

# PROGRESS

## GW Monitors SARS Illness

GW Medical Center remains in frequent contact with the CDC and World Health Organization to monitor developments in the fight to contain the new illness known as Severe Acute Respiratory Syndrome, or SARS.

A link to a fact sheet about SARS has been posted on the Medical Center's main page ([www.gwumc.edu](http://www.gwumc.edu)), and GW Hospital and other medical facilities in the area remain vigilant. But so far, public jitters locally have outpaced any signs of the actual disease.

"Our fear of the unknown and of the new tends to exaggerate the perceived risk to some extent," said Dr. Peter

*Continued on page 20*



MSII Cliff Bachison offers explanations during a Gross Anatomy Session for parents and friends of GWUMC medical students. More photos on pages 12-13.

## Family and Friends Experience *A Day in the Life of GW Medical Students*

Rain didn't dampen the spirit of the hundreds of family and friends gathering at Ross Hall during *A Day in the Life of a Medical Student* activities. Energized from Fol-

lies' Friday night entertainment, parents mirrored a typical day for GW medical students.

Security checks, registration lines, breakfast on the run as family and friends began their day, armed with a survival kit of Alka Seltzer, Excedrin, Maxwell House coffee (caffeinated), Smarties and Hershey Kisses.

For the past 14 years, students have hosted the biennial event to provide a window into their hectic lives. Unlike medical students, family and friends had a choice of lectures and sessions to attend. University Provost and VPHADr. John Williams was on hand to offer personal greetings along with an overview of the vision of the Medical Center. Associate Dean

*Continued on page 12*

## New HIPAA Guidelines Take Center Stage

After years of preparation and training, April 14 marked the beginning of enforcement of the Health Insurance Portability and Accountability Act, or HIPAA. Drafted in 1996 and amended several times since, HIPAA fundamentally changes the way medical institutions use, transmit and store patient data and other forms of so-called protected health information (PHI).

Although GW Medical Center, as an academic institution, is not technically considered a "covered entity" by HIPAA regulations, the Medical Center's involvement in human subjects research and its close association with GW Hospital and the Medical Faculty Associates means that HIPAA is nonetheless very much a part of life in Ross

*Continued on page 19*



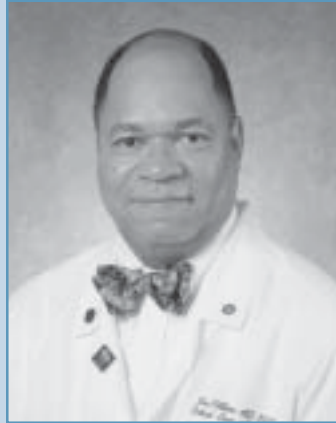
First Lady Laura Bush recently kicked off the 2003 Race for the Cure set for June 7. Joining her for the festivities were survivors, among them GW Supporter Janet Lemmons, left of First Lady. That same evening the GW Mammovan received an award. See page 3 for the story.

Provost Perspective .....	2
Research .....	4-5
Faculty Corner .....	6
Going Global .....	7
Round of Applause .....	8-9
Follies .....	10-11
Day in the Life .....	12-13
Public Health Week .....	14-18

## Provost Perspective ... *Continuing the Commitment*

It's a match. I can still remember opening my envelope in 1979 and seeing that I had been matched to GW for my residency in anesthesiology. For all fourth-year medical students, the match is a defining moment. It marks the end of one phase of their medical education and the beginning of the next phase that will mold them into exemplary healthcare professionals. It is also a defining moment for our faculty as they see how their prodigies fared in this annual rite of passage. Judging by the results of our most recent match, our faculty can be proud of how their students fared compared with students from around the country. The list of who is going where is extraordinary, while the list of students matched to GW is also strong. Our decision to focus on our core missions of education and research, in addition to the opening of the new GW Hospital, have paid off in prestige for our institution and have made GW a place where residents want to match. It is also clear that the kind of medical education we are offering to our students has enhanced their worth in the medical community.

Our annual "Day in the Life of a Medical Student" was an enriching experience for all of our parents and significant others who guide our students through the rigors of medical school. Of course, it's also great to add the levity of "Follies" because it shows that medical school is not all gross anatomy and tests. This year's Follies was a roaring success and showed that, in all of our classes, our students possess a wide array of talents (but hey guys, don't quit your day jobs). The humor, dancing, singing and acting gave us all a new dimension to medical school. The camaraderie that is a part of the medical school experience in addition to the interaction with faculty is key to the success of our program.



Once again our School of Public Health and Health Services put together a thought-provoking week of panels during Public Health Week. In view of current events, including the mysterious spread of Severe Acute Respiratory Syndrome (SARS), our public health community is being challenged. While most in the health community were worried about bioterrorism, this new threat emerged to remind us that, at every turn, there could be a disease that defies easy explanation and traditional therapies and strains our public health and medical infrastructures. To meet these challenges, it is up to the academic community to formulate the 'best practices' necessary to train and educate the public health professionals of the future. Public health is once again on the frontlines and must work hand-in-hand with hospitals and clinicians to manage SARS and any other global health threats.

As you will see from our upcoming Research Day agenda on April 25, our researchers stand at the forefront of new science. The presentations will reflect our growing commitment to moving our institution into a unique research category where we become accountable to our community for the research we do. This is evident as we make the push to establish our Cancer Institute that will focus on the cancers that are predominate in our urban community. As the statistics brought forth during National Minority Cancer Awareness Week so aptly illustrate, mortality rates for certain cancers in the District of Columbia are the highest in the nation. We hope to develop a body of research, education and clinical care to address those disparities.

The match here at GWUMC is our commitment to the education, research and care that is demanded by our times.

John F. Williams, MD, EdD  
Provost and Vice President for Health Affairs  
Dean, School of Medicine and Health Sciences

## PROGRESS

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## GW Targets Minority Cancer Issues

The GW Medical Center community this month is joining other medical professionals around the country to mark the 17<sup>th</sup> annual National Minority Cancer Awareness Week. Organized by the American Cancer Society (ACS), the goal during the week of April 20-26 is to raise awareness about the importance of detecting cancer among racial and ethnic minority groups. GW Medical Center is doing its part by promoting awareness through media outreach.

Many minority groups suffer disproportionately from cancer. African Americans, for instance, are about 30 percent more likely to die of cancer than are White Americans. The good news is that better prevention, detection

and treatment can help reduce the incidence of cancer and boost recovery rates among those who do get sick.

National Minority Cancer Awareness Week happens to come at the same point when GW Medical Center is organizing its new Cancer Insti-

tute under the direction of Executive Director Dr. Steven Patierno. The multidisciplinary effort will both study and help treat some of the cancers that most affect the District of Columbia and other urban populations. A dynamic synergy of research

and clinical resources will take aim at diseases like prostate, breast, colon and lung cancer, as well as leukemia and melanoma—all of which are more prevalent in urban settings. Many of these cancers are the same ones that strike minority populations at such a devastating rate.

“We’re taking a comprehensive approach to fight some very threatening but often preventable and treatable forms of cancer,” said Dr. Patierno, who is also a professor of Pharmacology. “And, as an institution, we are ideally situated to take on this challenge.”

Some 550,000 Americans die of cancer each year. The ACS ranks the District highest overall in cancer mortality rates nationwide.

