

## SPHHS Department of Health Policy Weighs in on Medicare Bill

As one of its final acts of 2003, Congress passed historic legislation to answer the outcry over high prescription drug costs. The Medicare bill, signed into law by President George W. Bush, gives the 40 million Americans on Medicare some federal relief in defraying prescription drug expenses while opening up the program to market forces.

Sara Rosenbaum, JD, Hirsh Professor and chair of the Department of Health Policy in the School of Public Health and Health Services, called the Medicare bill a “watershed event in Medicare’s history.”

“The legislation adds a modest but important outpatient prescription drug benefit as a coverage option for some 40 million Medicare beneficiaries while at the same time potentially curtailing more extended coverage for the poorest and sickest beneficiaries eligible for both Medicare and Medicaid.”

The prescription drug benefit part of the bill, set to begin in three years, has an estimated price tag of \$400 billion in the first decade alone. Up until this legislation, Medicare covered only medicine that patients were given in the hospital but not prescription drugs taken at home. Patients can get subsidies for prescription drugs either through separately purchased private insurance policies for drugs or

through preferred provider organizations (PPO, HMO) or private health plans that provide them with the rest of their healthcare. The coverage carries with it a monthly premium and an annual deductible. However, Medicare patients with low incomes would get supplemental help and would not have to pay the premiums or deductibles.

Warren Greenberg, PhD, professor of Health Economics in the Department of Health Policy, believes this new drug benefit is “poor on benefits and poor on cost containment.”

The legislation gives an incentive to employers if they provide drug coverage to retired workers and provides a subsidy so they will be less likely to drop those incentives once the new federal prescription benefits kick in.

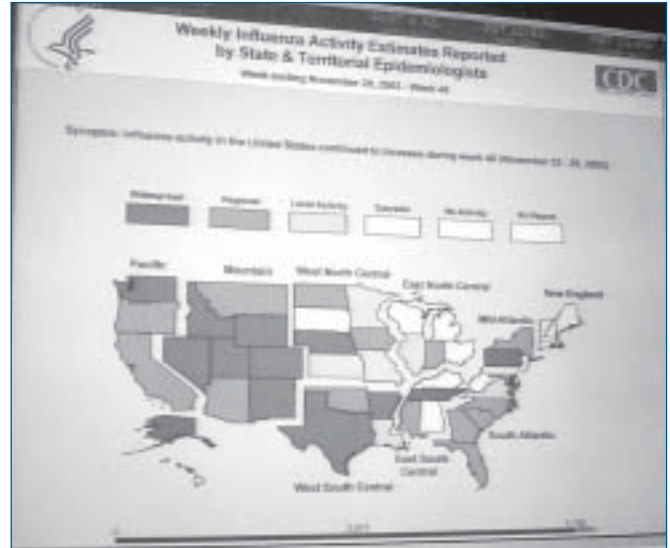
While the prescription drug benefits in the new bill have

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*This is the final issue of Progress for the 2003 year.*



The U.S. Department of Health and Human Services (HHS) is closely monitoring the flu activity throughout the country at the HHS Command Center. GWUMC leaders joined former Assistant Secretary Jerome Hauer for a tour of the Command Center December 10 as part of GW's leadership in the emergency preparedness arena. *Story on page 3.*

## Officials Warn of Tough Flu Season

The warnings are ominous. On the record, health officials say early indicators point to a dangerous flu season. For one thing, cases are being reported earlier than normal this year, and deaths have already been attributed to complications from the flu. Former Assistant Secretary of Health Jerry Hauer, now director of the Response to Emergencies and Disasters Institute (READI) at GW, says this year's flu season will provide some big challenges for the nation's healthcare system.

“This year's strain of flu is particularly virulent. In addition, it's emerging early

and is known to be more lethal.”

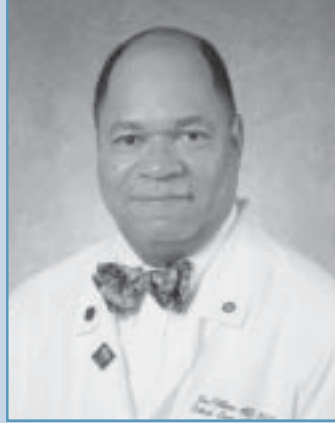
Several flu vaccine manufacturers reported shortages of the flu vaccine in December. Hauer says that's being addressed quickly by the nation's health officials.

“The CDC is working on getting an accurate count of how many vaccines are left and re-prioritizing who should get them. And I should point out that we're still trying to determine if this vaccine will provide complete protection against the A/Fujian strain that has emerged.

*Continued on page 4*

## Provost Perspective ... *GWUMC on the Move, Readies a New Year*

In looking back at the past year, it's been a year of endings and beginnings. The most notable ending is visible across the street from the Medical Center. By the time this issue goes to print, there will be nothing left of the former GW Hospital. I have to admit it was poignant to see the bricks and mortar fall, and with them so many memories of my own training and many of our students, of the high profile patients like Ronald Reagan and Dick Cheney treated in our less-spacious emergency room and of the many advances that were made adding to that hospital's physical presence in the District of Columbia. Today our GW Medical Center family takes advantage of a much larger and more technically advanced facility, yet we still rely on our stalwarts of education, research and mentoring to enhance the quality of the clinical care our patients receive and the quality of education our future healthcare professionals receive. The building as a physical symbol of our achievements may be gone, but what was created in that building—grateful patients, expert care and educational excellence—lives on.



It has also been a year where we have had to confront the challenges presented by the healthcare crisis in the District of Columbia. The stresses and strains on the system have impacted all DC hospitals; we are no exception. Yet, we realize that we need to be a part of the solution, and that is why we have dedicated ourselves to achieving new healthcare milestones for our citizens, including taking a closer look at health disparities.

I am also pleased that our outreach has extended beyond our community and into the global community. Our healthcare professionals, students, faculty and even alumni have an unflagging commitment to sharing their expertise in areas where it can make a difference. This

trend is being cultivated by our drive to share what we know and to learn from others in other countries.

This year, with a new dean, Ruth Katz, JD, MPH, at the helm, our School of Public Health and Health Services is poised to make a real difference. The energy and drive of our SPHHS students was evident given the well-organized events for World AIDS day. SPHHS' dedication to our community resulted in a successful chronic disease conference with the School of Medicine and Health Sciences and the DC Department of Health this year. Under Ruth's guidance, SPHHS will be doing more with health disparities in the coming year as well as continuing its groundbreaking work in health policy. Interim SMHS Dean Dr. Jim Scott and Ruth Katz are great additions to our decanal leadership team and promise to put our two schools on the national map in the months ahead.

We are forging ahead with our Homeland Security initiatives on several fronts. READI should be moving at full speed in January with a strong slate of classes for our region's first responders. This as we continue our emergency preparedness training for DC residents and participate in crisis communications projects through NIH and HHS grants.

