can make a difference in the world and work hard at doing it. It was an inspiration for me to work with so many talented, passionate and compassionate people. I wish I could thank everyone individually for all you do for public health and improving the lives of people in this country and around the world and for all you did to enrich my life while working with you. I hope our paths will continue to cross and people will feel free to keep in touch.

Fondest regards,
Helene

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After 29 years of service at CDC, **Ms. Brenda White**, Assistant Director for IT Planning and Evaluation, Office of the Chief Information Officer will be retiring on September 30, 2004. Ms. White has had a distinguished career serving numerous CDC programs including the Bureau of State Services, Bureau of Epidemiology, AIDS Activity, Tuberculosis Division, Information Resources Management Office, National Center for Injury Prevention and Control, and the Office of the Chief Operating Officer.

Please mail any cards, letters, photos for a memory book and contributions towards retirement gift for Ms. White to: Charmaine Graves, Daphne Walters, or Wanda Hall MS K-81

Please join us at the luncheon on Sept 24, 2004 at the Koger Williams Building, room 1802/1805 from 11:30 am until 2:00 pm to wish her farewell as she closes out her CDC career.

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