### A Look at the Facts

Research provided by the American Cancer Society shows that cancer takes a high toll on racial and ethnic minority groups and medically underserved Americans:

- African Americans are about 30 percent more likely to die of all cancers combined than White Americans.
- Invasive cervical cancer occurs in Hispanic/Latino women twice as often as non-Hispanic White women.
- A new study suggests Puerto Rican women are 50 percent more likely to receive substandard care for breast cancer.

## GW Mammography Unit Receives Sixth Komen Breast Cancer Grant Award

For the sixth consecutive year, the GW MFA Mobile Mammography Unit received a grant from the Susan G. Komen Breast Cancer Foundation to continue the innovative screening program for metropolitan area women. First Lady Laura Bush, GW staffers and others celebrated the grant award and kicked off the 2003 Race for the Cure slated for June 7.

“Without the Komen award, we would not be as successful as we are,” says

Jean Lynn, MPH, RN, OCN® and program director of the Mobile Mammography Program. The funds, says Lynn, will provide screening mammograms and other diagnostic studies, in addition to funding the patient navigator and outreach specialist. “This is important to ensure that women who have been screened do not fall between the cracks and fail to get the necessary follow up,” Lynn says, “and the patient naviga-

tor plays a pivotal role to make sure that doesn’t happen.”

The GW Mobile Mammography Program began in 1996 with a generous grant from the Cancer Research & Prevention Foundation. The van is out in the underserved community at least three days per week providing screening mammograms to women in need. To date, the van has provided more than 15,000 mammograms and diagnosed approximately 50 early stage

breast cancers. The Mammovan is completely booked for 2003 with a waiting list of sites requesting the van’s services. In addition to providing mammograms, program staff also participate in many health fairs in the community, providing information about breast health.

GWUMC also is organizing a team for the 2003 Race for the Cure. Further information is available from Lynn at 202-741-3273.

## CREATING A NEW TRADITION IN RESEARCH

## Medical Students Present Findings at Research Day

*The William Beaumont Society is an organization of medical students with a strong interest in research devoted to enhancing the role it plays in medical education. In keeping with the mission of the Society, this monthly column highlights the research achievements of students enrolled in the School of Medicine and Health Sciences.*

**J**o Ellen Feugate, MSII, is one of two medical students selected to give an oral presentation at this year's annual Beaumont Society Research Day. Feugate will present research on cholesterol-lowering drugs, known as statins, done this past summer with the Department of Infectious Diseases.

Feugate received the Gill Fellowship and spent last summer in the lab of Dr. Angelike Liappis, assistant professor of Infectious Disease. Dr. Liappis had previously shown that patients taking the cholesterol-lowering drugs statins might be less likely to die from bacterial infections. She was then beginning to look at why.

Feugate studied how the migration of white blood cells changed after patients began taking statins. "We found that statins decreased the amount of neutrophil migration. Now we're thinking about ways this change in neutrophil migration might explain Dr. Liappis's earlier findings," says Feugate.

"We hope to do further research on the mechanisms by which statins have their anti-inflammatory effects and also to look at the effects of statins on bacterial infections, where inflammation is key in clearing the infection," says Feugate.

Feugate's interest in research began as an undergraduate biology major at the University of California-Riv-



Jo Ellen Feugate, MSII

erside. She pursued a PhD in Cell Biology at Riverside. Under Dr. Manuela Martins-Green, Feugate examined the role chemokines might play in wound repair. Feugate coauthored a number of papers in the Martins-Green lab and was the first author of two: a 2002 publication in the *Journal of Cell Biology* and a 2002 publication in *BMC Cell Biology*.

Feugate always thought she might go to medical school and found that her time in graduate school proved extremely useful. "You learn to research, to analyze, and you spend a lot of time reading journals," Feugate explained.

After completing her work at Riverside, Feugate came to GW. "The classes are well taught and I have learned so much," says Feugate. "The Gill fellowship offered me the opportunity to do research and get to know some of the doctors with whom I will be working during my rotations. It was really interesting to see how Dr. Liappis balances her clinical work with her research work. Time management is really key."

**A**ngela Delaney, MSII and Gill Fellow, will present her research conducted in the Department of Microbiology and Tropical Medicine at the Beaumont Society Research Day.

Delaney first became interested in research as a senior undergraduate student at The George Washington University when her Parasitology professor suggested she work on hookworm disease for a class project. It was then that she met her mentor, Dr. John Hawdon.

Under Dr. Hawdon, Delaney began to work on the hookworm vaccine project, looking for antigens that a future hookworm vaccine might be directed against. The gene Delaney studied encoded a glutathione S-transferase protein. "At the time, no one understood where it would work in the hookworm pathways, but in other nematodes it was thought to possibly work in disabling host immune response. Unfortunately, the work was discontinued because it didn't seem to have potential after all," Delaney explained. Delaney enjoyed the work and decided to write a senior thesis based on research. "I just got started and didn't want to stop. I love the idea of what I'm doing with the Human Hookworm Vaccine Initiative and the people."

During her summer between college and starting



Angela Delaney, MSII

medical school, she began trying to clone a new hookworm gene that encoded an aspartyl protease inhibitor. She later received the Gill Fellowship. "With the Gill I was able to study the protein a lot more," Delaney explained. "We did a lot of things: we expressed it in a bacterial expression system and we made an antiserum against the protein, among other things. For example, I used the antiserum western blots and found that the protein was being expressed in the excretory/secretory products of the adult worms. This was exciting because it makes it possible that the worms are releasing it for some metabolic function."

"I love the opportunities here at GW," says Delaney, and "without the environment they've created here in the lab, I would not have been able to spend the time to become the researcher that I am."

## CREATING A NEW TRADITION IN RESEARCH

## Research Day Explores the Potential, Pitfalls of Stem Cells

**8:15 a.m.—Welcome & Introductions, Ross 101**

Dr. Frederick Rickles, associate vice president for Health Research and Technology Transfer, professor of Medicine, Office of Research

**8:45 a.m.—Oral Presentations, Ross 101****SPHHS Students**

*Obesity among Latino Children and Adolescents—Does Acculturation Matter?*—Clair Rosche

*Estimating the Effect of Disease Misclassification when Comparing Prevalence Data from Different Studies: A Sensitivity Analysis Model*—Ninet Sinaii

**Beaumont Society/SMHS Students**

*Inhibition of Human Neutrophil Chemotaxis by Atorvastatin*—Jo Ellen Feugate

*Cloning and Characterization of an Aspartyl Protease Inhibitor (API-1) from Ancylostoma Species as a Possible Vaccine Antigen*—Angela Delaney

**Doris Deford Speck Awardee****10–10:15 a.m.—Break—Ross 101****10:15-11:30 a.m.—Oral Presentations, Ross 101****IBS Students**

*Intracellular Expression Profiling: Laser Capture Microdissection-Based Expression Profiling of Myofiber Nuclei Expressing the Neuromuscular Junction Program*—M. Javad Nazarian (Introduced by Dr. Eric Hoffman)

*Does the Subunit Reduce Anesthetic Modulation of GABA<sub>A</sub> Receptors by Increasing Desensitization?*—Melissa R. McCartney (Introduced by Dr. Tim Hales)

**Residents**

*Comparative Evaluation of the SUDS Rapid HIV-1 Test and Conventional Elisa Method in Needlestick Injuries in Hospital-Based Setting*—Vasuki Anandan, MD

*Pediatric Amblyopia Risk Investigating Study (Paris)*—Hester Lee, MD

**12–1 p.m.—Keynote Address, Ross 101**

*Human Embryonic Germ Cells: Differentiation and Transplantation*—John D. Gearhart, PhD, C. Michael Professor of Gynecology and Obstetrics, Physiology and Comparative Medicine, Institute for Cell Engineering, Johns Hopkins School of Medicine