In addition, we are gearing up for a Cancer Institute Gala in April. You will be hearing more about it in future communications from me, but it is really the coming out party for our Institute, an urban oncology center dedicated to understanding cancer disparities. We plan to honor some high profile individuals who have made a real difference in the field of cancer and hope that this fundraiser can become a catalyst for our Institute.

The flu season promises to be a tough one this year. It has come on strong and early and will tax our healthcare system. As you prepare to celebrate the end of one year and the beginning of another, I ask that all of you take time to take care of yourselves. My wishes for a safe and happy holiday season for all of you.

John F. Williams, MD, EdD, MPH  
Provost and Vice President for Health Affairs

### PROGRESS

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313 Ross Hall • 2300 Eye Street, N.W.  
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News items and feedback are welcome and may be sent to Linda Dent, editor, by e-mail: [mcmladb@gwumc.edu](mailto:mcmladb@gwumc.edu)  
Phone: 202-994-8110 • Fax: 202-994-8052  
*Contributors:* Debbie Goldstein, Linda Dent, Barbara Porter,  
Richard Sheehe, Carly Keene  
*Photos:* Staff & BioMedical Communications

## ON THE FRONTLINES OF HOMELAND SECURITY

## READI is Ready to Tackle Emergency Management Challenges

Under the direction of Jerome Hauer, one of the major architects of the Department of Health and Human Services' (HHS) emergency public health templates and former acting assistant secretary at HHS, classes at the Response to Emergencies and Disasters Institute (READI) will be in full swing in January. That means hundreds of first responders from the National Capital Region will be taking classes at READI on GW's Virginia campus during the winter months. A collaboration between GW and George Mason and Shenandoah Universities, READI's goal is to move thousands through the courses in 2004. Instruction began over the summer and early fall.

Hauer is clear about READI's role in training the region's first responders and in becoming a model for "best practices" in this arena for the nation.

"First responder training and exercising in a very comprehensive fashion allows people to come to an environment and learn from the people making the policy and from the people who are and have been in the trenches. From the people who were at the World Trade Center or the Pentagon to the people overseas who are tracking al Qaeda, these are not your second string. We are offer-



**READI Director Jerome Hauer briefs GWUMC's senior leadership team on the technology available in emergency preparedness. Hauer was the architect of the state-of-the-art Command Center at HHS, which includes a three-dimensional computer mapping system of Washington and its buildings.**

ing our trainees the principle decision makers."

Hauer sees READI moving beyond just instruction at its current location.

"READI is really going to be a blended type of learning institution. We are not going to have everything classed here in Virginia. We are going to work University-wide and with departments all over the region to make learning accessible for the people who need it. That means certain courses can be offered at night, online or on weekends. There will be certain forms of training that must be done centrally but we can bring those to fire, police and EMS or even public health by sending our instructors out into the communities. We will also be doing a lot of train-the-trainer

track a biological incident. That brings up the concept of blending disciplines so that public safety officials such as police and public health professionals appreciate their differences in managing a crime scene in a bioterrorism incident.

"After a biological attack, there is the need for law enforcement and public health to be able to conduct a compatible investigation. By the same token, managing a biological incident is different from managing a chemical incident where decontamination, giving the right antidote and triaging is something an emergency physician might know but a first responder may not. We are looking to cross-train at READI as well as to customize training to fit the needs of the first responder group."

With the goal of training thousands of area first responders each year with the existing curriculum, Hauer is also looking at ways that READI can be a training innovator.

"We want to develop an educational model to export to regions all over the country. What we need is standardized training for every first responder, so hopefully READI will develop a national standard."

instruction so that more and more people can deliver our quality instruction to those who need it where they need it."

In identifying what training READI will offer and the future curriculum track, Hauer says the first step was a comprehensive needs assessment for the region.

"We are going to be looking at the needs in the region and for the nation and tying our course development to meet those needs. There is a core group of courses developed by the Department of Homeland Security that need to be taught, and we will build on that core group as time goes by."

In addition, Hauer would like READI to pioneer forensic epidemiology courses to

## Dwindling Vaccine Supply Becomes Sticking Point for Healthcare Providers

*Continued from page 1*

Hauer explains that manufacturers tied their estimates for producing this year's vaccine to the number produced and used last year. Last year millions of vaccines were discarded, unused.

Public health officials worry that mild flu seasons in the past two years may make people complacent about getting vaccinated. Flu shots are recommended for those 50 and older and for anyone with a compromised immune system. This year, the American Academy of Pediatrics suggested flu shots for children ages six and older. The flu is responsible for 36,000 deaths a year and double that number of hospitalizations.

Also of concern is the impact of this year's strain on normally healthy children. Flu and its complications are the



GWUMC gave free flu shots to the community in late October before the shortages of the vaccine surfaced. Above, Dr. Alan Wasserman provides a shot to Kelly Kirby.

sixth leading cause of death nationally among children four and younger. Health officials are particularly concerned with a staph infection that is

resistant to common drugs. Some children have died from the staph infections, a phenomenon the CDC has not seen before.

The possibility that Severe Acute Respiratory Syndrome (SARS) might re-emerge during this tough flu season has health officials on alert.

"That will certainly complicate the flu season," Hauer admits. "The flu is going to tax our current resources. Adding SARS to that mix could severely impact our hospitals and clinics."

Hauer says prevention is the best medicine with the flu season in full swing.

"Hand washing is critical and avoiding contact with those who are sick. And people who think they may have the flu should self-isolate."

According to the CDC, the flu has now hit all 50 states and Washington, DC. Nearly half of the country has been "hit hard" with the flu not yet peaking nationally, according to CDC.

## GW Hospital Razed, Memories Remain

There is nothing quite like watching a building getting torn down. Indeed, the spectacle of the old GW Hospital's demolition along 23<sup>rd</sup> and I Streets, NW late last year managed to hijack countless lunch hours, as passersby stopped to gawk at the wrecking ball and tractors slowly turning staid walls of concrete into piles of sifted rubble.

"That guy must be having so much fun," said one onlooker on a crisp November afternoon, referring to the crewmember operating the wrecking ball. What few observers realize is that the highly visible demolition of the physical structure came only after many months of preparation.

Once hospital staff and patients had finished their move into a new facility across the street on a weekend in late August 2002, planners immediately got busy preparing to demolish the old building.

"The place looked like Beirut when we got there," said Dan Drageset, a consultant to the University who oversaw the early stages of "decommissioning" the building. "The place was literally vacated overnight, so our main challenge was getting furniture and fixtures, all sorts of stuff out of the building." Specialized crews then removed hazardous materials, and demolition permits were secured. The entire preparation process took more than a year.

The wrecking ball finally started swinging in early September of 2003. A delay caused by a broken gas main a month later proved little more than a hiccup in the brisk, three-month demolition timetable. But progress still felt achingly slow for those with fond memories of the old hospital.

