



SPHHS Interim Dean Richard Southby talks with public health students regarding the new five-year accreditation for the School.

GW's SPHHS Receives Five-Year Accreditation

The School of Public Health and Health Services recently received the news that it was accredited for another five years, with an interim report to be submitted in the fall of 2004. The accreditation, by the Council on Education for Public Health (CEPH), followed a site visit over the summer and a presentation made by Interim Dean Richard Southby, PhD, at the Board of Councilors meeting in Lake Tahoe, California. At that meeting Dean Southby answered questions about the site visit report.

Being accredited by CEPH is very significant because it is an endorsement by a peer group of the quality of the education and training programs offered by the

School in preparing students for professional and academic careers in public health and health services. The accreditation evaluation looked at mission and goals, organizational setting, governance, resources, educational requirements, research, service, faculty issues, student issues, evaluation and self-study.

“The faculty, students, staff and alumni of the School of Public Health and Health Services are very pleased that our School has been re-accredited for a five-year term,” said Dean Southby. “This is an endorsement of the wide ranging improvements that have been implemented in our cur-

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National Protocols Outlined for Smallpox Vaccinations

Federal policy regarding smallpox vaccinations has been a work in progress for more than a year now. As officials try to balance the benefits of protection against the very real risks associated with the vaccine itself, the x-factor remains whether Iraq possesses smallpox and would deploy it if war breaks out. *Progress* recently sat down with Daniel J. Kaniewski, director of GW Medical Center's newly created Center for Emergency Preparedness. Before coming to GW, Kaniewski served as Congressional Liaison for Terrorism Preparedness and Consequence Management at the Federal Emergency Management Agency and as a Homeland Security Fellow for the House Republican Conference and Congressman Curt Weldon (R-PA).

What is the administration's current plan to vaccinate against smallpox?

The Department of Health and Human Services submitted a plan to the President that would provide prevent smallpox vaccinations in a three-phased approach. If approved by the President, approximately 500,000 health care providers would be vaccinated in the first phase.

This could occur within months. We can expect approximately 3,000 health care providers in Washington to be vaccinated under this initial phase. Working with the GW Hospital, we are currently developing a strategy to determine which employees would be vaccinated during this phase.

Following the vaccination of the first 500,000 health care providers, a second phase to vaccinate 10 million health care providers would be implemented. This would cover the first responder community, including firefighters, EMS personnel, and law enforcement officials. Finally, perhaps beginning in early 2004, the vaccine could be offered to the public.

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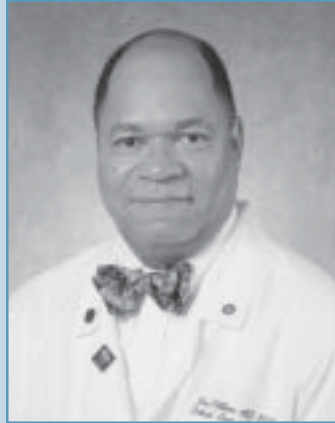
From the VPHA ... GWUMC is on the Move

At this time of year, it's always a tradition to look back at what we've accomplished and what we as a Medical Center family have to be thankful for. It's also time to remind ourselves that we have more to do as we set the bar even higher for ourselves and our academic health center.

It's hard to believe with the current chill in the air that on a sultry day in August we constructed a tent on 23rd Street and in the glare of the television cameras successfully moved more than 160 patients from our old hospital to our brand new facility. This well-orchestrated event went off without a hitch, thanks to the efforts of everyone from staff to students who made it happen.

The first new hospital in the District of Columbia in a quarter of a century has found its place in our community. If we needed proof that it was a good idea to build this facility, all we have to do is look at our census. But while we settle in to our new environment, there are bigger healthcare issues looming in our city with the closing of hospitals and the financial instability of others. We have called on city leaders to open a dialogue to long-term solutions to these problems, and it is incumbent upon us to be proactive in facilitating and participating in that dialogue.

This holiday season we will be celebrating our successes on the 6th floor of the new GW Hospital. The spectacular view from the 6th floor conference room is the icing on the cake for us. The 6th floor itself is the pinnacle of our efforts to unite education, research and clinical care in a setting that will be unparalleled in our region. The education programs that we are developing in our Clinical Learning and Simulation Skills Center (CLASS) will be models for other programs around the country. It will enable us to attract the best students and residents. Weaving this hands-on learning and training into our curriculum is paramount to our efforts to educate a new and highly skilled generation of healthcare professionals. It is also a plus to now have all of our Health



Sciences programs under one roof. This will be a valuable recruitment asset for us as we build on those programs.

It's been more than a year since 9-11 and the anthrax scares. That year has given us the opportunity to assess our skills and see how we can help ourselves and our nation become better prepared. With this in mind, we have opened the new Center for Emergency Preparedness. This Center will serve as an umbrella organization for coordinating our preparedness training and research efforts. The threat of terrorism has not diminished in this year since 9-11. We need to be ever vigilant about our own security. We also have strengths in this area to pass on to others. Now that we have a coordinating Center, we need to be at the forefront of the national and regional efforts working with our Department of Public Health and others.

At our White Coat ceremony for new medical students, I was struck by the diversity in the Class of 2006. Indeed, our students in all of our programs at the Medical Center bring with them a wealth of experiences from many different backgrounds. Our applications pool is a strong indicator that the GW Medical Center is gaining a strong reputation, and, as a result, we are gaining the best applicants for all of our programs. We need to build on this in the New Year. We are also reaching out to and recruiting the best scientists as we build a world-class faculty.

Ahead of us are challenges that need to be met head on. The threat of terrorism demands our attention and our creative thinking. We need to take the lead in research on cancer as we try to determine why this disease is so prevalent and so life threatening in our urban community. We will reach out to establish initiatives in other countries such as Panama as we see the need to pass on our healthcare expertise. And we will enhance our educational offerings by refining our goals for the 6th floor of the Hospital. What have we done this year? We've opened a new hospital that finally gives us the clinical setting to match our tradition of excellence in education, research and patient care. We've made so many great strides, I only see good things ahead for our Medical Center family if we stay focused and work together.

Have a wonderful holiday.

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

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Business Donates Cutting-Edge *SimMan* to GW for Training

It's not every day that you can save your department tens of thousands of dollars in one afternoon. That day came not long ago at GW Medical Center's Clinical Learning and Simulation Skills (CLASS) Center on GW Hospital's sixth floor.

In CLASS's Simulation Center, a routine show-and-tell for the news media was underway. The camera crew from the Discovery Channel was just packing up when another crew, from Washington's WTTG Fox 5, came in and began setting up tripods and lights. As the reporter put on her microphone and jotted some preliminary notes, a GW physician readied an intubation kit and some shock paddles for another demonstration on the high-tech mannequin lying on an operating table.