**1–2:30 p.m.—Lunch and Poster Session, Ross 101 and Hallways****2:30–3 p.m.—Awards Ceremony, Ross 101****3–5:30 p.m.—Faculty Research Symposium**

*Human Stem Cells—Where Are We in the Ethical and Political Debate and Where Are We in the Science and Application?* (Drs. Sally Moody and Robert Hawley, moderators)

*Ethical (and Political) Issues in Stem Cell Research*—Kenneth Schaffner, MD, University Professor of Medical Humanities and professor of Philosophy

*Gene Transfer Approaches to Stem Cell Function and Therapy*—Robert Hawley, PhD, professor of Anatomy and Cell Biology; American Red Cross Holland Laboratory, Department of Hematopoiesis

*Post-Natal Neural Stem Cells Generate Functionally Connected Neurons in the Hippocampus*—Vittorio Gallo, PhD, professor of Pediatrics; Children's National Medical Center Children's Research Institute, Neuroscience Center

*Stem Cells for the Repair of the Heart*—Timothy McCaffrey, PhD, associate professor of Biochemistry and Molecular Biology

**5:30–6:30 p.m.****Wine and Cheese Reception—Levine Lounge**

**JOIN TEAM GW  
MAMMOMAN  
JUNE 7, 2003  
AT THE  
RACE FOR THE CURE  
AND HELP RAISE FUNDS  
FOR THE FIGHT AGAINST  
BREAST CANCER.  
FOR MORE INFORMATION,  
CONTACT JEAN LYNN  
202-741-3273**

## Class of 2003 Gala to Salute Mammovan, Honorees

The GW Medical Center School of Medicine and Health Sciences is hosting a benefit salute to the Class of 2003 and GW MFA Breast Care Center on May 16, 2003.

This gala represents the first of its kind for a graduat-

ing medical school class that has hosted an event larger than themselves, which directly impacts the GW community.

Cokie Roberts of ABC News; Katalin Eve Roth, MD, JD, assistant professor in the

Department of Medicine (Geriatrics) for the GW Medical Center; and Alfreda Elzie (a breast cancer survivor diagnosed on the Mammovan) are all serving as Women of

*Continued on page 9*

## FACULTY DEVELOPMENT CORNER



*Note: The Faculty Development Corner is a regular Progress item. It features useful tips, book reviews and guest columns focusing on trends and issues in academic medicine.*

Work is the place where the self meets the world. Maturity and energy in our work is not granted freely but must be adventured and discovered, cultivated and earned. Finding it begins with a courageous conversation with yourself, those with whom you live and work, and those you serve—David Whyte, “Crossing the Unknown Sea: work as a pilgrimage of identity,” 2001.

The careers of all healthcare professionals and scientists represent an enormous personal and (often also public) investment, yet many professionals do not fully capitalize on this investment. While highly educated and technically expert, many scientists and physicians are “career fledglings” in terms of proactively managing their own careers.

Accumulating “career capital” does begin with “know-how” (i.e., professional skills and expertise), but in our complex environ-

## Understanding the Wheres and Whys of Goal Setting

ment, know-how is insufficient. Successful careers also depend on “knowing why;” that is, understanding the source of your motivation and energy. Try visualizing what success means to you and then articulating your own mission statement of what you hope to achieve and the short- and long-term goals that follow from your vision.

Lily Tomlin’s joke is apropos: “I always wanted to be somebody but I should’ve been more specific.” The clearer your goals, the more effectively you can assess what skill and knowledge areas need attention, and the more efficiently you can target necessary support, resources and mentoring. If your goals are aligned with your department’s, this prepares you for your annual review. In any case, having written goals (kept, for instance, on a slip of paper in your wallet because the mind is a very messy place) strengthens your resolve and clarity when responding to new demands on your time. Since many of your goals will include “adding value” to your department and your patients and students, this process is not so much “selfish” as strategic.

It’s helpful to re-visit this outline annually (e.g., on your birthday or New Year’s); reviewing your goals reminds you of where you’re headed and why, and stimulates you to reassess your priorities. Retaining a copy of your annual updates

produces over time an invaluable record of your own development.

In the thicket of daily responsibilities, the self-examination central to setting professional goals can seem like one more item for your long to-do list. But consider this: individuals with goals are 10 times more likely to achieve them! Think of your goals as guides and as dreams with deadlines. They should stretch and challenge you but not defeat you; they will help you envision options for personal and professional growth.

Because women and minorities face extra challenges in capitalizing on their intellectual capital, goal-setting is of extra importance. Many women and minorities carry within them a “personal glass ceiling” inherited from our culture that limits their achievement orientation and results in their “set-

ting for less.” Since women and minorities are less likely to attract the mentoring they need to be successful, they often lack the “social capital” necessary for career growth. This isolation further reduces their capacity for risk taking, often translating into a reluctance to pursue professional goals or a protective response such as niche work.

Goals are no protection against the inevitable uncertainty of life, but remember the Chinese proverb that says, “Be not afraid of growing slowly, be afraid only of standing still.” Or in a different vein: “If you fall on your face, at least you’re heading in the right direction.”

*Janet Bickel, MA,  
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## Staff Development Opportunities

A leading academic health center in the metropolitan area and the world, GWUMC also affords staff development opportunities to hone, broaden or improve skills. Following is a listing of some of the current university training classes. Classes are held at the Marvin Center. For information, visit [www.gwu.edu/~etd](http://www.gwu.edu/~etd).

### April

- Working with International Students, April 29, 9-12:30, Room 403.

### May

- Managing at GW: A Briefing for New Supervisors (new managers and supervisors), May 2, 9-12:30, Room 404.
- Performance Analysis and Appraisal (managers and supervisors), May 6, 9-12:30, Room 310.

## GOING GLOBAL



This column is a regular feature of *Progress*, detailing efforts at GW Medical Center to reach beyond U.S. borders to share our medical and healthcare expertise throughout the world.

## GW Eyes Operation SMILE Missions

The GW Medical Center International Medicine Programs has announced the Operation Smile Missions for 2003. The Operation Smile program consists of a variety of doctors, nurses and medical students who travel to countries all over the world to treat children with craniofacial deformities.

All Operation Smile missions have a limited number of positions for senior medical student participation. A committee of faculty and representatives of the International Medical Programs will select students for participation based on a wide range of factors, including: career goals, previous relevant experience, special skills (such as

language fluency) and academic qualifications.

Students who are interested in participating in any of the Operation Smile missions listed in the calendar to the right must complete an application and provide the International Medicine Programs with a current copy of the student's curriculum vitae and a brief one-page objective statement dealing with reasons for applying for the mission.

To receive an application, a list of missions, or for more information, stop by the International Medical Programs Office, 708 Ross Hall, 8 a.m. to 4 p.m., or contact Rick James at 202-994-2796, fax 202-994-0074, or e-mail [impexc@gwumc.edu](mailto:impexc@gwumc.edu).