"I'd see that the ball and the tractors had made their way to a particular wing and I'd say, 'I walked that floor many a day,'" said Fred Bailey, who joined the hospital as a security guard in 1979 and is now chief of security. He was present for the visits of President Ronald Reagan and many other high-profile patients over the years. His fondest memory is of meeting Mother Theresa when she toured the hospital to meet AIDS patients.

Bailey has no regrets about leaving the old building, which had gotten run down after more than a half century of service. Still, he draws some satisfaction at seeing how hard demolition crews have had to work to tear it down. "I've seen how they had to whack at the same section over and over before it would come down," he said. "They built that thing right. It's kind of sad to see it go; there was a lot of tradition in that place."

## SPHHS Health Policy Department Assesses Medicare Bill

*Continued from page 1*

received the most hype, there are other parts of the legislation that have nothing to do with drug coverage. For the first time, Medicare will charge higher premiums based on income for doctor visits and other aspects of outpatient care. That ends a long-standing tradition of Medicare under which everyone in the program was charged the same fee for the same services. And the legislation creates a competitive market for Medicare patients while increasing payments to doctors and hospitals.

Rosenbaum sees this as a departure from what has been the standard for the program since its inception in the 1960s. "The Act takes an initial step toward privatization of the program by transforming Medicare from a guaranteed government benefit to a private health insurance subsidy with the responsibility for the quality and cost of coverage lying with the private sector."

The pros and cons of the Medicare bill are generally debated along party lines. Republicans feel it is a major healthcare victory before an election year. Leading Democrats contend that the measure will lead to the destruction of the Medicare program as it was originally designed. Greenberg believes it sets a tone for the upcoming campaign and should give the can-

didates plenty to debate. "I think it shows the entire healthcare system is broken and needs to be reformed."

GW Provost and Vice President for Health Affairs John F. Williams, MD, EdD, MPH, says the candidates need to formulate their healthcare platforms with some stark facts in mind. "It is unconscionable to me that a child in the United States is not vaccinated or can die from a common disease that we have been preventing for decades. The other aspect is access. We've got to find a way for our citizens to have equal access to healthcare. I'm watching a two-tier system grow in this country. Even the middle class is having a difficult time affording proper healthcare. In addition, we have to find a way to address the 42 million uninsured in the United States. We have to tackle this issue because of



Idong Essiet-Gibson was among those who met President George W. Bush when he surprised troops based in Iraq on Thanksgiving Day. Essiet-Gibson was a lab manager in GWUMC's hookworm lab until she was deployed in March. She is with the 354th Civil Affairs Brigade, which is responsible for providing civil affairs support to the First Armored Division (1AD—represented by the patch on the President's jacket).

the economic, political and social implications."

Dr. Williams believes tackling the prescription drug issue in the Medicare bill was just a first step. "Prescription drug costs have to be a priority. The fact that, in Canada, they can get drugs so much cheaper and yet they have the same quality control as we do

in the United States, points out the flaws in our system."

Indeed, the Department of Health Policy will be at the forefront in studying the Medicare bill and its implications. Associate Professor of Health Policy Jeanne Lambrew, PhD, recently released a study, "Medicare Prescription Drug Legislation: What it Means for Rural Beneficiaries." The study focused on whom the bill will and won't cover.

Rosenbaum says the jury is still out on this legislation. "It will be years before policy makers fully understand the impact of the legislation, not only on cost, accessibility and quality of prescription drugs for the elderly and disabled persons, but also on overall healthcare spending, the pharmaceutical and insurance industries and national healthcare spending."

### *Iraqi Health Minister Slated to Visit GW Hospital*

As *Progress* went to press, GW Medical Center officials were set to welcome Iraq's Minister of Health Dr. Khadair Abbas for a tour of GW Hospital on December 16. Provost and Vice President for Health Affairs John F. Williams, MD, EdD, MPH, and GW Hospital CEO Dan McLean, along with Medical Director Dr. Richard Becker and Huda Ayas, executive director of International Programs, formed the welcoming committee for the Iraqi Ministry of Health Delegation. The itinerary included a tour of the Intensive Care Unit, the Emergency Room, Cardiovascular Services and Radiology. GW doctors Michael Seneff, Jeffrey Smith, Jonathan Reiner and Robert Zeman served as guides for each segment of the tour. Accompanying the The Iraqi Health Minister were members of the Coalition Provisional Authority Ministry of Health Bob Goodwin and Anne Trenolone; Assistant Secretary of Defense for Health Affairs Dr. Bill Winkenwerder; and Deputy Assistant Secretary of Defense for Clinical and Program Policy Dr. David Tornberg.

## CREATING A NEW TRADITION IN RESEARCH

## McCaffrey Evaluating Company's Stem Cell Claims

Dr. Tim McCaffrey, an associate professor of Biochemistry and Molecular Biology at GW Medical Center, has been helping TriStem, a small London-based company, evaluate a new technique that the company claims can turn ordinary blood into cells capable of "stem-cell-like" behavior, regenerating damaged or diseased tissues. This could transform the treatment of everything from heart disease to Parkinson's.

TriStem claims it can take anyone's blood, extract the white blood cells and make them revert to a "stem-cell-like" state within hours. TriStem's research team will report in the Janu-

ary edition of *Current Medical Research and Opinion*, a peer-reviewed journal.

Dr. McCaffrey was invited by TriStem to scrutinize the company's claims.

"I was extremely skeptical," Dr. McCaffrey told *New Scientist* magazine, which published a recent article on the matter. "They did it in front of my eyes with my own blood. It's stunning."

The company has used its technique to turn white blood cells into the blood-generating stem cells found in bone marrow. When injected into mice, these cells migrated to the bone marrow and generated nearly

all the different types of human blood cells.

More broadly, stem cells can be turned into beating heart cells for mending hearts, nerve cells for restoring brains and so on. Success in extracting ordinary white blood cells and modifying them to behave like stem cells would reduce the need for conventional stem cells, the harvesting of which can involve human embryos, thereby raising ethical barriers.

Dr. McCaffrey says skeptics of TriStem's claims are welcome. "I don't think there's voodoo involved," he said. "But until a number of people do it, other scientists have every right to be cautious."



## Public Access Defibrillation Trial Results Announced

Results of the Public Access Defibrillation Trial in which GW Medical Center participated clearly show that patients who went into cardiac arrest in places where Automatic External Defibrillators (AED) were available and used properly had twice the survival rate from a sudden attack. The clinical trial was designed to determine if lay people could be trained to administer CPR and to use an AED and whether that would impact the outcomes of patients suffering from sudden cardiac arrests. GW Medical Center participated as the DC site. Thirty-six AEDs

were dispersed around the city at such public places as the Smithsonian museums, Metro stations, public housing and apartment complexes, and hundreds of volunteers were recruited for CPR and AED training.