All this attention was not lost on officials from the Laerdal Company, which makes the state-of-the-art SimMan man-



Dr. James Michelson demonstrates working with the SimMan recently donated to GWUMC. The cutting-edge technology is one more training module offered to GWUMC students.

nequins and related software for advanced cardiac life support training. With the CLASS Center still in start-up mode, Laerdal had lent a mannequin system for the occasion. But the company was so

impressed with the media attention that Laerdal has since given the CLASS Center, on a long-term, indefinite loan, a complete SimMan system. The acquisition saves the CLASS Center more than \$30,000.

James Michelson, MD, CLASS's simulation director, says the donation is part of a growing list of resources.

"When I got here in March 2002, the only thing that the Simulation Center possessed was the dedicated space," he said. "Now we're getting more equipment every day."

In addition to the SimMan system already in place, the Simulation Center is on track to receive an additional SimMan

package and a system to simulate gastroenterological procedures. The Center also has several operating beds, a neonatal monitoring crib and an array of surgical instruments.

GWUMC Names Developer to Work with Corporate Giving Campaign

Julie Ische may be a newcomer to GWUMC but she is no novice to instituting measures to secure funds for organizations and worthwhile projects. Ische is the newest member of the development team to be announced by Vice President of Advancement Beverly Bond and VPHA Dr. John F. Williams. She joins GWUMC Associate Vice President of Advancement Pam Larmee in developing a concerted team to target and raise funds for the medical center.

"I'm excited to be a part of such a dynamic team," said Ische. "GW has much to offer the healthcare community, particularly with the combined as-

sets of a school of public health and a medical school. That, coupled with the synergistic approach to research in the clinical and scientific arenas, creates many opportunities for giving."

While Larmee will be focusing her efforts on individual giving, special events and alumni relations, Ische will be targeting the business community and corporations.

The current trends for decreased giving do not dampen Ische's optimism. She plans to market GW's dynamic approach to healthcare with her past experience as a successful developer.

Most recently, Ische was resource development director for the American Public Health Association where she established a development program at



Julie A. Ische

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.

The managed care environment and mission-based budgeting in academic health centers have been recent external forces that have impacted on how faculty try to balance their responsibilities in the ambulatory setting. Whereas scheduled patient visits are shorter in length than in the past, anticipatory guidance issues that physicians need to address remain overwhelming (e.g., smoking cessation, accident prevention, wellness); and problems physicians face are more complex. The 'luxury' of spending long periods of time teaching trainees about ambulatory patients is history. In fact, faculty need to teach 'smarter' in order to meet the academic and patient care responsibilities expected of them. Although the medical education literature is not always helpful in providing faculty with evidence-based studies that document how to teach more effectively and efficiently, there are techniques

Teaching More Effectively in the Ambulatory Setting

that are founded in adult learning theory that I encourage you to try. I will address one of those briefly—i.e., the five-minute preceptor.

This technique is modeled after *The One-Minute Manager* by Blanchard and Johnson, a *New York Times* best seller in the 80s. The family practice group at the University of Washington in Seattle was the first to report adapting this information to the medical setting. I have modified their iteration using adult learning principles.

•**Probe the learner's experiences with similar patients.** 'Have you ever seen a patient like this before?' is a great question for faculty to understand where the learner is regarding her experience and knowledge with a similar patient. This can help frame what the faculty should teach, based on the curricular objectives.

•**Listen.** Hearing the learner's history and physical exam findings culminating in an assessment and plan can help faculty determine the level of the learner. This should be done with few and timely interruptions (e.g., after the HPI, PMH, PE).

•**Get a commitment.** The learner needs to provide a differential diagnosis and plan **before** the attending does the same. Even if the learner is on the wrong path to the diagnosis, faculty should allow her to pursue her thoughts on the patient.

•**Probe the learner's thinking process.** 'So that was an interesting thought...how did you come up with that idea?' It's not enough for the learner to have the 'right' answer...he needs to explain it.

•**Make a teaching point.** After you have heard the learner and assessed where she is regarding this patient's problems, you can now be more learner-centered to make whatever point or points you think are important based on your interaction. This should be brief and actually can be announced as the 'teaching point.'

•**Provide reinforcing feedback.** Tell the learner what he did well, being very specific. 'I liked the detail on the review of systems you obtained in trying to determine the reason for this patient's fever.'

•**Provide corrective feedback.** Tell the learner what she needs to do to improve her performance next time, again, being very specific. 'I would suggest that you need to be aware of how the family history might impact this patient's HPI.'

•**Future learning objectives.** The session should end on what the learner needs to do to make a future interaction with a similar patient even better. For example, the learner may need to read something that you suggest or practice a PE skill. In either case, the learner needs to validate this with an attending to make certain there has been behavior change or a better understanding of information.

Feel free to contact me for references.

Larrie Greenberg, MD

FACULTY APPOINTMENTS— OCT/NOV

~Full-time Faculty~

Emergency Medicine

Jeremy Brown, MB, assistant professor

Medicine

Raya El Fadel Kheirbek, MS, MD, assistant professor

Ephraim Nsien, MD, assistant professor

Shirin Shafazand, MD, assistant professor

Neurology

Tena La Dawn Rosser, MD, assistant professor; secondary appointment to **Pediatrics**

Pathology

Mariarita Santi, MD, PhD, assistant professor

Pediatrics

William M. Barnes, MA, PhD, assistant research professor

Marybeth Bambino Chitkara, MD, assistant professor

Susan J. Coniglio, MD, assistant professor

Maura Catherine Cooper, MD, assistant professor

Tarik F. Haydar, PhD, assistant professor; secondary appointment to **Pharmacology**

Natella Rakhmanina, MD, assistant professor

Karen Louise Smith, MD, assistant professor

CREATING A NEW TRADITION IN RESEARCH

Beaumont Society Highlights Student Research

The William Beaumont Society is an organization of medical students with a strong interest in research devoted to enhancing the role research plays in the medical education. The William Beaumont Society brings speakers to discuss their research with students, provides information to students about research training opportunities and helps to plan and organize Research Day in the spring. In keeping with the mission of the William Beaumont Society to promote research in education, this monthly column by Society members highlights the research achievements of students enrolled in the School of Medicine and Health Sciences.

Research is second nature to Jeffrey Velotta, MS II. He first got a taste of research as an undergraduate majoring in Physiology at the University of California, Santa Barbara where he studied the mechanistic actions involved in Multiple Sclerosis with Dr. Cynthia Husted, director of the Center for the Study of Neurodegenerative Disorders at the Neuroscience Research Institute and College of Engineering.

After graduation, Velotta began an intensive year of research studying with Dr. Alicia McDonough at the University of Southern California School of Medicine, Department of Physiology and Biophysics. There he gained experience studying cardiac ion channels, examining how the expression of these chan-



Jeffrey Velotta, MS II

nels changed with the drug, Digoxin, and how other ion transporters, in particular urea transporters, were regulated in patients with heart failure and cardiac hypertrophy. These research projects resulted in four publications, *AJP-Cell Physiology*, *Circulation Research*, *Basic Research in Cardiology* and *Experimental Biology*.