## Future Mission Countries, Dates, Sites and Point of Contact

- Peru, May 7-21, Trujillo, Erin Stieber
- Russia, Aug. 3-17, Novosibirsk, Debbie Rutledge
- Brazil, Aug. 20-Sept. 3, Goiania, Calla Frankhanel
- Colombia, Sept. 11-26, Cali, OS Colombia (Local)
- Ecuador, Sept. 17-Oct. 1, TBD, Natalie Miller
- Venezuela, Oct. 7-22, Barinas, Calla Frankhanel
- Thailand Oct. 7-22 Surin, OS Thailand (Local)
- Kenya, Oct. 19-Nov 9, Eldoret, Kisumu and Nakuru, Billy Ennis
- Vietnam, Nov. 5-16, Hanoi, Calla Frankhanel
- \*China, August 18-30, Du Jiang Yan, Billy Ennis
- \*China, Oct. 15-23, Zhongshan, Debbie Rutledge

\*Proposed Schedule-Subject to Change/Not Confirmed. The mission dates indicated reflect the travel dates for the entire mission; travel dates for individual team members vary according to assignment. **DISCLAIMER:** Due to recent outbreaks in China known as Severe Acute Respiratory Syndrome (SARS), travel to China is not recommended at this time by Operation Smile Officials. If there are any changes from Operation Smile, then The George Washington University Medical Center International Medicine Programs will inform interested students of the current status from that region.

## Public Health Project Targets Needy in Mexico

Work in Mexico was the focus of PA-C Sandy Hoar's public health project. Joining her for the March trip visit was Christopher Cirino, doctor of Osteopathy with the Medical Faculty Associates (MFA). Cirino, fluent in Spanish, facilitated communication and was a first assist for a hernia surgery; practiced some acupuncture and osteopathic maneuvers; saw outpatient, general medicine patients; and helped deliver

sexual education classes to adults and children in elementary schools in multiple, small villages.

Lusvin Mayen, executive staff with the Physician Assistant Program, and Regina Lenaburg, MSIII, had accompanied Hoar in September of last year. Lenaburg helped with health education classes in an elementary school, learned some beginning acupuncture and assisted in surgery, including learning to suture. Mayen, who also is fluent in Spanish, was instrumen-

tal in delivering health education classes and administering numerous needs assessments and program evaluations, as well as helping to set up an electronic medical record, said Hoar.

Both groups delivered medications, toys and games, balloons, toothbrushes and first aid supplies. "We have an eight-bed hospital which is the hospital for the region," said Hoar. "People travel for as long as 13 hours to come to the hospital; by foot, horse, donkey, car or bus. Twice a

year the hospital hosts a number of surgeons, doctors, nurses, dentists, social workers and pastors, mostly from Mexico. Everyone volunteers to be able to provide surgery, primary care, dentistry, public health and school health for the region. The Mexican Government provides workers to help with triaging and transportation, and sometimes with vaccinations.

Anyone interested in the project can contact Sandy Hoar at [shoar@mfa.gwu.edu](mailto:shoar@mfa.gwu.edu) for information and a website.

## Awards and Recognition

**Paul Lin, MD**, assistant professor in the Department of Surgery, was appointed as chief of the Division of General Surgery and vice chair of the Department of Surgery.

**Patricia Sullivan, EdD**, vice chair in the Department of Exercise Science, received the National Association of Girls' and Womens' Sports Honor Fellow Award at their general session for her contributions to the organization. Dr. Sullivan also conducted a two-hour workshop with doctors from Notre Dame and Western Michigan University called "Fairness, Fairplay and Coaching to Win."

## Academia

**Katherine Berezowski, MD**, assistant professor of Pathology, presented a microscopic thyroid FNA workshop at the 50<sup>th</sup> Annual Meeting of the American Society of Cytopathology. The workshop was titled "Thyroid Fine Needle Aspiration: A Case-Oriented Approach with Emphasis on Diagnostic Pitfalls" and was rated as "excellent" by the participants.

**Harry B. Burke, MD, PhD**, associate professor in the Department of Medicine, was recently appointed to a four-year term on the Center for Medicare and Medicaid's (CMS) National Medicare Advisory Committee (MCAC). The function of the MCAC is to review and evaluate the medical literature, review technology assessments and examine data and information on the effectiveness and appropriateness of medical services and items

that are now covered under Medicare or that may be eligible for Medicaid coverage.

**Gregg Margolis**, assistant professor of Emergency Medicine, moderated the Prehospital Care Research Forum Oral Presentations and gave four presentations at the annual meeting of the *Journal of Emergency Medical Services* held in Philadelphia.

**Kathy Rezaei, MD**, a 2002-2003 Cytopathology Fellow, was invited by the American Society of Cytopathology to present a teleconference to its membership. The teleconference is titled "Ductal Lavage: An Overview" and is scheduled to be presented on June 24.

**Laura L. Tosi, MD**, chief of the Division of Orthopedics at Children's National Medical Center, was invited to testify at the Surgeon General's Workshop on Osteoporosis and Bone Health where she gave a presentation titled: "Breaking the Tradition: A New Look at Fracture Care." Dr. Tosi was also elected to the American Academy of Orthopedic Surgeons' Board of Directors.

**Susan Warren, MD**, assistant professor in the Department of Psychiatry and Behavioral Sciences, received a grant on the topic of infants of mothers with panic disorders and focuses on neuro-

physiology, temperament and parenting behaviors. The purpose of the study is to determine how children at risk for anxiety problems can be identified. Dr. Warren received a second grant that focuses on toddlers who may be anxious and tries to understand how to identify anxious toddlers and whether or not they grow out of anxiety or develop problems later.

## In The News

**Lillian Beard, MD**, associate clinical professor of Pediatrics and of Health Care Sciences, was referenced and quoted in an article in *The Associated Press* regarding a book she wrote titled *Salt in Your Sock (and Other Tried-and-True Home Remedies)*, a guide to using home remedies to cure common ailments.

**Allan Goldstein, PhD**, chair of the Department of Biochemistry and Molecular Biology, was quoted in an article distributed by *Business Wire* regarding the formation of a Medical and Scientific Advisory Board for RegeneRx Biopharmaceuticals, Inc. **Barrett Katz, MD, MBA**, chair of the Department of Ophthalmology, is also a member of this panel.

**Peter Hotez, MD, PhD**, chair of the Department of Microbiology and Tropical

Medicine, was quoted in an article in *The Washington Post* on the subject of stockpiling antibiotics at home.

**Daniel J. Kaniewski**, director of the Center for Emergency Preparedness, was featured in an article in *The Washington Post* on the subject of the development of the Response to Emergencies and Disasters Institute (READI). He was also quoted in an article in *The New York Times* about law enforcement officials' response to the man involved in the tractor standoff on The Mall and wrote an op-ed for *Roll Call* about the roles and responsibilities of Congressional Homeland Security Committees.

**Ajit Kumar, PhD**, professor in the Department Biochemistry and Molecular Biology and of Genetics, was mentioned for a study done on HIV and AIDS in *AIDS Weekly*.

**Elaine M. Murphy, PhD**, adjunct professor for the Department of Global Health in the School of Public Health and Health Services, was interviewed and quoted in an article in *The Washington Times* regarding Uganda's program in response to the AIDS epidemic.

**Jerrold Post, MD**, clinical professor in the Department of Psychiatry and Behavioral Sciences, was mentioned in numerous articles this month on the topic of the war in Iraq, Saddam Hussein and his psychological profile. Dr. Post was mentioned, quoted or featured in the following media outlets: *The London Times*, *The Wash-*



*Continued from page 8*

ington Post, The New York Times, The Los Angeles Times, The Christian Science Monitor, The Boston Herald, The CBS Saturday Early Show and The Pittsburgh Post-Gazette.

**Dr. Michael Rankin**, clinical psychologist at GW Hospital, was quoted in a *Toronto Star* article about opposing the war in Iraq and reflecting Vietnam.