Nationwide, there were 292 attempted resuscitations of cardiac arrest. There were 44 survivors—15 from CPR-only units and 24 from CPR and AED units. Patients in units with an AED were twice as likely to survive: a significant statistical and scientific result. Serious adverse events were rare. Nationwide, more than 20,000 volunteers were

trained and participated in the trial that lasted for 1.5 years.

Overseeing the study from GW were P. Jacob Varghese, MD, professor of Medicine and Cardiology; Ray Lucas, MD, assistant professor of Emergency Medicine; and Saify Talib, BSN, RN, clinical research nurse, Department of Emergency Medicine.

The results were announced at a November meeting of the American Heart Association in Orlando, Florida. The trial involved 21 sites across the country.

## CREATING A NEW TRADITION IN RESEARCH

*TIGR VP of Research Discusses Cancer Genomics at Inaugural Lecture*

The GW Medical Center community turned out on December 16 at the GW Hospital Auditorium to hear Bob Strausberg, PhD, vice president for The Institute for Genomic Research (TIGR), give the first GW Cancer Institute (GWCI) Distinguished Lecture. The GW Cancer Institute, an urban oncology center dedicated to understanding cancer disparities, is sponsoring a distinguished lecture series as a part of its education and outreach mission. Dr. Strausberg's talk was titled "Cancer Genomics: New Opportunities for Discovery and Application."

"Because genomics and its relation to cancer and cancer disparities are a focal point of the GW Cancer Institute mission, we feel

Bob Strausberg was a perfect choice for our distinguished lecture," said Steven Patierno, PhD, executive director of GWCI. "Bob brings a credibility in the field."

Before joining TIGR, Dr. Strausberg was the former director of the National Cancer Institute's (NCI) Cancer Genomics Program and is considered a genomics innovator. He is leading TIGR's efforts to expand its cancer genomics program. His work at NCI included the founding of the Cancer Genome Anatomy Project—a tumor gene index that grew into a critical database of bioinformatics tools. He also helped organize the Cancer Molecular

Anatomy Project that linked cancer genomics information to new drug discoveries in cancer treatment.

Dr. Strausberg began his career at Ohio State University where he earned his PhD in developmental biology. From his post-doctoral work at Texas Health Science Center in Dallas, he moved to Southern Methodist University where he was an assistant professor in charge of setting up the University's molecular biology program. Strausberg moved from academia to the biotech sector in 1982 and after joining NIH in 1991, he worked on evaluating new technologies for the Human Genome Sequencing Project.



## Exercise Science Professor Principal Investigator for \$4 Million Research Grant

Dr. Larry F. Hamm, associate professor in the Department of Exercise Science, has been named an investigator on a five-year, \$4 million research grant awarded by the National Institute for Disability and Rehabilitation Research. The overall focus of the grant, which will cover five research and four training studies, is on spinal cord injuries (SCI) and the so-called secondary conditions that SCI patients often experience. These conditions include

cardiovascular disease, diabetes and osteoporosis.

"One of the unusual aspects to this study is the use of various forms of exercise training as the intervention," said Dr. Hamm. All five research projects under the grant use either an exercise training intervention or address the relationship between physical activity and secondary conditions in SCI.

Dr. Hamm is the principal investigator for a study that investigates the effects

of long-term, robotic-assisted treadmill exercise on a range of secondary conditions. His research involves the use of upright, body-weight-supported exercising of the lower extremities. A specialized exo-skeletal robotic system attaches to both legs and assists the individual to achieve a normal gait pattern while walking on the treadmill.

Dr. Hamm is also a co-investigator for a study looking at risk assessment for cardiovascular disease among SCI patients.

## 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.*

On any given weekday evening, most of us return home after work and settle into our routine activities. However, this is not so for many community-based clinicians affiliated with the DC Area Health Education Center (DC AHEC). You'll often find them, instead, gathered around a conference room table under the spirited tutelage of Dr. Larrie Greenberg.

Faculty development is one of Dr. Greenberg's passions and he has developed quite a following among a special population of physicians, nurse practitioners and physician assistants. These clinicians are employed in many of the city's safety net clinics that serve a diverse and often marginalized segment of the DC community. The DC AHEC, in its continuing ef-

forts to enhance the clinical training of health professional students, sees faculty development as a critical component of its mission.

Presentations on *Teaching at the Bedside*, *The 5-Minute Preceptor* and *Effective Teaching in the Clinical Environment* are just a few of the topics Dr. Greenberg has covered. Preceptors also help to identify potential topics for the workshops. During the workshops, it isn't uncommon for new areas to emerge as topics for future workshops.

Many clinicians have said that they need more of this because our training focused on developing our clinical skills, not educational skills. The high level of enthusiasm as well as their commitment to clinical education has made planning future activities exciting and easy...because we have such a receptive audience. So far, more than 60 clinicians representing many of the 25 AHEC-sponsored clinics have participated in the workshops. Faculty from the area's academic health centers who are collaborating partners with the AHEC program have also participated. The inter-disciplinary focus is an additional strategy to engage all clinicians providing primary care to the city's most vulnerable populations.

## Faculty Development Activities Popular with AHEC Clinicians

In addition to faculty workshops, in May AHEC sponsored a two-day conference on health disparities in cooperation with the DC Primary Care Association and Howard University. The conference attracted more than 400 participants; it increased awareness and promoted a better understanding of the research related to the topic. Plans for the next year include the development of a "bioterrorism primer" series that will train the primary care workforce to deal with a critical incident and increase the level of skills and knowledge related to the public health and emergency response capacities in the city.

The AHEC has become an effective vehicle that promotes careers in primary care and service to the underserved. In addition, we are able to draw upon the resources of numerous academic and community-based resources to strengthen the workforce, while providing our students with invaluable educational and life experiences.

The DC AHEC is a collaborative partnership between all of the health professional education programs in the District of Columbia and is hosted by GWUMC. The program has two objectives: to prepare young people for ca-

reers in healthcare, especially primary care. The AHEC annually sponsors a "Teen Health Summit" where more than 200 high school seniors learn about career opportunities in healthcare and are provided with information and guidance about the academic preparation necessary to enter these careers. The AHEC also facilitates the expansion and enhancement of clinical training opportunities for health professional students in clinics that serve the "safety net" population throughout the city. When attending all of the orientation programs for the city's three medical schools, nursing programs and PA programs, I bring along primary care clinicians from the AHEC clinics to inspire the students. By having early contact with entry-level students and providing "real life" examples of urban primary care clinicians, we feel that we are able to plant the seed for career decisions that they will face in the near future.

For more information on the DC AHEC, visit <http://dcahec.gwumc.edu> or contact the AHEC program office at 202-994-7669.

*Lisa Mustone-Alexander, EdD, MPH, PA, assistant dean for community-based partnerships and associate professor of Health Care Sciences*

## 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.



Recently, members of a Panamanian Delegation met with senior GWUMC leaders to discuss further collaborative efforts between GW and Panama. Goals of the site visit included implementing programs in Parasitology and HIV/AIDS research, funding opportunities, exchange programs for residents and faculty with a focus on Emergency Medicine, and establishing a School of Tropical Medicine and Global Health.