Velotta presented the research published in *Circulation Research* in poster and oral sessions at the Federation of American Societies for Experimental Biology conference in 2001. Recently, he presented his research at the 7th Annual Beaumont Society Research Day where he won the first place Don Glew award for best oral presentation.

Currently, Velotta has been studying with Dr. Mark Adkins, director of Cardiac Surgery at The George

Washington University Hospital. He has been investigating the physical parameters of radial arteries harvested for coronary artery bypass graft surgery and how they correlate with post-operative complications. This past summer, he received a Gill Fellowship and he has been continuing it throughout the year despite his busy schedule as a medical student.

“Dr. Adkins has provided me with an incredible clinical experience,” Velotta says. “His dedication and hard work have portrayed a very positive attitude in my mind that has continued to facilitate the

enhancement of my learning and understanding of medicine to a greater degree. As a result of working with Dr. Adkins, my enthusiasm for a career in cardiac surgery has increased dramatically. Not only is he an outstanding mentor, constantly overseeing all of my research, but a superb role model as well. The fact that he has complete trust in me and provided unlimited opportunities for me has proven invaluable.” Velotta and Dr. Adkins are continuing their research and plan to present at the 8th annual William Beaumont Research Day in May 2003.

Researcher Details Progress in Study of Gel to Treat Female Sexual Dysfunction

A GW Medical Center researcher has reported progress in the study of a topical gel containing testosterone as a treatment of female sexual dysfunction. Dr. James A. Simon, clinical professor of obstetrics and gynecology, announced during a recent meeting of The North American Menopause Society, that the BioSante Pharmaceuticals company had initiated a phase II clinical trial of its drug LibiGel.

The trial, being conducted in the United States and Canada, is a double-blind, placebo-controlled study that will enroll approximately 120 patients to determine the effect of LibiGel on women's sexual desire and activity.

The testosterone-laden gel is designed to be quickly absorbed through the skin after application on the arms, shoulders or abdomen, delivering testosterone to the blood stream evenly over time and in a noninvasive and painless manner. Though generally characterized as a male hormone, testosterone also is present in women and its deficiency has been found to decrease libido or sex drive.

Some studies show 43 percent of American women (about 40 million) experience some degree of impaired sexual function. Many are postmenopausal, experiencing problems due to hormonal changes following menopause, whether natural or surgical.



Guided Imagery, Aids Cancer Patients

Guided imagery is a powerful tool that can enhance the healing process. Research has shown that individuals using imagery and relaxation techniques can experience reduced blood pressure, decreased pain and anxiety, as well as reduced adverse effects of chemotherapy, including nausea, fatigue and depression. "These techniques provide a sense of control—they can be applied whenever and wherever we wish to use them—which helps us to feel better and more able to cope with whatever comes our way," says Barbara Apseloff, MSW, with the GW Center for Integrative Medicine.

The Committee—Partners of The George Washington University Medical Center—the GW Cancer Center and Center for Blood Disorders now have audiocassette players available for use while patients are undergoing treat-

ment at the Cancer Center. "We have a variety of relaxation/guided imagery tapes including *Centering in Preparation for Healing*, *Guided Imagery for People Undergoing Chemotherapy*, *Nurturing Your Immune System*, *Relaxation and Imagery for the Person with Cancer* and *Suggestions for General Relaxation*. Patients will find relaxation in the soothing voices and images provided by therapists such as Dr. Lynn Brallier, director of the Stress & Health Management Center on Capitol Hill, and Bellaruth Naparstek, MA, LISW (www.healthjourneys.com). To learn more, contact Barbara Apseloff, MSW, bapseloff@mfa.gwu.edu or 202-741-2218. Individual guided imagery sessions are available through the GW Center for Integrative Medicine www.IntegrativeMedicineDC.com or 202-833-5055.

Corporate Developer Named

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an organization that never had solicited funds in its 130-year history. She has successfully secured funds for general operations of the *American Journal of Public Health*, raised funds for a national initiative to eliminate racial and ethnic disparities in health status, and worked to establish annual giving and corporate sponsorships programs. Ische also served as development director for Capital Children's Museum, revitalizing their development program and in-

creasing revenue streams to where the fund-raising effort was generating over a third of the organization's general operating revenue. She was a development officer at the American Chemical Society and development officer of the American Association for the Advancement of Science, where she was responsible for securing \$12-15 million annually to support their science and technology education and international and public policy programs.

Research Shows Herbs of Little Help in Treating Menopausal Symptoms

Adriane Fugh-Berman, MD, assistant clinical professor in the departments of Medicine and Health Care Sciences, has co-authored a new survey of existing research into whether herbal remedies and other so-called complementary and alternative medicines (CAM) can be of any use in treating menopausal symptoms.

The answer seems to be: not much.

In a roundup of 29 randomized, controlled trials on soy products, herbs and other complementary and alternative products used for menopausal symptoms, she and Columbia researcher Dr. Fred Kronenberg found that black cohosh and foods that contain phytoestrogens, such as soy, show some promise at relieving hot flashes, but they say that clinical trials do not support the use of other herbs or CAM therapies. The article appears in the Nov. 19, 2002, issue of *Annals of Internal Medicine*.

So why do these therapies continue to be so popular?

"There is a very high placebo response in hot flashes," said Dr. Fugh-Berman. "Placebo by itself has more than a 30 percent success rate in reducing reported symptoms. So it's hard for a treatment to beat that."

Well-designed but small trials found that vitamin E, red clover, evening primrose oil, and dong quai were ineffective for hot flashes. Common problems with even these existing studies on CAM use for menopause are that they are small; they often test for only short periods of time, while the herbs or therapies are presumably taken for long periods of time; safety data on long-term use of herbs are inadequate; and herbs and other CAM therapies in the United States lack adequate product quality control.

Although they may be ineffective, Dr. Fugh-Berman says there is little evidence to suggest these therapies do any harm. "Herbs and similar remedies seem relatively benign and it's difficult to say that about hormone replacement therapy."

Dr. Fugh-Berman is part of the National Women's Health Network, a consortium of researchers that recently published *The Truth About Hormone Replacement Therapy*, a book critical of hormone therapy as a treatment for menopause.

This is the final issue of *Progress* for 2002.

The staff of *Progress* and the Office of Communications and Marketing extends best wishes during the holiday season and looks forward to 2003.

Watch for the Winter 2003 issue of *GW Medicine & Health* magazine, featuring articles on students, alumni, faculty, staff and emerging healthcare trends.

Advice Offered for Meningitis, Symptoms Can Mirror Flu

With the flu season upon us, it's important to recognize another infectious disease, meningitis, that also pops up at this time of year and can seem similar to influenza. There are two types of meningitis, according to Dr. Jehan "Gigi" El Bayoumi, viral and bacterial. Bacterial is the more severe.

"Bacterial meningitis is a potentially life-threatening illness that can affect everyone," says Dr. El Bayoumi. "But, there are certain groups that are at higher risk, such as people with chronic diseases, children under age five, the elderly and young adults when they are in confined situations such as military barracks or dorms."