**Sara Rosenbaum, JD**, interim chair of the Department of Health Policy, gave testimony before the United States House Committee on Energy and on Health and the Environment concerning re-

viewing the need to enact medical liability reform.

**Gary Simon, MD, PhD, MS**, professor in the Department of Medicine, Infectious Diseases, was featured on a radio broadcast on National Public Radio (NPR). The broadcast featured Dr. Simon discussing the SARS outbreak.

**Karen Weihs, MD**, associate professor in the Depart-

ment of Psychiatry and Behavioral Sciences, was mentioned in an article in the *Her-*

*ald Sun* regarding how stress affects cancer patients chances of recovery. Dr. Weihs was also mentioned in an article in *USA Today* about her presentation at the American Psychosomatic Society Meeting in Phoenix on her research regarding stress and breast cancer.

## Round of Applause

## 2003 Gala

*Continued from page 5*

Honor for the benefit. An honor fund has been established to celebrate hope and victory for a cure. Contributions will be accepted on the night of the event.

The Class of 2003 has also established a new tradition to salute proactive leadership, innovative service and compassionate dedication to their education. These Gala Honor Recipients are:

- Charles Faselis, MD, assistant professor in the Department of Medicine

- Marian Gutierrez, MD, program director, OBGYN, Fairfax

- Harolyn Johnson, executive coordinator in the Office of Academic Affairs

- Raymond Martins, MD, resident in the Department of Medicine (Internal Medicine)

- Cara Molinari, executive coordinator for Education, Surgery

- Babak Sarani, MD, resident, Surgery GME Instruction.

- James Scott, MD, associate dean for Administration and Graduate Medical Education and professor in the Department of Emergency Medicine.

The event is taking place on Friday May 16, 2003 from 8 p.m. until 1:30 a.m. at the Ritz Carlton. Tickets are \$55 per guest and include a dinner buffet, open bar and live entertainment. For more ticket information, call 202-994-2987.

### Cheng Honored

Tsung O. Cheng, MD, FACP, FACC, FCCP, professor of Medicine, (pictured in center) was honored at a recent banquet at



the Tiaoyutai State Guesthouse, Beijing. He was presented with a commemorative plaque by the former and current Chinese Ambassadors to the U.S. in recognition of his services as a medical consultant. Dr. Cheng has served all successive Chinese Ambassadors and their staffs at the Embassy since normalization of U.S.-China relations in the early 1970s.

### Goplerud Receives Barton Award

The American College of Mental Health Administration has named Eric Goplerud, MD, research professor in the Department of Health Policy, the recipient of the 2003 Walter Barton Distinguished Fellow.

Dr. Goplerud is being awarded this honor for the many contributions he has made to facilitate the College to provide policy input and information to organizations and agencies within the mental health and substance abuse field and his years of exceptional service for the College.

Dr. Goplerud directs the Alcohol Treatment Project in the School of Public Health and Health Services. His policy and research concentrates on improving access to alcohol screening and treatment, integration of primary health and behavioral healthcare services, performance measurement in managed behavioral health, and public and private quality improvement initiatives in behavioral healthcare.

The presentation of the award took place during the College's annual summit, held this year in Sante Fe. The Barton award is named in honor of Dr. Walter Barton, the Medical Director of the American Psychiatric Association for many years and the co-founder of the ACMHA.

## Follies 2003 Showcases Student Musical, Comedic Talents

**W**as it Lisner Auditorium or the Great White Way? Parents of GW medical students got a treat on Friday, April 4 as MD candidates took to the stage for the 20<sup>th</sup> Annual Medical School Follies. The Broadway-quality Follies kicked off the packed weekend agenda that guided parents through “A Day in the Life of a Medical Student.”

An orchestra comprised of medical students and faculty provided the background music as each class presented skits and choreographed numbers. First-years got the evening rolling with a music video countdown that included such favorites as Madonna’s “Like a Prayer.” But when it came to showing a little leg, it was the male students in drag that brought down the house. Second-years raised some eyebrows with their tribute to SMHS Dean and University Provost Dr. John F. Williams, in a rewritten version of “Shaft” starring Vikram Bakhru as “Skip.” To a class, these doctor wannabes proved they could hold their own with the best singers and dancers around. Third- and fourth-years managed to poke fun at faculty with videos inserted into the evening’s entertainment.

Fourth-year hosts Mike Spaeder and Randy Lizardo kept the evening moving with a blend of stand up and schtick. Breaking up the raucous humor were the Golden Apple Awards, voted on by the students and given to the best teachers of the year (see box) and Worm awards given



to two students. One Apple recipient, Dr. Ronald Bond, accepted his award from the orchestra pit.

Parents were beaming, especially Dr. Stanley Berg who was the only participant not in the classes of 2003-6. He shouted his one line from his Lisner seat during the first-year’s performance at son Adam’s insistence.

“This was probably one of the best organized shows I have been a part of, thanks to the work of Mike (Spaeder) and Randy (Lizardo),” said faculty advisor Matthew Mintz, MD, who also played a dual role by playing trumpet in the band. “The first-year class certainly showcased some amazing talent. One of



the best things was participation—20-25 percent of each class actively participated.”

In all, it was a well-scripted, well-rehearsed and executed evening of entertainment that gave parents the idea that life in medical school is not all textbooks and tests.





2003 Golden Apple Awards went to, top left, Associate Dean Dr. James Scott, Cara Molinari, Dr. Babak Sarani; and Dr. Ron Bond (who accepted his award in the orchestra pit, above). 2003 Worm Awards went to Chip Malin and John Dayton. The awards are annually given by the Medical School Student Association during Follies.

## Student Receives Leadership Award

MSII Vikram Bakhru received one of the American Medical Association (AMA) Foundation's Leadership Awards.

Bakhru currently is president of GW's Medical School Class of 2005. In addition to his work with the admissions office, American Medical Association, American Medical Student Association and the Medical Society of the District of Columbia, Bakhru is founder of the Foundation for International Medical Relief of Children. This organization is dedicated to providing medical assistance to underprivileged children both domestically and internationally.

The AMA Foundation annually recognizes 25 medical



Dr. Yank D. Coble, Jr., President of the American Medical Association (AMA) and AMA Board of Trustees member, left, and Dr. Joseph A. Riggs, President of the AMA Foundation and member of the AMA Board of Trustees, right, present MSII Vikram Bakhru with his Leadership Award..

students, 25 residents and fellows, and 25 physicians in the U.S. who have demonstrated outstanding leadership skills in

non-clinical and community service activities. Bakhru received his award at a special ceremony in Washington in March.



The Second Annual  
George Washington University  
Homeland Security Symposium  
May 1, 2003

Today's Lessons for  
Tomorrow's Preparedness  
8 a.m.-4:15 p.m.  
Marvin Center Grand Ballroom  
Call to register: 202-994-2437

\*\*\*\*\*

### Disaster Strikes GW: What do I do Now?

A discussion of the Hospital disaster plan as it relates to residents.  
*Dr. Anthony MacIntyre*, assistant professor, Emergency Medicine  
Wednesday, May 7  
12-1 p.m.

Hospital Auditorium  
Lunch Provided

All residents and fellows at GW are expected to attend the session.

## A Day in the Life

*Continued from page 1*

Rhonda Goldberg (advisor for the event) and her committee of students then welcomed guests. Shortly thereafter, parents got a glimpse of medical school through the eyes of budding physicians and amateur stand-up comics Andy Fenton and Mike Spaeder. The duo's medical parody kept the audience in stitches and prepared them for the session of lectures given by Dr. Frank Slaby and Dr. Steven Patierno. Small group sessions followed a luncheon.