## SPHHS Program Trains Fellows

During the last six years, the Department of Global Health has been instrumental in training Eastern and Central European Fellows in various areas of public health, such as health leadership, monitoring and evaluation, and financial management. Typically, the Fellows spend six to 12 months with the department.

The Fellows are generally senior officials of government health ministries and related bodies. The Fellows take SPHHS master's level courses and also participate in special seminars and intern-

ships in their fields of special interest. The present group is composed of 11 Fellows from Romania and Bulgaria who are trained as health economists, health administrators, physicians and public health specialists.

Dr. Daniel Hoffman is the Fellows Program director, and Jimmy Kamau is the program coordinator. The Fellows have an office at 2175 K Street, NW, Suite 810, Washington, DC. For more information about the Eastern and Central European Fellows program, call 202-416-0092.

## GW Schools Host Meeting with BRAC to Explore Potential Partnerships

GW's School of Public Health and Health Services (SPHHS) and the Elliot School of International Affairs jointly hosted Dr. Salehuddin Ahmed from a revolutionary non-governmental organization called BRAC—formerly known as the Bangladesh Rural Advancement Committee. Dr. Ahmed is the deputy executive director of BRAC's training division and the newly established BRAC University. He spoke about BRAC's mission; programs in health, education and capacity building; and lessons learned during his visit.

BRAC was established as a relief and rehabilitation organization in 1972 after the Bangladesh Liberation War. In the past 30 years, BRAC has evolved into a large, multi-faceted development organization with the major objectives of alleviation of poverty and empowerment of the poor. It has especially em-

powered women in rural areas of Bangladesh by offering health services, education and income generation resources.

The BRAC-GWU International Development and NGO Forum Collaboration was formed as a partnership to cooperatively achieve the organization's development

goals. It includes the SPHHS, Elliot School of International Affairs, School of Public Policy and Administration and School of Business. The partnership has taken on the challenging task of assessing and implementing effective structural and functional elements of the incipient BRAC University and its Institutes: Development Studies, Public Health and Education in Dhaka, and is progressing toward the ultimate aim of training professionals to manage sustainable programs to improve the quality of life for many.

The Winter 2004 *GW Medicine & Health* magazine will focus on GWUMC's international programs, exchanges, partnerships involving faculty, staff, students and alumni ... look for the issue in February.

## Awards and Recognition

**Jeffrey Akman, MD**, Leon M. Yochelson professor and interim chair of the Department of Psychiatry and Behavioral Sciences, was recently elected to the Board of Directors for the Medical Society of the District of Columbia.

**James Griffith, MD**, director of Psychiatry Residency Training and professor of Psychiatry and Neurology, was named "Psychiatrist of the Year" by the Washington Psychiatric Society for his humanitarian efforts. Dr. Griffith has been a driving force at the Center for Multicultural Human Services, aiding refugees and torture survivors.

**Tee Guidotti, MD, MPH**, chair of the Department of Environmental and Occupational Health, was elected vice president of the American College of Occupational and Environmental Medicine. Dr. Guidotti currently serves on the board of directors and as chair of the Council on Education and will become president in 2006.

**Jeffrey Heinrich, PA-C, EdD**, director of the Physician Assistant Program and associate professor, was re-elected vice president of the DC Academy of Physician Assistants.

**Peter Hotez, MD, PhD**, professor and chair of the Department of Microbiology and Tropical Medicine, was the recipient of the 2003 Bailey K. Ashford Medal for "Distinguished Work in the Field of Tropical Medicine." This award will be bestowed at the annual meeting in Philadelphia this month.

**John Kelly, MD**, professor and chair of the Depart-

ment of Neurology, was selected to the Brown University Football Team of the Decade for the 1960s. Dr. Kelly played football at Brown for three seasons from 1962-64 as fullback and linebacker. He and other teammates were honored last month during halftime of the Brown vs. Penn State game and at a formal dinner-reception that evening.

**Richard Southby, PhD (Med), FCHSE, CHE, FCLM (Hon), Hon MFPHM**, executive dean and distinguished professor of Global Health, was elected President-elect of the Asia-Pacific Academic Consortium for Public Health at the 35<sup>th</sup> Annual APACPH Conference, which was held in Shanghai. Dr. Southby will begin his presidency in 2006.

**Howard Straker, PA-C, MPH**, recently received the 2003 Distinguished Alumnus Award from the Yale Physician Associate Program. He also completes his term this year as president of the Academy and will serve on the Board of Directors.

### Academia

**Jeff Bethony, PhD**, assistant professor of Microbiology and Tropical Medicine, is directing the Department's overseas efforts in Brazil and is heading GW's laboratory at the Oswaldo Cruz Foundation in Belo Horizonte, Brazil.



**Maria Elena Bottazzi, PhD**, assistant research professor of Microbiology and Tropical Medicine, spent one week in Honduras as an American Society of Microbiologists Visiting Professor at the National Autonomous University in Tegucigalpa.

**John Hawdon, PhD**, professor of Microbiology and Tropical Medicine, is directing the Department's overseas efforts in China. Dr. Hawdon also heads the GW laboratory investigations at the Institute of Parasitic Diseases at the Chinese CDC in Shanghai.

**Peter Hotez, MD, PhD**, professor and chair of the Department of Microbiology and Tropical Medicine, co-published a book, *Krugman's Infectious Diseases of Children*, 11<sup>th</sup> edition.

**Christina Puchalski, MD, FACP**, director of GWish, co-sponsored a conference with the Harvard Medical School titled, "The Importance of Forgiveness." The conference centered on the health benefits of spirituality and forgiveness.

### In the News

The GW Washington Forum radio show, which airs on WRC-AM 1260, featured a discussion on integrative medicine with **John Pan, MD '70**, director of the Center for Integrative Medicine, and

**Huda Ayas**, executive director of the International Medicine Program.

**Gigi El-Bayoumi, MD, FACP**, associate professor and program director of Internal Medicine, was interviewed on WTOP radio about how exposure to chilly, wet weather does not, on its own, lead to catching a cold.

**Phyllis C. Borzi, JD, MA**, research professor of Health Policy, SPHHS, was quoted in a *BNA Pension and Benefits Reporter* article on two Supreme Court cases involving injured patients suing insurance companies.

**Frank Cilluffo**, associate vice president for Homeland Security, was quoted in an article in *The Financial Times* (London) on the need for public-private partnerships to secure the nation.

**Arthur Frank, MD, MS**, medical director of the Weight Management Clinic, was quoted in *The Atlanta Journal-Constitution* and *Mercury News* and wire service sources articles on classifying obesity as a disease. *Forbes* magazine cited Dr. Frank for his views on the marketing strategy of certain diet-supply companies. Dr. Frank was also quoted in an *ABC News* story on the safety of the Atkins Diet.