Dr. Jehan El-Bayoumi

The problem with diagnosis is that it's often tough to distinguish between the two types of meningitis.

"It can be difficult to distinguish bacterial vs. viral meningitis. The symptoms can be

identical. High fever, chills, headache, stiff neck, nausea, vomiting, confusion and skin rash. Also, some of these symptoms are the same as the flu and it can be difficult to distinguish meningitis from the flu."

Dr. El Bayoumi says the headaches and stiff neck associated with meningitis are severe and are usually the deciding factor in a diagnosis.

According to Dr. El Bayoumi, treatments are different. "Viral meningitis is a self-limited illness that is treated symptomatically. Bacterial meningitis requires intravenous antibiotics. If we suspect a bacterial case, patients need to undergo a spi-

nal tap. A needle is inserted into the lower back where a small amount of fluid is withdrawn from the spinal canal. The fluid is then analyzed for bacteria."

Dr. El Bayoumi says if someone is diagnosed with bacterial meningitis, then all those who have come in contact with that person have to begin a course of antibiotic treatment.

There is a vaccine available for a particularly deadly bacterial strain, and many universities suggest that entering freshman get vaccinated. But the caution is the vaccine only covers certain strains. The vaccine is also recommended in some cases for travelers.

Exercise Experts Help Avoid Extra Pounds, Bulges During the Holiday Season

The cold and shortened days, the eggnog and the big feasts all seem to conspire against us when it comes to getting enough exercise and eating right during the holiday season. So it's no wonder that folks gain an average of 10 pounds or more this time of year.

"People naturally tend to be less physically active in colder, darker time of the year. And the holidays usually mean more parties where you're looking at a table full of food and desserts," says Dr. Larry Hamm, associate professor

of Exercise Science at GW Medical Center. "But when you become conscious of this, you can take steps to minimize the damage."

Rather than cloistering yourself from holiday festivities, Dr. Hamm suggests eating healthier offerings and smaller portions at any given party.

"You're going to be eating more frequently," says Dr. Hamm. "But you can try to limit the size of your meal at each event."

As for exercise, Dr. Hamm suggests indoor sports like racquetball and basketball for

those who don't want to brave the cold weather for outdoor sports.

"There are plenty of indoor sports," he says. "And it's good to vary your forms of exercise throughout the year anyway. It keeps you from getting bored."

Experts say those who do venture outside to exercise get the added benefit of burning a few extra calories, since your body is spending extra energy to stay warm.

In the end, Dr. Hamm says don't beat yourself up if January rolls around and you've gained a few pounds. And more importantly, he says, don't set unrealistic timetables for taking off the pounds.

"Some people make New Year's resolutions that they're going to take off all the extra weight they gained in a few weeks or a month," he says. "It's more realistic and safe to plan to do it in three months or more."

Awards & Recognition

Hany Z. Aly, MD, was chosen winner of the 2002 Patient Safety Award in recognition of his work to improve newborn care by lowering the infection rates in the NICU. The Patient Safety Award is one of three prestigious awards presented at the District of Columbia Hospital Association (DCHA) Annual Banquet.

Harold Eist, MD, clinical professor of Psychiatry, received Honorary Membership at the World Psychiatric Association's (WPA) meeting in Yokohama, Japan, which is "conferred by the General Assembly upon individuals who have excelled in their service to the WPA." He was also appointed Chair of the WPA Standing Committee on Review. The Committee is to review complaints and allegations, and initiate investigations concerning the abuse of psychiatry around the world."

Barton Evans, PhD, clinical professor of Psychiatry, was elected as Fellow to the Society for Personality Assessment. He co-authored two articles in the *Journal of Forensic Psychology Practice* (2002), Vol. 2(3) on the legal admissibility of 1) The Rorschach (Gacono, Evans & Viglione) and 2) the Hare Psychopathy Checklist-Revised (Gacono, Loving, Evans & Jumes).

Dr. Tee L. Guidotti received an unexpected honor Oct. 7 at the 2002 Annual Meeting of the Occupational and Environmental Medical Association of Canada in Montréal when he was

awarded the Meritorious Service Award by his peers. Although his other achievements during a 14-year career in Canada at the University of Alberta were acknowledged, one was singled out—the establishment of Canada's first Royal College-approved specialty training program in occupational medicine which has also become Canada's largest. At any one time, the fellowship training program includes five to seven residents, each training for a total of five training years in preparation for occupational medicine practice and the examinations for the Royal College specialty fellowship (equivalent to board certification).

Christina Puchalski, MD, FACP, an internist with a focus in geriatrics and palliative care as well as general internal medicine, has been elected a Fellow of the American College of Physicians-American Society of Internal Medicine (ACP-ASIM), the society of internists. The distinction recognizes achievements in internal medicine, the specialty of adult medical care. Dr. Puchalski was elected upon the recommendation of peers and the review of ACP-ASIM's credentials subcommittee. She may now use the letters "FACP" after her name. Dr. Puchalski is an

assistant professor, Departments of Medicine and Health Care Sciences, and founder and director of The George Washington Institute for Spirituality and Health (GWish), a center that develops educational, clinical, and research programs for physicians and other healthcare professionals regarding the role of spirituality and health in medicine.

Omega Cecile Logan Silva, MD, FACP, Professor Emeritus of Medicine, was elected to Mastership with the American College of Physicians-American Society of Internal Medicine. Dr. Silva was selected from among a number of distinguished candidates and will be recognized at the Convocation in April 2003.

Richard Southby, PhD, interim dean, School of Public Health and Health Services, was elected a Fellow of the Royal Institute of Public Health, in London. The Institute is dedicated to promoting public health through education, training, communication, quality testing and policy development. The Patron of the Institute is Her Majesty Queen Elizabeth II.

Neil Williams, MD, assistant professor, Psychiatry, and course director, Human Sexuality Section of the Introduction to Clinical Medicine, recently won six gold medals at

Gay Games VI: Sydney 2002. At the games, Dr. Williams competed in swimming at the Sydney Aquatic Center in Olympic Park and represented the District of Columbia Aquatics Club. He won four golds in individual events and two golds in relays along with a silver and bronze.

Academia

Antonia Baum, MD, assistant clinical professor of Psychiatry, has an overview article on sport psychiatry coming out in the December issue of *Current Psychiatry* titled "Sports Psychiatry." She also had a symposium accepted for the 2003 Annual Meeting of the APA titled "Pathological Body Sculpting in the Athlete."

James Cawley, MPH, PA-C, director of the PA/MPH program and professor of Prevention and Community Health in SPHHS, was elected president of the Association of Physician Assistant Programs.

Tsung O. Cheng, MD, professor of Medicine (Cardiology), served as a visiting professor in the Chinese University of Hong Kong in Hong Kong and the Capital University of Medical Sciences in Beijing while on an extended lecturing journey in China. He also was an honorary professor at the Shanghai Second Medical University, Shanghai, and an honorary director of Guangdong Cardiovascular Institute, Guangzhou.