Later, some dared to attend gross anatomy while others opted for choices including bioterrorism, stress, changing healthcare, transition to residency, alternative medicine, problem-based learning and progression of an MD. Others ventured to the sixth floor of the hospital for training with SimMan and simulated patients.

"After seeing that, my dad said he wanted to go back to medical school," said MSI Jason Katzen. Gitta Doshi, mother of MSII Daven and herself a retired physician was amazed at the technological opportunities provided by SimMan. "We learned nothing like that when we went to school. The students are very privileged to have this type of state-of-the-art technology. It is excellent and I will be back in two years."

"I came two years ago and got lost in the lecture," said William Giasi whose son is an MSIV. "This year I vowed that I would not get lost. I tried but it got away from me."

*Continued on page 13*



Registration was the first order of business; top right Dr. John Williams greets the Berg family; Dr. Frank Slaby, second row, returns with his fascinating lectures to the hundreds in Room 101;

"Clear!"—two more novices try their ER skills on SimMan under the direction of fourth-years; "Who is the real Dr. Schroth?"—Dr. Scott Schroth and Jeremy Warner (who portrayed Dr. Schroth at Follies). Parents enjoyed the lectures offered and students like Katrina Dafnis guided their way.



## A Day in the Life

*Continued from page 12*

“This was terrific,” said MSIV mom Susan Fenton. “I am amazed at what I learned at the sessions on problem-based learning and progression of an MD. I am awed by the way they extol the human body—it is on another plane—and how important the patients are. It was evident that this school focuses on the importance of the patients as human beings.”

Michael and Shamsi Farhandi, parents of MSII Abbas Farhandi, echoed the praise for the event and the school, as they spoke with one of the committee chairs. “It really gave me a warm feeling toward GW and the medical community. A tremendous amount of effort went into this and it was a great day. We’re glad our son is here.”

After participating in the gross anatomy lab, Cliff Bachison had a newfound respect that for the medical community. “My son loves it here and today just confirmed our belief that he is doing the right thing.”

“It is not hard to offer a day like Saturday,” says Assistant Dean Rhonda Goldberg—the school is great, the faculty are awesome, the students are truly wonderful, their enthusiasm is contagious, the parents quickly see that their children are in good hands and the sun even eventually came out.”



Dr. Steven Patierno offers his annual lecture—this year no test. Below left, in the courtyard, Shalin Desai, Santhi Vemuri, Nimish Patel, Bhumika Patel and her father; below right, trials of saving SimMan.



Above left, Dr. James Scott talks with the Ellie Morse family; above right, Dr. John Williams greets Nidhi Gupta’s family. At left, members of the committee with advisor Rhonda Goldberg, left, and Amy Sfaelos; below right, Danisha Allen and her Dad.





## Public Health Week Brings Current Issues to the Forefront

### Dealing with Bioterrorism

In marking National Public Health Week, organizers at SPHHS staged a dozen events here on campus between April 7 and 11. But the tone was set early on at Monday's plenary session, as regional experts took on perhaps the most visible public health issue in the nation today—bioterrorism.

Dr. Michael Richardson, senior medical officer at the District of Columbia Department of Health, joined other health officials from the District, Maryland and Virginia to argue that any effective plan for dealing with bioterrorism must involve regional cooperation.

"Illnesses don't recognize political boundaries or regional borders," said Dr. Richardson. "We need to work together so that state or jurisdictional lines don't slow our response."

"The new level of regional cooperation is perhaps the silver lining in all of this," said Dr. Elliot Sorel, chair of the DC Medical Society. "We're beginning to think beyond borders, and institutions are

working more smoothly together."

Montgomery County, Maryland Chief of Public Health Services Lynn Frank told the audience that the rigors the health system has gone through to prepare for bioterrorism, including improved syndromic surveillance, can also help the community gird against natural outbreaks like severe acute respiratory syndrome, or SARS. But, she said, huge challenges remain, including the logistical nightmare that would arise if a quarantine were ordered for SARS, smallpox or some other illness.

"I've spent 15 years dealing with the occasional quarantine involving tuberculosis," she said. "It takes enormous time and energy and legal work just to quarantine one person with TB at one of our facilities on the Eastern Shore. I can't even imagine the challenge of quarantining multiple people during a biological attack or large disease outbreak."

Public Health Week takes place every year during the month of April, when universities and medical institutions around the nation recognize the contributions of public health to the nation's well-being and focus public attention on major health issues in our communities.

### Resilience is Key

GW Medical Center's Institute for Mental Health Initiatives (IMHI) has been around for years, but never has the group's work been more crucial than in the post-9/11 environment. This likely explains the strong turnout at IMHI's Public Health Week session, "The Power of Resilience: Strengthening Mental Health."

Dr. William Beardslee, a Harvard psychiatrist who specializes in resilience in the face of trauma or depression, spoke to an audience that included representatives from the District of Columbia's public school system, and the District's Department of

Mental Health as well as mental health officials from Virginia, Maryland and federal agencies. He argued that mental health is more than just a personal and medical issue; it's a public health challenge that is played out in families and in society.

"I'm glad to be speaking to an audience at a public health school," said Dr. Beardslee. "Because mental health truly is a public health issue, even more so since September 11 made terrorism an everyday concern."

One of the keys to resilience, he said, is to treat depression within the context of the family. Dr. Beardslee's latest book, in fact, is about protecting the mental health of children in families where a parent is depressed.

"Roughly one in five Americans will experience depression in his or her immediate family," Dr. Beardslee said. "We need to treat the family as a whole in order to foster resilience."

Faces from  
Public Health  
Week 2003



*Continued from page 14*

The IMHI session was co-sponsored by the Carter Center, a nonprofit, non-governmental organization founded by Jimmy and Rosalynn Carter, which sponsors health programs and other measures to improve society.

**Pollution & Biomonitoring**

It is a given that one of the tradeoffs of living in an industrialized society involves putting up with a certain level of pollution. But are some citizens more at risk than others based on where they live?

This notion of so-called “environmental justice” was at the heart of a Public Health Week session on Tuesday, April 8, where experts discussed a new survey effort for the District of Columbia by GW Medical Center’s Department of Environmental and Occupational Health. Still in the proposal stages, the biomonitoring project would involve thousands of District

residents who would complete comprehensive surveys and give fluid samples to track their exposure to several industrial toxins.

“We’re trying to see whether environmental hazards are distributed throughout the population equally,” said Department of Environmental and Occupational Health Chairman Dr. Tee Guidotti. He spoke at the session, as did his colleague in the Department, Dr. Prem Sarin, the DC Department of Health’s Public Health Lab Director Maurice Knuckles and epidemiologist Marina Moses.

Rounding out the list of speakers was Melvin York, with Digital Safetynet Inc. His company is working with GW on the survey proposal, and he told the audience one of the biggest challenges will be to get District residents to cooperate in the first place.

“People are not going to hand over samples of their blood or urine just like that.

They may have suspicions or may not understand the science; or sometimes they have health issues that they don’t want you to know about or they don’t even want to know about themselves,” said York. “There’s a certain amount of trust we need to develop. We have to show them that this is going to be relevant to the health of their local community, not just to some national survey.”

Although it is too soon to speculate on what the findings in the District might be, York said many American cities traditionally see more environmental problems in the southeastern section of town. “Prevailing winds are typically coming from the northwest,” he said. “That means even if industries aren’t located in the southeastern part of a city, the pollution still can end up there because of the winds.”