**Adriane Fugh-Berman, MD**, associate clinical professor of Healthcare Sciences, was quoted in a *Washington Post* article on the pre-menopause stage called perimenopause.

**Jerome Hauer**, director of READI, was quoted in a *Federal Times* article on government preparedness for a biological attack. Hauer was also quoted in *Global Secu-*

*Continued from page 10*

rity Newswire article on the need to push the smallpox vaccine. *Newsday* (New York) quoted Hauer in an article on terrorism funding and the likelihood of another attack like 9-11.

**John Kelly, MD**, professor and chair of the Department of Neurology, was featured on WJLA-TV discussing the possible negative long-term effects of all the physical punishment taken recently by Washington Redskins quarterback Patrick Ramsey.

**Jeanne Lambrew, PhD**, associate professor of Health Policy, was quoted in numerous articles on her study on the uninsured, which appeared in *Managed Care Weekly Digest* and online at [www.Montanaforum.com](http://www.Montanaforum.com).

**Bennett Lavenstein, MD**, associate professor of Neurology and Pediatrics, was cited in the November 2003 issue of *Neurology Reviews*, Volume 11, on the report "Fluoxetine Use During Pregnancy Linked to Neurological Syndrome of Drug Withdrawal in Newborns." This report was also delivered at the annual Child Neurology Society meeting.

**David Leiby, PhD**, associate professor of Microbiology and Tropical Medicine, was featured in the science section of the *New York Times* for his work on the Chagas disease.

**Michael J. Manyak, MD**, interim chair of the Department of Urology, was featured in a *Doctor's Guide* article, "Photodynamic Therapy Appears to be Effective, Safe for Refractory Superficial Bladder Cancer."

## Round of Applause

The article featured a study done by Dr. Manyak and colleagues.

**Tim McCaffrey, PhD**, associate professor of Biochemistry and Molecular Biology, was interviewed about a recent study, probing whether ordinary blood can be turned into cells capable of regenerating damaged or diseased tissues. Dr. McCaffrey's comments appeared in *New Scientist*, *The Washington Times* and *SciScoop*.

**Dan McLean**, CEO of the GW Hospital, was quoted in a *Washington Post* article on how Greater Southeast Hospital's financial condition is affecting every hospital in the region.

**Michael Olding, MD**, associate professor of Surgery, was quoted in a *Reuters* article on the safety of two new wrinkle-filling gels, which are making their way through the FDA approval process.

**Jerrold Post, MD**, clinical professor of Psychiatry and Behavioral Sciences, was quoted in a *Christian Science Monitor* article on the shift of attacks taking place in the Middle East.

**Sarah Rosenbaum, JD**, chair of the Department of Health Policy and Hirsh Professor of Health Law and Policy, was quoted in a *Wall Street Journal* article on managed healthcare legislation.

**Russell Rothenberg, MD**, assistant professor of Medicine, was interviewed by the *Washington Post* about a medical condition known as fibromyalgia.

**Garry Ruben, MD**, associate clinical professor of Surgery, was quoted in a *Philadelphia Inquirer* article on how hospitals handle disciplinary actions toward doctors.

**Howard Savage, MD**, residency director and assistant professor of Ophthalmology, was published in the March issue of *American Journal of Ophthalmology*, for his clinical trial that showed low levels of astigmatism do not harm visual acuity or quality of life. This study was also the cover story

in the December issue of *EyeWorld Magazine*.

**Bruce Siegel, MD, MPH**, research professor of Health Policy, was quoted in a *PNN Online* article, "New Guidelines Introduced to Aid Funders of Health Programs."

**Suzanne Stutman, MSW, MA, BCD**, assistant research professor of Health Policy, was interviewed by *The Washington Post* about the Lee Boyd Malvo case and the relationship between Malvo and John Muhammad.

**Anthony Venbrux, MD**, professor of Radiology and of Surgery, was quoted in a *The Commercial Appeal, Inc.* article on pigs being used to teach doctors how to insert the first filter designed to protect against blood clots.

GWUMC researchers were mentioned in a *Washington Post* article for their study on CareFirst healthcare where it was reported that CareFirst was failing to meet Washington's health needs. The study was one commissioned by the DC Appleseed Center.

## CLASS NOTES

The CLASS (Clinical Learning and Simulation Skills) Center hosted a visit to the facility for attendees of the annual Association of American Medical Colleges November conference. More than 100 educators participated in the celebratory sushi and champagne lunch and workshops.

On December 18, the CLASS center will have a reception in honor of Dr. Larrie Greenberg, formerly director of the Office of Medical Education and professor of Pediatrics at Children's National Medical Center. Dr. Greenberg is an internationally known educator who is now serving as a consultant at GW. Contributions will be solicited to dedicate a room in the CLASS Center in his name.

There has been an enthusiastic response to the request for proposals for the EQUIP grants. The EQUIP program was instituted to encourage and support simulation project proposals from faculty at the CLASS Center. More than 20 proposals were submitted—decisions will be made after the start of the new year.

## Student Carries Diabetes Message through Youth Worldwide



SPHHS MPH student Emily Dale, pictured above center, was one of three GW students who joined MD/MPH student Nick Cuttriss (not pictured) at Camp AYUDA to work with Latin American children and educate them about diabetes management.

### GWUMC's Continuing Education Office Uses Merck Grant to Develop Virtual Prostate Cancer Tools

GW's Office of Continuing Education in the Health Professions continues to work with a generous grant from Merck and Co. to develop a multimedia continuing medical education campaign on diagnosis and treatment of prostate disease. The first phase of the campaign consisted of a series of six "web calls" (a hybrid technology that utilizes two-way telephone communication supported by web-based graphics) that attracted more than 1,500 participants from across the country. The content of the web calls focused on benign prostatic hyperplasia and prostate cancer. The presentations, chaired by Michael J. Manyak, MD, professor and acting chair of the Department of Urology, and the question and answer sessions were captured electronically and will be repurposed as part of a self-study program called "The Virtual Prostate" that will be available in January 2004 on CD-ROM and on the web at [www.virtualprostate.com](http://www.virtualprostate.com). Other features of the CD-ROM and web site will include 3-D animations of the prostate, case studies, a downloadable slide kit for instructors and patient history tools.

It appears to be a typical summer camp experience, but there is nothing typical about *Campo Amigo* or Nick Cuttriss, an MD/MPH student at GW.

In their early adolescence, Cuttriss and his best friend, Jesse Fuchs-Simon, met and learned about a young boy named José Gabriel who was battling diabetes in Ecuador. José was diagnosed with diabetes at six-months-old, after which his family exhausted all of its funds on José's insulin. Yet, José ended back up in the hospital eight years later, according to Cuttriss, because his family was never provided information on how to properly manage diabetes. "A lack of education is often just as dangerous as lack of insulin," says Cuttriss.