David B. Doman, MD, FACP, FACG, clinical professor of Medicine, Division of Gastroenterology, recently



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served as the course director and faculty member of the Update in Gastroenterology 2002 14 CME-hour course held during an Alaskan cruise on the MS Statendam.

E. James Lieberman, MD, clinical professor of Psychiatry, was appointed editor of the Sigmund Freud - Otto Rank correspondence, about 220 unpublished letters from 1905 to 1928. According to Dr. Lieberman, the project should take about two years, resulting in English and German (original) editions.

Richard Ratner, MD, clinical professor of Psychiatry, wrote the chapter on "Ethics" in the new issue of *Child and Adolescent Psychiatric Clinics of North America* (on Forensic Psychiatry) edited by **Lee Haller, MD**, associate clinical professor of Psychiatry. Dr. Ratner also was interviewed on CBS' Morning Show and News Channel 8.

Richard Skolnik, MPH, director of the GW Center for Global Health in SPHHS, has been named to the Technical Review Panel of the Global Fund for AIDS, TB and malaria. Skolnik is one of the 22 panel members who were selected from among 600 nominations submitted throughout the world. Skolnik is one of only six "cross cutting" specialists with broad experience in health and development. The panel met recently in November to review proposals for Global Fund financing.

Eliot Sorel, MD, clinical professor of Psychiatry, pre-

sented at the Conflict Management and Conflict Resolution Section of the WPA in Yokohama, Japan. The presentations included the First Eugene Wolpert Memorial Symposium on Quality Assurance; Violence, Severe/Untreated Psychiatric Disorders, Human Rights and the Media; and, Violence Prevention and the Healing of Trauma.

Jane Halton, Secretary of the Australian Department of Health and Ageing visited the School of Public Health and Health Services. Interim Dean Dr. Richard Southby, a fellow Australian, gave Ms. Halton an overview of the School and the Medical Center and showed her the facilities. They discussed common issues in healthcare in Australia and the United States and hope to develop further linkages between the two countries in the future.

Peter J. Hotez, MD, PhD, professor and chairman of Microbiology and Tropical Medicine, in November lectured on hookworm vaccines for the 100th Centennial Celebration of the PanAmerican Health Organization. The opening address was given by Sir George AO Alleyne, Anthony Fauci and Cirrode Quadros.

Round of Applause

In the News

Rachel Brem, MD, director, Breast Imaging and Intervention, recently was named among the 10 "Women to Watch" by *Jewish Woman* magazine. Dr. Brem was cited for her contributions to the field of breast cancer research and the founding of a breast-imaging center at Israel's Hadassah Hospital. She was honored in November at a gala luncheon and symposium.

David Charney, MD, associate clinical professor of Psychiatry, is quoted extensively in *Spy*, the new book by David Wise on the Robert Hanssen spy case.

Adriane Fugh-Berman, MD, assistant clinical professor in Medicine and Health Care Sciences, was quoted in the *New York Times* and *The Washington Post* about her new study showing the limited usefulness of herbal remedies and other alternative medicines in treating hot flashes.

Frederick Goodwin, MD, director of the Center on Neuroscience, Medical Progress and Society, was quoted in *Pain & Central Nervous System Week*, *Drug Week* and *Biotech Week* regarding bipolar disorder drugs.

Stanley Greenspan, MD, clinical professor of psychiatry and pediatrics, and noted

child development researcher has recently published a new book, *The Secure Child: Helping Children Feel Safe and Confident in an Insecure World*

Larry F. Hamm, PhD, associate professor of Exercise Science and chairperson for one of the subcommittees for the American College of Sports Medicine's Committee on Certification and Registry Boards, was interviewed by CBS Evening News regarding the academic training and certification of fitness professionals working in health and fitness clubs. The interview and video from one of the Exercise Science graduate courses appeared in CBS' *Eye of America* segment Dec. 2.

Daniel Lieberman, MD, director of clinical services, Psychiatry, was pictured and quoted extensively in *The Washington Post* business section Oct. 29 regarding managed care meeting mental health with mixed results.

Arthur Frank, MD, GW's Weight Management Center, recently was interviewed on *C-Span* regarding obesity.

U.S. News and World Report featured an article on GW Medical Center's new simulation technology, which allows for lifelike recreations of surgical procedures.

Muhiuddin Haider, PhD, professor, SPHHS, was on the six member expert panel commissioned by the BioPort Corporation to assess the state of preparedness against another anthrax attack and to gain consensus on the future

Going Global

International Projects Database Available

Once again it is time for the International Projects database to be updated and to produce the 2003 International Activities Catalog. The catalog serves departments and introduces clients to the wide range of international activities available at GWUMC.

GWUMC is committed to improving the health and well being of the greater global population and has made extraordinary and lasting contributions in this capacity. The Medical Center's approach to improving the health of people around the world is comprehensive in scope: giving medical care and supplies to the underserved, providing education and training for ongoing sustainability, conducting research and analysis to achieve long term and lasting improvements to global health problems and providing timely assistance during mass crisis situations. GWUMC also has a strong tradition of working collaboratively with the external organizations and countries and recognizes that learning flows both ways.



GWUMC effectively implements this approach to international programs through its organization structure—which includes a SMHS, SPHHS, GW Hospital and MFA. In addition, the medical center has three entities focused specifically on international endeavors: Center for Global Health, the Office of International Medicine Programs and The Ronald Reagan Institute of Emergency Medicine. As a result, GWUMC has significant institutional, individual, educational, research, healthcare, management and operational resource capacities upon which to draw.

In ten years, GWUMC has established international partnerships and programs involving more than 70 countries. The database catalogs these activities and partnerships. Copies of the catalog are available at the Office of International Medicine Programs at (202) 994-2796.



Dr. Hany Aly, second from right, recently was honored by Mayor Anthony Williams. Pictured above, at the celebration are, Channel 4 News anchor Doreen Gentzler, Sibley Hospital CEO Robert Sloan, Mayor Williams, Dr. Aly and DCHA President Robert Malson.

Round of Applause

Continued from page 9

role of the anthrax vaccine, as reported by PR Newswire.

Michael Houston, MD, recently was quoted in an article appearing in *The Washington Post*.

Fitzhugh Mullan, MD, clinical professor, Pediatrics and Public Health, and his book *Big Doctoring in America: Profiles in Primary Care* were profiled in *The Washington Post*.

Dr. Jerrold Post, professor of Psychiatry, was interviewed on NBC Nightly News and ABC Nightline about profiling and Iraq issues.

Sara Rosenbaum, PhD, JD, interim chair of the Department of Health Policy, was quoted by *U.S. Newswire* regarding the growing challenges facing community health centers.

Fred Solomon, MD, clinical professor of Psychiatry, was quoted in a recent article in *The Washington Post*.

Laura Lowe Tosi, MD, associate professor of Ortho-

paedic Surgery, was quoted in *Women's Health Weekly* regarding osteoporosis.