**Obesity a National Dilemma**

In the last decade, obesity in the U.S. has increased at an alarming rate of 49 percent, becoming a significant public health problem. Today, 60 percent of Americans are overweight or obese. On Tuesday, April 8, as part of the SPHHS’ celebration of Public Health Week, Leslie J. Heinberg, PhD, assistant professor, Department of Psychiatry and Behavioral Science, Johns Hopkins University School of Medicine, addressed the issue in her presentation, “Obesity and Body Image: Is Body Image Distress Helpful or a Hindrance?”

Dr. Heinberg discussed the problem of body image distress (BID) and new research that suggests that BID may not always be harmful. The danger of BDI may be associated with body mass index (BMI) in a non-linear manner. For people on the thin side of normal (low BMI), BID and its role as a weight loss motivator clearly can be injurious.

## Faces from Public Health Week 2003



*Continued from page 15*

However, for an individual with average or above average BMI, it is suggested that BID may serve an important function in motivating people to exercise and change their eating behaviors. A little distress may be enough to motivate people to engage in healthy behavior. Conversely, people with high BMIs and large amounts of BID may engage in dangerous or unhealthy dieting behaviors or give up dieting completely.

Evidence suggests that body image may be a motivator for weight loss. Desire to improve one's appearance and feel better about one's self was the highest-rated motivator for weight loss, significantly greater than health concerns.

### The Future of Hospitals

"Hospitals are still essentially 19<sup>th</sup> century institutions in the way they are organized." The observation came from the Department of Health Policy's Dr. Bruce Siegel, and it helped summarize the thrust of a panel discussion on hospital policy, the Department's contribution to Public Health Week.

"There are doctors, nurses, assistants and patients; and they are often bound by a hierarchy that is inflexible and not innovative," said Dr. Siegel. "Someone from 100 years ago could walk into a hospital today and easily recognize the structure, because it hasn't changed very much." The problem, the panelists argued, is that the regulatory environment surrounding hospitals has changed a whole lot.

"External pressures on hospitals are constantly increasing," said Sara Rosenbaum, JD, Interim Chair of the Department of Health Policy. "From the federal level on down, we're seeing ever more complex regulations."

Among other things, experts discussed recent developments in hospital law and new regulations involving the Federal Emergency Medical Treatment and Active Labor Act, also known as COBRA or the Patient Anti-Dumping Law.

Joining Rosenbaum and Dr. Siegel were GW Hospital CEO Dan McLean and Dr. Thomas Barker, an adjunct assistant professor who is an adviser to the Centers for Medicare and Medicaid Services.

### Putting Universal Health Care in Place

Midway through Public Health Week, the third floor of the Marvin Center became a bustling think tank on how to institute universal health care as SPHHS helped the Metropolitan Washington Public Health Association (MWPHA) stage the Association's annual meeting. The all-day conference on Wednesday, April 9 drew hundreds of people participating in panel discussions, lectures and breakout sessions.

"Universal Health Care: Public Health Strategies for Action in the Metropolitan Washington, DC Area" took aim at the soaring rates of uninsured Americans, using the figures as a rallying cry to stump for more universal coverage in this country. Recent studies suggest that at least 41 million Americans are currently without health insurance, and that an estimated 75 million Americans were without health insurance at some point during a recent two-year period.

Things look even more intimidating when broken down among ethnic lines. Sonia Mora, director of Montgomery County's Latino Health Initiative in Maryland, told the audience that the Latino population is especially hard hit.

"Even among the Latinos who have jobs, only 44 percent of them have health insurance; and even they don't always have adequate access to care," she said. "Are the services open during evenings and other non-standard hours? Are the services geo-

*Continued on page 18*

## National Dental Study Examines Alternatives to Traditional Care

Public health leaders need to raise the awareness of the oral health needs among poor and underserved children and consider alternative delivery methods to meet those needs. These are among recommendations from a dental study by



Lea Nolan

GW researchers Lea Nolan and Brian Kamoie.

The Center for Disease Control (CDC) funded the study of state dental practice laws that allow alternative practice methods to be used for low-income children. The researchers from GW's Center for Health Services Research and Policy (CHSRP) looked at what effect, if any, changes in the state laws had for delivering preventive healthcare to minority and low-income populations.

They reviewed those laws governing dental practices for 50 states and the District. They also looked at the requirements to practice dentistry, licensing of dentists and

dental hygienists, authority by state dental boards as well as laws or trends that permit physicians and nurses to deliver oral healthcare. Narrowing the scope further, they studied six states that had implemented laws permitting alternative models or that had an existing law allowing such on the books—Connecticut, Iowa, New Mexico, North Carolina, South Carolina and Washington. The alternative models reviewed either used dental hygienists working under general supervision or without a dentist's supervision to provide preventive services, and models that utilized physicians to provide screening, education and, in some cases, topical fluoride applications to young children.

The study could prove the impetus for a turning point in lessening dental decay among minority and low-income populations due to access to preventive oral healthcare.

"There is an enormous usefulness of such a study with the lessons learned as well as the research data from the way you draft legislation to the way you provide or how you provide the services," says Nolan. "There is a lot of excitement and a lot of potential for increasing access to oral healthcare for minority and low-income children."

Two striking points surfaced relative to the requirement that a dentist be on site when services are provided and whether the dentist has to sign off on work performed.

"There is significant research that dental hygienists do about as good a job as dentists with rough screenings," says Kamoie. "We are not talking about invasive work, simply the delivery of preventive services. For example, allowing a hygienist to go into a school and provide screenings, without the requirement of a dentist in the building, would make a tremendous impact on rural or inner-city children."

While the study found that existing alternative models had little impact on the delivery of preventive dental care, it did produce findings that could, given time and attention, make a significant impact on the delivery of preventive dental services.

"It is important to look at incremental approaches to putting the alternative models together," Nolan says, "to insure success. And, the alternative models need more time to gain acceptance, awareness and to grow."

Kamoie and Nolan said that the licensing system and self-regulation by the dental and medical community have restrictive implications for



Brian Kamoie

dental reforms and limit those who are permitted to provide dental services to low-income populations. This sometimes conflicts with quality assurance issues, says Kamoie. "There is a heightened tension between high standards and getting services to children."

In the end, it is clear, they say, that leaders in both public health and within the dental profession need to "destigmatize the services provided by non-dentists, including disseminating results of recent studies that indicate dental hygienists provide safe care," say Kamoie and Nolan. Also important, they note, is ironing out the reimbursement issues for payment of services, and further outreach and training relative to the reform models also was recommended. Down the road, it is possible that the reform measures may resemble the physician assistant or nurse practitioner approach used in medicine.

## Hospital Offers Help for Back Pain

The George Washington University Hospital will now offer the *LifeSpine* program to patients with lower back pain and spinal dysfunction. The new program provides the patient with exercise and behavior modification techniques, and provides information about the back, its functions and how to prevent pain and injury.

Low back pain affects millions of Americans each year. The *LifeSpine* program utilizes a wide variety of treatment methods to manage lower back problems. Rather than relying solely on one therapy technique or philosophy in every case, the program uses scientific data to assess each individual patient.

In the initial evaluation, the therapist takes into account problems with movement, ability to stabilize and protect the spine, overall muscle strength, flexibility, and cardiovascular conditioning. Following this analysis, the therapist develops a customized treatment program, which addresses the person's specific needs.