Driven by the socioeconomic and emotional hardships associated with diabetes in Latin America, these young men developed an organization led solely by youth who encouraged other youth to serve as agents for positive change in the battle against diabetes. Now, AYUDA (American Youth Understanding Diabetes Abroad Inc.; Ayuda also means "help" in Spanish) is an internationally recognized youth-led non-profit organization that organizes international diabetes camps and programs for youth, among its other activities.

They work to empower youth with diabetes to develop and lead educational, medical and advocacy programs, create and maintain diabetes supply banks, and sponsor and coordinate diabetes youth leadership activities—20

countries will be coming together in March for AYUDA's second international diabetes leadership camp in Chile. The Pan-American Health Organization recognizes and endorses their work; they have published a workbook in Spanish for children with diabetes and they travel around the world facilitating the creation of youth-led diabetes organizations.

Cuttriss estimates that it costs approximately \$3,000 annually to care for a child with diabetes in Latin America—the annual household income for a family of four is averaged at \$1,000 per year. AYUDA works with various partners to provide the insulin, syringes, test strips and even NutraSweet to the families at subsidized prices. AYUDA works with healthcare professionals to ensure that their volunteers carry the latest messages on diabetes management, lifestyle and advocacy.

From its first support group in the hallways of a public hospital in Quito, Ecuador, says Cuttriss, "AYUDA has emphasized the importance of youth's power to act as catalysts for change. Diabetes is quickly becoming a disabling and deadly disease not just in Latin America countries but also worldwide; as the pandemic of diabetes continues to grow to an estimated 45 million people by 2010, it is time to give those affected with diabetes a voice." For more information on AYUDA, to become a partner or to offer a donation, visit [www.ayudainc.net](http://www.ayudainc.net).

## GW SPHHS Students Host Day-Long Activities Related to World AIDS Day

The flyers around the GW campus summed up the theme of this year's World AIDS Day, December 1, 2003. "Live and Let Live," they read. The message was poignant: "AIDS attacks the body. Prejudice attacks the spirit. One is caused by a virus, one is caused by ignorance, but BOTH CAN KILL."

School of Public Health and Health Services students spearheaded a variety of activities for World AIDS Day, including an all-day fundraiser for Global AIDS in the Ross Hall Lobby and an evening screening of *A Closer Walk*, an evocative film about AIDS in Africa, followed by a lecture and panel discussion.

Richard Skolnik, MPH, director of the Center for Global Health and associate professor of Global Health, participated in the movie screening and panel discussion for more than 100 attendees. He called the evening's activities a valuable learning event. "Naturally, the film provoked frank discussion and emotions because of its nature,"

Skolnik said. "It's a very compelling look at the AIDS crisis in Africa."

Organizations responsible for the activities include the Public Health Student Association, Student Global AIDS Campaign, Global Health Student Representatives and the George Washington University Medical Student Council.

Skolnik praises the students of SPHHS who made the day's events a success. "I have enormous regard for our students. They are socially active, committed students who have a great desire to increase their knowledge so they can work in their communities to change the world. They did all the legwork to make World AIDS Day a memorable one for our GW community."

Skolnik also believes this commitment and the body of work that SPHHS' Department of Global Health is doing is getting noticed in high places. "Our students are getting positions at the World Bank, on the Gates Foundation. They will effect change."



"It's not as easy as it sounds" as students try to learn to distinguish different heart patterns. A new approach piloted by Sandy Hoar, PA-C, and Howard Straker, PA-C, MPH, capitalizes on musical rhythms. From left, Christy Faggio, Gabrielle Troisi and Cassidy Todd try to "mimic" the beat of a heart to the beat set by music provided by Sandy Hoar, center.

## Students Feel the Beat of the Heart through the Sound of Music

It has been said that "music soothes the soul" and studies have demonstrated that music improves athletic workouts. However, Sandy Hoar, PA-C, and Howard Straker, PA-C, MPH, recently tested the veracity of teaching beginning heart sounds using music.

Both said that students rarely take the time to hear

and listen because they are so worried about taking notes about the location or the significance of particular sounds or rhythms. So, Hoar, who performs locally with the Irish Breakfast Band, brought in her guitar, violin, concertina and a pair of spoons; she soon had the 50 first-year physician assistant students clapping their hands and tapping their feet, correctly identifying rates, rhythms, extra sounds and even some murmurs.

The students then proceeded to instructions on using a stethoscope and listened to their own hearts. The remainder of class time was divided between traditional lecture material and hearing heart sounds on a video while seeing the results of an electrocardiogram. Hoar and Straker said the students were enthusiastic about the musical break and both plan to continue to use and modify this technique.

GWUMC students spent endless time and energy to garner resources for some of the District's underserved populations and others. Students sponsored drives for books, clothing, food and gifts to be distributed locally and abroad.



## In Memoriam

Lawrence E. Putnam, 94, Professor Emeritus of Clinical Medicine and retired general internist, died of congestive heart failure at Brighton Gardens Nursing Home in Bethesda, Maryland. Dr. Putnam had a private practice in Washington for nearly four decades until 1988. During the 37 years of his career, he taught physical diagnosis at GW, which named him professor emeritus of Clinical Medicine in 1975. He also edited two medical journals and authored or coauthored more than 40 scientific articles on antibiotics. After serving as a medical officer in the Army Reserve, he came to Washington in 1939 to work as a medical officer at the Veterans Administration's Mount Alto Hospital. He left there to join the Food and Drug Administration as medical director of the antibiotic division. He opened his private practice in 1942 and, in the late 1940s, he spent three years as director of the outpatient department at the old Emergency Hospital. His honors include the Washington Hospital Center's Gold Headed Cane award. In retirement, the former Washington resident studied literature, music and science through the Institute of Living in Retirement Program at American University. His wife, Selma Putnam, died in 1996 after 56 years of marriage. Survivors include two children, four grandsons and two great-grandsons.



Radio personalities "Haber and Erin" from "Moremusic" 104's McDonald's Morning Drive Program presented Jean Lynn, MPH, RN, OCN®, program director of the Mobil Mammography Program, with a \$26,100 check for the GW Mammovan. The check represented money raised from the "Bosom Ball" sponsored by the radio station and BMW of Fairfax and held Halloween night at the 9:30 Club. Bands Third Eye Blind and Guster donated their time for the event. Judging also was held for best costumes. Mervis Diamond Importers provided a diamond-studded bra for the recipient of the first-place costume. Several years ago, 104 hosted "Bras Across the Potomac" to raise funds for the Mammovan. Above, from left, are Erin Carman, Jean Lynn and Brett Haber.

## Cardiovascular Center at GW Hospital Offers Discounted Heart Screenings

To encourage more women to get screened, the Cardiovascular Center at the George Washington University Hospital, as a part of its Women's Heart Program, is offering a 20 percent discount for heart screenings to GW employees. For just \$40, employees can be screened and receive an individual report outlining risk factors, blood study results and recommendations for further action.