Adrian Tyson, Fullbright Scholar with the Department of Environmental and Occupational Health, presented a lecture on "The Investigation of Deaths in a Healthcare Environment in the United States and United Kingdom. As noted in a prior issue of *Progress*, his research focuses on examining protocols for medically related deaths in the UK that are referred to police. He also is investigating how police in the U.S. respond to deaths that are the result of medically related practices.

Karen Weihs, MD, associate professor of Psychiatry and director of Clinical Trials, was featured on Channel 9 News about generalized anxiety relative to the sniper attacks.

Washingtonian magazine recently published their top docs ... more in the next issue of *Progress*.

Inclement weather and GWUMC status is updated as needed—check www.gwumc.edu and click on the status button.

SMHS students should call 202-994-3501 for information.

SPHHS students should call 202-994-5050 for information.

PT students should call 202-994-5050.

Consult the inclement weather policy for clarification and further information.

In Memoriam

Roy Hertz

Roy Hertz, MD, Professor Emeritus of Pharmacology, died Oct. 28 of congestive heart failure at his home in Hollywood, Maryland. Dr. Hertz was internationally recognized for his groundbreaking discoveries on the cure of metastatic choriocarcinoma and related trophoblastic tumors by means of chemotherapy. His use of high doses of the folic acid antagonist methotrexate, represented the first instance of the cure of a human tumor using drugs. This achievement ultimately led to the virtual elimination of mortality from choriocarcinoma in the U.S., and has avoided the necessity of hysterectomy for these patients. Dr. Hertz' work also led to the creation of birth control pills.

Among his many honors were his membership in the National Academy of Sciences, the select 1972 Albert Lasker Award for Clinical Research and the 1996 Fred Conrad Koch Award. He was twice

nominated for the Nobel Prize.

Dr. Hertz was a major figure at the National Institutes of Health (NIH) where he began his career at the National Cancer Institute in 1946. In 1956 he became chief of the Research Medicine Branch and in 1953 he headed the Endocrinology Branch. In 1965 he moved to the National Institute of Child Health and Human Development as scientific director and chief of the Reproduction Research Branch. Throughout this time, he has had a long association with GW Medical Center as assistant clinical professor of Medicine from 1948-66 and later as professor of Obstetrics and Gynecology. In 1973, he began a 10-year appointment as research professor of Pharmacology, and of Obstetrics and Gynecology and in 1984 he was named an Emeritus Professor.

He participated actively in the research activities of GW's Department of Pharmacology, where he mentored two graduate stu-

dents for their doctorates and participated in the teaching of medical and graduate students. His work in the department concerned issues on human reproduction, the role of estrogens, antifertility drugs and oral contraceptives.

"In addition to his distinguished scientific and medical achievements, Roy was a most admired and highly respected faculty member of the Pharmacology Department," said H. George Mandel, PhD, professor of Pharmacology. "He was easily approachable as a colleague, had a delightful sense of humor, and radiated warm friendship to all of us. His presence added enormously to the spirit and cooperation within the Department."

He was predeceased by his first wife Pearl in 1962 and his second wife Toby Oberdorfer Hertz, who died 11 days prior to Dr. Hertz. He is survived by two children from his first marriage, two stepchildren, 13 grandchildren and nine great-grandchildren.

Benjamin P. Lafsky

Benjamin P. Lafsky, MD, Staff Emeritus at GW and Holy Cross Hospitals, died Nov. 18 of a heart ailment at the Tall Oaks assisted living facility in Reston, Virginia. Dr. Lafsky maintained an allergy and internal medicine practice based in the Washington metropolitan area for 50 years. He received his undergraduate and medical degrees from The George Washington University and completed his internship and residency at the former Gallinger Hospital.

In addition to GW, Dr. Lafsky served in the Army reserve and was stationed in the Pacific during World War II—temporarily leaving his practice. After the war, he returned to his practice. He was a member of the D.C. Medical Society, American Academy of Allergy and American College of Allergists. He is survived by his wife Ruth, a son, a sister and three grandchildren.

SPHHS Garners 5-Year Accreditation

Continued from page 1

riculum, faculty recruitment, research, student services, alumni relations and organizational structure during the past 18 months."

Dr. Southby said there were many components that went into the success-

ful site visit, including tremendous contributions from faculty, staff, student and alumni groups. He credited Senior Associate Dean Dan Hoffman and Ann Goldman for their tireless efforts over the past 12 months. "Without these commitments, the site visit during the sum-

mer, and the subsequent decision by the Council, would not have been possible. This re-accreditation confirms that the School is moving in the right direction to become a national and global leader in public health and health services education, research and service."

Upward Bound Students Enjoy Success

“Success is in the air and I give credit to the Upward Bound experience for the smooth transition my daughter is having at Savannah State University,” says Claressa Lloyd, an Upward Bound parent. The great news, according to Upward Bound Director Claudia Nichols, is that all 15 program graduates are currently enrolled in colleges and universities locally and in several states. Upward Bound, a pre-college initiative funded by the U.S. Department of Education in 1999, presently enrolls 50 students from Eastern, Spingarn, Woodson and M.M. Washington high schools in the District. Its goal is to increase the high school graduation and college matriculation rates of students from low-income backgrounds and those who represent the first generation in their families to attend college. “Our success would not have been possible without the generous support and assistance of the GW community,” says Nichols.

Upward Bound participants prepare for college by attending classes in English, mathematics, science, computers and SAT Prep while participating in college readiness workshops, community service projects and seminars on careers in public allied, behavioral and occupational health. They also visit colleges and universities. In the summer, students live in Thurston Hall and take courses that give them a “jumpstart” for the next higher grade.



During summer months, Upward Bound students hone skills to prepare them for future success at college. Above, Claressa Lloyd works with her daughter Devin on the computer component.

Students currently enrolled in college include: Reina Brown, Morgan State University; Courtney Davis, University of the District of Columbia; Myia Flemmings, West Virginia State College; Kristina Harris, Prince George’s Community College; John Kirby, Temple University; Roycia Lawrence, Mary Washington College; Siobhan Lloyd, Savannah State University; Felicia Nedab, University of the District of Columbia; Emil Norris, Art Institute of Washington; Ava Poindexter, Central State University; Elijah Robinson, Virginia State University; Roslynn Whitmire, Trinity College; Malcom Wilkerson, Sophomore, Virginia State University; Dietrich Williams, Sophomore, Benedict College; and Marquies Willis, University of Maryland-Eastern Shore.

Small Pox Vaccination Plan Detailed

Continued from page 1

Is the current approach a prudent one?

It makes sense to vaccinate the front-line health care providers because they will have to treat the infected individuals, should an attack occur. Thus, if healthcare providers are expected to treat those infected with smallpox, then they should be given the opportunity to be vaccinated against the deadly disease.

The potentially serious side effects of the vaccine can be minimized by properly screening the vaccination candidates. The immunocompromised and others with conditions that could make them vulnerable to complications associated with the live vaccinia virus, should not be vaccinated in a pre-event scenario.