The National Institute of Health estimates that lower back pain is the most frequent cause of activity limitation in people younger than 45. Factors contributing to low back pain include poor body mechanics, strenuous activity, trauma, degeneration and sedentary lifestyle.

## Health Insurance on the Front Burner

The head of the Centers for Medicare and Medicaid Services (CMS) says he feels a lot like the “CEO of the largest health insurance organization in the world.”

Indeed, CMS Administrator Tom Scully said his agency accounts for 85 percent of the Department of Health and Human Services budget. He shared his thoughts recently at GW during a seminar, part of the Health Policy Department’s “Life in Health Policy” series.

An attorney by training, Scully said he got into healthcare “by accident” after working on the first President Bush’s campaign in 1988. He joined the Administration and soon became involved in healthcare issues for the Office of Management and Budget. Early projects included preserving the Medicare prescription drug benefit and creating a physician fee schedule. He returned to the private sector in the 1990s before rejoining government for the current Bush Administration.

Scully says government needs more people who come to the job with private sector experience. The goal is to break down a static culture in public sector, a culture where “nothing should change,” he said. Unlike the private sector where decisions are made and implemented more quickly, Scully described a public sector process where “you have to make the same decision over and over.”

On Scully’s wish list for the future is the creation of a “hybrid” public-private healthcare plan—a “Medicare + Choice” plan that rewards innovation and offers more options. Under the current system, he says, innovation is stunted because every hospital and every doctor gets paid the same—regardless of the quality. Instead there should be a system of differential payment for differential quality, he said. Scully also is stumping to increase availability of consumer information about hospital quality and performance. Under the current system, he says patients have no way to assess how hospitals size up against one another.



Provost and VPHA Dr. John Williams last month met with former Clinton National Security Advisor Sandy Berger during a recent meeting at GW.

*Continued from page 16*

graphically accessible? How long do you have to wait for an appointment? These are all questions that affect how useful your health insurance really is.”

A national drive by the Clinton Administration to create universal health care suffered a stinging defeat in the 1990s, but continuing studies on the state level are showing some promise and could be useful in any local effort to broaden access in the Washington area.

Dr. Ellen Shaffer, Wednesday’s keynote speaker at the morning session, talked about her work involving studies in the state of California, where she is a professor in the Department of Clinical Pharmacy at the University of California San Francisco School of Pharmacy. She recently wrote a paper in the *American Journal of Public Health* on the California studies and said the good news is that increasing access and saving money can sometimes go hand in hand.

“Delivery system reforms intended to improve the population’s health and quality of care, such as expanded primary care, would also reduce costs,” she said.

Other speakers at the conference included SPHHS Interim Dean Richard Southby, healthcare representatives from the District, Maryland and Virginia; and lunchtime remarks by American Public Health Association President Dr. Jay Glasser.

## HIPAA Changes Take Center Stage

*Continued from page 1*

Hall. That's why more than a thousand members of the Medical Center community have been undergoing training to familiarize themselves with elements of HIPAA.

Some of the University's efforts to comply with HIPAA include:

- Design and delivery of training for medical and health sciences students, clinicians, Institutional Review Board members and participants, and employees who may have access to Protected Health Information

- Design and delivery of training specific to computer and information professionals regarding information security best practices and protections

- Development of privacy policies and procedures for functions and departments that interact with health information

- Development of supporting security policies, procedures and protections

- Establishment of a GW Privacy Officer and Privacy Council to address privacy issues.

## Human Research Reminders

### How to get IRB Approval More Easily:

- Download most recent IRB forms from the OHR website
  - Submit clearly written protocols
  - Decrease jargon and abbreviations in consent forms that are written at an 8<sup>th</sup> grade reading level
  - Acquaint yourself with IRB processes and requirements prior to submission
- Contact the Director of OHR to clarify issues related to the IRB approval process ([resbal@gwumc.edu](mailto:resbal@gwumc.edu))  
Website: <http://www.gwumc.edu/research/>

### Avoidable IRB Mistakes:

- Failure to obtain IRB approval for new research projects.
- Failure to obtain informed consent.
- Use of expired consent forms.
- Enrollment of ineligible subjects.
- Making deviations from IRB approved protocol.
- Failure to file continuing review reports, SAE reports, etc., to the IRB, FDA and other regulatory bodies, as may be required, in a timely fashion.
- Failure to maintain accurate and complete study records
- Use of white-out on ANY regulatory documents (includes: protocols, research documents, consent forms, patient records, etc.)

### FAQ

*How long will it take the IRB to process my protocol?*

- Exempt review: 1 – 3 weeks
- Expedited review: 2 – 3 weeks
- Full committee review: 4 – 6 weeks

Remember: the response time is directly related to by the quality of the submission!

*I want to make a minor change in my study design. Do I need IRB approval?*

- ANY variation from the original IRB approved written protocol or IRB approved consent form – you must submit to the IRB
- Provide a description of the change(s) to the IRB prior to implementation
- Exceptions: where it is necessary to eliminate an immediate hazard(s) to trial subjects.

### The Medical IRB Deadlines:

Meeting Date—Packets Must Be Received by  
 May 28, 2003—May 14, 2003  
 June 10, 2003—May 29, 2003  
 June 24, 2003—June 10, 2003

### The Non Medical IRB Deadline:

Meeting Date—Packets Must Be Received by  
 June 13, 2003—May 30, 2003

## SARS Under the Microscope

*Continued from page 1*

Hotez, chair of GW Medical Center's Department of Microbiology and Tropical Medicine. "SARS is by no means our biggest health problem."

Especially with allergy season upon us, some are coming to hospitals fearing their sneezing, coughing, fever or other symptoms may be caused by SARS. But the current wisdom is that unless people have recently been to Hong Kong, Toronto, parts of China or one of several other hot zones, or unless they have had close contact with someone else who has been to

these places, the likelihood they have SARS is extremely remote.

Hopes were buoyed this month when two teams of scientists, one in Canada and one in the United States, announced they had broken the genetic code of the virus suspected of causing SARS. This is a crucial first step toward developing a diagnostic test for the virus and possibly a vaccine. The genome appears to be that of a completely new coronavirus unrelated to any known human or animal viruses.

### Employee Training and Development Spring Management Forum Series

"A New Concept for Medical Education: The Clinical Learning and Simulation Skills Center (CLASS)"

John F. Williams, MD, EdD, FCCM  
Provost and Vice President for Health Affairs  
Dean, School of Medicine and Health Sciences  
Bloedorn Professor of Administrative Medicine  
The George Washington University

**Date: Friday, April 25**

Place: Marvin Center Grand Ballroom

9:30 a.m.—Coffee, Danish and Conversation  
10 a.m.—Management Forum

The Management Forum is an opportunity for University executives, managers and exempt supervisors to meet and keep abreast of strategic management issues facing the University.

Register via email to [etd@gwu.edu](mailto:etd@gwu.edu) with your name, department and campus phone number.

Your reservation will be confirmed prior to the event.

### GWUMC Mission

As a leader in education and research, The George Washington University Medical Center strives to set standards of excellence by:

- Valuing a diverse and dynamic community that encourages life-long learning
- Striving for, refining and defining quality in all endeavors
- Providing exemplary and innovative teaching programs that produce astute, highly competent, and compassionate health professionals and scientists trained and prepared for the future
- Generating and expanding health knowledge through superior research programs
- Enhancing the delivery of compassionate and high quality health care through our education and research activities
- Improving the health and well-being of our local, national and international communities

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