To date, 160 hospital employees have taken advantage of the discounted screenings since the Cardiovascular Center began offering them in

June. GW Hospital doctors emphasize that this type of screening is important in catching heart problems early.

They also point out some important facts:

- Approximately 500,000 women die from cardiovascular disease a year.

- 63 percent have no previous symptoms.

- Heart disease kills more women in their 20s, 30s and 40s than breast cancer.

- Women are much more likely to die after a heart attack; 44 percent of women and 26 percent of men die within one year.

Doctors at the Cardiovascular Center recommend that anyone over 35 get the heart risk screening, which includes screening for metabolic syndrome, testing for high blood pressure, cholesterol (both good and bad) and diabetes/pre-diabetes; calculation of body mass index; measurement of waist circumference; and a questionnaire about health, age, menopause status, diet and exercise and tobacco use.

Following the screening, doctors will provide a complete individualized risk assessment that addresses how

to reduce the future risk of heart disease. If an individual is shown to be at risk, further diagnostic tests may be recommended.

While the Cardiovascular Center is making a push to get more women screened, couples are also welcome. In fact, the discount applies to GW employees and their family members and friends.

Mention this article when calling for an appointment to get the 20 percent discount. The Center is located at 2131 K Street, NW, Suite 600; call 202-715-5400 to schedule an appointment.

## GW Hosts Two-day Forensic Epidemiology Training for Investigators

The GW Center for Emergency Preparedness and The Response to Emergencies and Disasters Institute hosted a two-day Forensic Epidemiology Training session on the sixth floor of the GW Hospital December 10-11.

The training's primary goal was to offer insight into how different types of responders investigate an incident and to enhance their interdisciplinary collaborative effectiveness. Organizers of the training also hoped the forum provided an opportunity to explore how multiple jurisdictions would interact during a bioterrorism event.

Welcoming the participants was Jerome Hauer, director of READI and former assistant secretary of Health and Human Services. Hauer rec-



First responders and public health staffers from the DC metro area recently participated in a two-day conference honing their forensic skills and emergency management techniques.

ognizes the value of such "cross training" and hopes to incorporate more training like this into READI's curriculum.

"The law enforcement folks and the public health folks need to know how to do a joint law enforcement/epi-

demiological investigation after a biological attack."

Course materials were designed by the Centers for Disease Control and Prevention (CDC) and were tailored to the region by the individual presenters.

Joining Hauer in the welcome was Cindy Parker, MD, MPH, of the Johns Hopkins Center for Public Health Preparedness. The Center and Johns Hopkins Bloomberg School of Public Health, along with the Council of Governments, sponsored the training for the first responder and public health contingents in the National Capital Region.

Panel discussions included "Public Health Epidemiology for Law Enforcement," "Criminal Investigation for Public Health Professionals" and the "Role of the Laboratory—Public Health and Forensic." Those in attendance also participated in two headline-grabbing case studies, one that involved anthrax, and, on day two, worked through a large group scenario.

## GWUMC-Sponsored Grief Conference Aims to Help Children Cope

GW experts recently helped stage a city-wide conference aimed at helping children cope with grief. Organized by the DC Area Health Education Center (AHEC) and the DC Children's Grief and Loss Network, the four-hour session on December 15 focused on how children often grieve in unique ways.

"Children tend to revisit their grief in more pronounced ways than adults," said Paul Tschudi, MA, LPC, a conference organizer and director of GW Medical Center's End-

of-Life Care Programs. He says the meaning of death often evolves, confronting children over time as they reach different developmental stages. "They grieve in bits and pieces," he said.

The conference featured a panel discussion and remarks by experts like Dr. Robert Washington, with Maryland's Montgomery Hospice, and the Children's National Medical Center's Dr. Gloria Wilder-Brathwaite, who delivered the keynote address. Dr. Wilder-Brathwaite heads CNMC's Mobile Health Programs. Her work with children has been featured on CBS's *48 Hours*, NBC's *Dateline* and on the *Oprah Winfrey Show*.

The conference went beyond simply identifying children's grief, focusing also on developing specialized treatments.

"Small children in particular don't have the language

skills to express grief the way older children and adults do," said Tschudi. "That's why part of our focus is on play therapy, art therapy and exercises with puppets that can help draw out the feelings nonverbally."

SAVE THE DATE

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THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER'S

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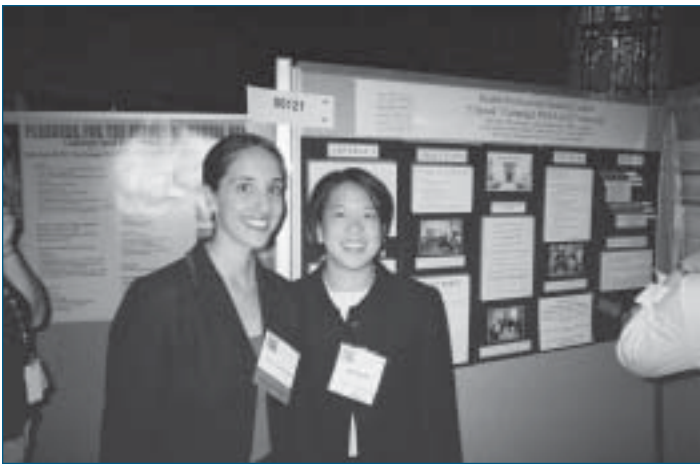
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Sonbol Shahid-Salles, MPH, and Adela Tam, MSII, recently presented their poster on their ISCOPEs project, "I Speak" with La Clinica del Pueblo. The duo presented the poster at the New York Academy of Medicine's Second International Conference on Urban Health in October. SPHHS and SMHS students jointly participate in 12 different community-based projects through the ISCOPEs program. On December 9, students provided updates on the various community projects which include work with Greater Southeast Hospital, Washington Free Clinic, Hospice Care of DC, DC Women's Cancer Coalition, Mary's Center for Maternal and Child Care, the Mobile Mammography Program, Hope Worldwide, Bread for the City, Healthcare for the Homeless, Partners Project, Community of Hope, Head Start, NOFAS, and Francis Junior High and Richard Montgomery High Schools.

## Give Life, Give Blood

GW Hospital will be hosting regular blood drives in 2004. The goal is to develop a regular group of donors and move to monthly blood drives. It only takes a few minutes. Help make the first GW blood drive a success. Sponsored by the American Red Cross and GW Hospital

2004 Blood Drives are scheduled on the **third** Thursday of selected months as follows:

- January 15
- March 18
- May 13
- July 15
- October 14
- November 11
- December 16

Location: GW Hospital  
Jefferson & Roosevelt Rooms



Call to schedule an appointment: 1-800-GIVE LIFE (1-800-448-3543) and let them know you are registering for the GW Hospital blood drive.

MSIII Jennifer Twombly didn't hesitate to give blood during GW Hospital's December blood drive.

### 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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