Given the current climate of potential war against Iraq, how real is the threat?

Though it is impossible to accurately predict the current threat to the United States without access to the classified information provided to the President, we do know that the lack of security of the Russian biological weapons stockpile is a concern. It is also disturbing that weapons scientists from the former Soviet Union could be working for rogue nations and terrorist groups in an effort to build that their biological weapons program.

In the face of a potential war with Iraq, Israel is taking no chances and is vac-

inating its healthcare workforce against smallpox.

This vaccination program will serve as a useful model to the U.S. as the President determines what our prevent smallpox vaccination strategy will be.

Are hospitals, communities etc. really prepared for smallpox?

Because no healthcare provider in the United States has treated a patient infected with smallpox in the past 30 years, the nation’s hospitals and clinics must re-train personnel to recognize the signs and symptoms of the disease, and to be able to implement the proper vaccination procedure. An entire generation of healthcare providers has not seen the devastating consequences of smallpox; and specialized training and education of this group is essential.

Managers of all healthcare facilities should consult the Smallpox Vaccination Clinic Guide from the Department of Health and Human Services, and available online at www.cdc.gov, to understand the federal government’s strategy for vaccinating a large population following an attack.

Healthcare providers should understand that one infected individual represents a major public health emergency and a plan may have to be implemented immediately following the recognition of a smallpox case to stop the spread of the contagious disease.

IMHI RETHINKS Keeping Holiday Blues Away

While most people think of the holidays as a happy time, for many people the holidays can be stressful. People return to their family systems where old dramas are played out, old feelings are tapped and those old behaviors that may have caused edginess are exhibited once again.

Suzanne Stutman, MA, MSW, BCD director of the SPHHS' Institute for Mental Health Initiatives (IMHI) and assistant research professor in the Department of Health Services, Management and Leadership (HSML) has good news. According to Stutman, despite the stress, there are tools people can use to help them have a wonderful time and make this the best holiday season ever.

Stutman suggests an anger-management program developed by IMHI to help people deal with frustrating family dynamics and behaviors—RETHINK®. The RETHINK® Program includes seven actions to help manage difficult feelings:

R—RECOGNIZE your feelings

E—EMPATHIZE with the other

T—THINK before you act; learn to reframe the situation

H—HEAR or listen with empathy

I—INTEGRATE respect

N—NOTICE how your body feels and how to calm yourself

K—KEEP your focus on solving the present problem

Stutman says that these tips can be used in any order and can do wonders in helping to channel angry feelings, so that everyone can enjoy the holiday experience. It's especially helpful when visiting family over the holidays.

"Make sure to set boundaries and think about what makes you happy and how you can achieve this end," says Stutman. "Pay particular attention to how you can avoid being pulled into old family dynamics. Think about what the 'triggers' are—that is what people say to stimulate your bad feelings. If you can recognize what triggers your negative feelings," says

Stutman, "you have made one step in the right direction."

She also suggests having empathy for others and listening to what the other person is trying to say to avoid being drawn into conflicts.

"People have lots of expectations and wishes for the perfect holiday," says Stutman. "While it looks like everyone else around you is having a perfect holiday, the truth is that most families coming together have stress and strain. It is important to put your feelings into the context of, 'It may not be perfect, but I will try to make this holiday the best it can be.'"

For people without family and friends, Stutman says

there are still ways to avoid loneliness and make your holiday special, too. She suggests a couple of alternatives for reaching out, including volunteerism in the community or connections through a religious institution.

"You need to take care of yourself and also focus on what you *have* in your life and what you are grateful for.

"Depression and anxiety are fed by how we think," Stutman says. "We need to ask ourselves, 'how we can use these skills to make this holiday better?'"

For more information on RETHINK® or IMHI and its other programs, please visit the web site at www.imhi.org.

Creating a New Tradition in Scholarship



Dr. Bernard and Mildred Seigel Katzen congratulate Daniel Arrington on receiving the first ann Dr. Bernard and Mildred Seigel Katzen Medical Education Award. The award was established by Harvey Katzen, MD '75, in honor of his parents. It will be awarded annually to a first-year medical student of exemplary achievement. Arrington is a first-year medical student from Ogden, Utah. Pictured above are, from left, Mildren Katzen, BA '46; Bernard Katzen, MD '38; Arrington; Harvey Katzen; Associate Dean W. Scott Schroth, MD, MPH; and Associate Dean Brian McGrath, MD.

National Public Health Expert Kicks Off Health Policy Series

SPHHS' new Department of Health Policy in November held its inaugural session of its "Life in Health Policy" speaker series. This seminar series, designed for SPHHS and medical students and GWUMC faculty and staff, brings to campus a distinguished speaker who has made a significantly major contribution to health policy. The first speaker was Dr. Edward Brandt, Regents Professor and chair of the Department of Health Administration and Policy at the University of Oklahoma, who, among other positions in his long and distinguished career, served as Assistant Secretary for Health under President Ronald Reagan from 1981 through 1984. During his tenure, the U.S. saw the emergence of the AIDS epidemic, putting Dr. Brandt at the epicenter of the most important public health policy in the U.S. As a result, he played a significant role in developing the initial U.S. health response to the epidemic.

Sara Rosenbaum, JD, interim chair and Hirsh professor, indicated that Dr. Brandt, in creating HIV/AIDS health policy, combined public health *and* health services policy—a perspective that is the hallmark of the department's health policy program.

Dr. Brandt discussed how, as assistant secretary for health, he ran the U.S. Public Health Service, including NIH, the CDC, the FDA and the Health Services Adminis-

tration, among other agencies. He came to the Department of Health and Human Services with an interest in prevention; however, shortly after his arrival, a "strange disorder" emerged, which was ultimately named Acquired Immune Deficiency Syndrome (AIDS).

Dr. Brandt discussed how public health and health services policy surrounding this disease was developed. He indicated that, when AIDS first emerged, while public health officials knew they had an epidemic on their hands, at the time, only homosexual men and IV drug users were identified as populations at high risk for contracting the disease. With a conservative White House and Senate, Dr. Brandt recounted the challenges he had in formulating health policy regarding a disease affecting such populations. In fact, the concern was relatively low until a premature baby became infected with AIDS through a blood transfusion, raising the bigger problem of an infected blood supply with no extant screening test.

It was then that the immediate need for public health policy became apparent. Facing a critical shortage of blood and a disease of unknown origin, Dr. Brandt looked at the Swine Flu epidemic of the 1970s and the polio epidemic as examples. Following the strategy used to deal with polio, Dr. Brandt tried to keep the policy-making process

apolitical. As a result, the White House was not involved in the policy discussions and the role of Congress was largely limited to providing funding for research. However, as Dr. Brandt pointed out, this funding for health services research became the building block for health policy decision making.

Due to the national crisis, Dr. Brandt called for an expedited review of all articles related to AIDS and the public announcement of any scientific findings as soon as an article had undergone peer review and was accepted for publication. It was through this process that the cause of AIDS was identified as a retrovirus. Until a study was released that likened AIDS to feline leukemia, no one had considered a retrovirus as a potential cause. Once scientists began looking at retroviruses, they figured out the cause fairly rapidly. As one of Dr. Brandt's last actions in office, he approved a blood test for HIV.

Dr. Brandt discussed the importance, from a policy-making perspective, of putting out the best evidence available as fast as possible. "This is necessary to ensure that policy decisions are based on scientific evidence rather than knee-jerk reactions."

At the same time Dr. Brandt was dealing with the AIDS epidemic, he was also faced with several other health crises, including the deliberate tainting of Tylenol

capsules with cyanide and the emergence of Rye Syndrome in children who had been given aspirin during the chicken pox or the flu.

Dr. Brandt also ushered in a new era in women's health. Known as the "Godfather of women's health," Dr. Brandt commissioned the first-ever study of women's health "that didn't deal with the breast or the pelvis." His study focused on the heart, lungs and the brain and resulted in the first major women's health conference.

Dr. Brandt also discussed the fear of a smallpox epidemic in this country and whether first responders and the general public should be vaccinated against smallpox. He indicated that it was a major decision with wide-ranging ramifications. While he thinks the public health system is ready to deal with the smallpox *illness*, he does not think it is ready to deal with the *people* and the widespread panic he anticipates at the first sign of smallpox infection. He also suggested that there has been too much focus on smallpox and not enough on other bioterror threats, such as the Ebola virus.

For more information on the GW Department of Health Policy or the "Life in Health Policy" Series, please visit www.gwhealthpolicy.org.

SPHHS Office Offers Services, Experience

The newly created Office of Faculty and Student Services for the School of Public Health and Health Services (SPHHS) was created to improve the resources and services to students and faculty.

The Office of Student Academic and Career Development Services was created in August 2002 and consists of three staff members, Chin Choo Hew, Jim Miller and Mallory Boyd. Hew has 15 years' background working in higher education, first as an admissions representative, later as assistant director of financial aid, and most recently, as the director of student services. Boyd comes to GWUMC from Long Island University in Brooklyn, New York, where she worked in career services as a graduate student career counselor. Jim Miller hails from GW's Graduate School of Education where he was the assistant director of admissions. He has a master's degree in student affairs in higher education from Indiana University of Pennsylvania. The trio is prepared to handle questions specific to probation, provisional admits, academic advising for core courses, graduate administrative assistantships, and alumni affairs. They also handle event planning and career development services for the SPHHS.

Some of the events offered this fall were the SPHHS Orientation, the SPHHS t-shirt sale/coffee breaks and the SPHHS student/alumni reception at the American Public Health Association Convention in Philadelphia. Alumni are an important part of the School and the newly created office plans to extend the relationship to create other activities that can bring the alumni and the students together in a meaningful way. They also hope to involve alumni in many of the SPHHS upcoming events and activities.

The office staff also offers career makeovers, resume reviews, mock interviews, career development workshops for students and one-on-one career consulting services. Through November 2002, they offered more than 100 one-on-one career consulting services to students and nearly twice as many consulting services specific to other issues and to questions.

In the spring semester, they will be handling the SPHHS Commencement and co-sponsoring the SPHHS International Night and *Career Now!* events. They encourage students to earmark their calendars and attend two important events: as part of *Career Now!* are *Careers with Community, State, Federal, Profit and Non-Profit agencies: Where do I fit in with a background in Public Health or Health Services?*, and *Stepping Stones: How SPHHS Alumni Got to Where They Are in Their Fields*. Information about these events or any of the services listed above is available by calling (202)994-5407/2632.

CREATING A NEW TRADITION IN PUBLIC HEALTH



WJLA Channel 7 reporter Kathy Fowler speaks with Dr. Muhiuddin Haider, PhD, SPHHS global health professor, and James Banta, MD, MPH, FACPM, left, interim chair, SPHHS Department of Global Health, following a presentation to SPHHS students by Fowler.

FACULTY APPOINTMENTS

Continued from page 4

Radiology

Elizabeth A. Ignacio, MD, instructor

Surgery

Marc Margolis, MB, assistant professor

~Part-time Faculty~

Emergency Medicine

Dawn Marie Thornton, MD, assistant clinical professor
Health Care Sciences

Erik Karl Henricson, MPH, adjunct instructor

Michael Kurt Kuegler, MA, adjunct instructor

Louis Edward McDonald, MBA, adjunct assistant professor

Health Services Management and Leadership

Ivan C.A. Walks, MD, adjunct associate professor

Obstetrics and Gynecology

Samantha D. Buery-Joyner, MD, assistant clinical professor
Orthopaedic Surgery

Carl Charles MacCartee, MD, associate clinical professor

Pathology

Donald Earl Henson, MD, clinical professor

Janice Marie Sigmon, MA, adjunct assistant professor
Pediatrics

George L. Askew, MD, assistant clinical professor

Lorraine Marasco Schratz, MD, assistant clinical professor
Psychiatry and Behavioral Sciences

Barry L. Fisher, MD, assistant clinical professor

Mary R. Lee, MD, assistant clinical professor

Ellen G. McDaniel, MD, associate clinical professor

Barrie M. Seidman, MSW, assistant clinical professor

Vera C. Sky, MSW, assistant clinical professor

Wendy Joan Zack, MSW, assistant clinical professor

Radiology

Oscar Bronsther, MD, clinical professor

The Washington Post published on November 26 the following letter to the editor from Vice President for Health Affairs and School of Medicine and Health Sciences Dean Dr. John F. Williams and GW Hospital CEO Dan McLean. The authors sought to weigh in on the recent troubles at Greater Southeast Community Hospital, and to provide ideas on how to face the ongoing challenge to the local health care system.

"Saving Health Care in the District"

The financial problems of Greater Southeast Community Hospital have amplified a crisis that city and health care leaders can no longer afford to ignore. Every effort should be made to save Greater Southeast, but saving one hospital from closing is not enough.

The system for delivering critical and emergency care in the District is seriously strained. Our patients are sicker, and their hospital stays are longer. Yet the number of critical care patients overwhelms the number of critical care beds. This situation has worsened with recent hospital closings in the District, and the loss of Greater Southeast would exacerbate the problem.

Solutions won't come without a price tag. As a first step, the city must make a financial commitment to either help Greater Southeast stay open or to compensate providers in the private sector and in community clinics.

City leaders then should seek input from all medical care providers to identify the needs of our population so we can achieve a long-term solution. We need to be creative in our approach. This is a time for unity and leadership. Benign neglect is not an option.

GWUMC Mission

As a leader in health services, education and research, we strive to set standards of excellence by:

- providing exemplary and innovative teaching programs that produce health professionals trained and prepared for the future
- generating and expanding health knowledge through superior programs in basic science, health policy and applied research
- delivering compassionate, high-quality and patient-focused clinical care
- improving the health and well-being of our local, regional, national and international community

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