We are on a mission to move to the next level as a research institution. This is nothing new to anyone who knows how hard we have been working at recruitment and retention of talented investigators and at growing our sponsored research. But for some inside and outside our GWUMC family and despite our efforts to "tell our story," some of our more exciting and innovative research remains an unintentional mystery.

So it’s more than time to talk about the inroads that we have made. Our research entity is not only thriving, we have nearly achieved a five-year goal to double our extramural budget. Projected research revenue for FY 02 is $35 million dollars. In addition, these dollars are matched with successful efforts to develop new strategic partnerships and collaborations with regional allies and to strengthen existing research relationships. This is a road we must travel if we are to sustain a research program of the caliber of a Tier 1 institution.

In this issue, we focus on the central role that GW Medical Center scientists are playing in stem cell research. Many of us only know about the controversy and politics surrounding human embryonic stem cells. Here at GWUMC, our investigators are forging ahead with other kinds of stem cell research that could one day lead to radical new therapies for a host of diseases. GW scientists are now laying the groundwork for future cardiac, ocular and numerous other therapies, and our collaboration with the American Red Cross’s Holland Laboratory is reaping new clinical breakthroughs for blood stem cell transplants. These types of transplants are already saving human lives, including some in our own GW Medical Center family.

You will also read in this issue about how we have created a Department of Health Services Research and Policy in our School of Public Health and Health Services. The Center has long attracted attention and research dollars. One important grant involves an evaluation of managed care for publicly insured low-income children. SPHHS is already distinguished in the field of health policy but now with a separate department, this will give our investigators and our entire Medical Center additional clout and recognition in this very important area of study.

To single out any particular researcher or area is to leave someone out, and that is not my intention. My intention is to say that we are moving forward in so many important research areas with great speed and determination. This has paid off in recognition. Many of our experts’ cutting-edge discoveries have garnered the national spotlight in prestigious publications and with the media.

Our research, however, cannot take place in a vacuum. As an academic health center, we have a constituency to serve. Our urban population deserves and demands that the research we do help them live better and healthier lives. Therefore, when you hear us talk about our major push in cancer research, you will hear us repeat some staggering statistics. The mortality rates for African Americans for prostate, lung, breast and colon cancer defy national averages. These figures give us a mandate to answer one question: WHY? There should be a body of research that addresses the root causes of these urban cancers and why our urban populations are adversely impacted. When we define an area of research, we need to look at how that area intersects with others. This is a collaboration of science and scientists that will one day lead us to cures not just preventative medicine.

From the VPHA

John F. Williams, MD, EdD
Provost
Vice President for Health Affairs
Dean of the School of Medicine and Health Sciences
GW Medicine & Health
Winter 2003

Features

Terror to Triumph:
Out of Tragedy Comes Opportunity
The terrorist attacks on September 11 took a tremendous toll on the mental health of Americans. There were a myriad of solutions to deal with the after-effects of this horrendous act—there was a willingness to help, but a lack of coordination of efforts. Now, the Institute for Mental Health Initiatives at GWUMC is offering guidance and leadership.

A Case for Stem Cells
In the summer of 2001, the growing potential of so-called “stem cells” in medicine, and the controversy specifically arising from research on the stem cells found in human embryos was front page news. These human embryonic stem cells hold immense potential across the medical spectrum thanks to their singular ability to become virtually any cell in the body.

A Policy of Health
With healthcare at the forefront of the national agenda, health policy issues have taken on increasing importance, as the resulting health policy decisions will have population-wide implications. GW’s new Department of Health Policy will play a critical role in preparing its students to address these health policy challenges.

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The George Washington University does not unlawfully discriminate against any person on the basis of race, color, religion, sex, national origin, age, handicapped, veteran status, or sexual orientation. This policy covers all programs, services, policies, and procedures of the University, including admission to education programs and employment. The University is subject to the District of Columbia Human Rights Law.

Cover photo ©Dr. Yongas Nkau/Photo Researchers
The George Washington University is dedicated to furthering human well-being and values a dynamic, student-focused community stimulated by cultural and intellectual diversity and built upon a foundation of integrity, creativity and openness to the exploration of new ideas. The University commits itself to excellence in the creation, dissemination and application of knowledge and the promotion of lifelong learning from both global and integrative perspectives.

Vision

Within the larger mission of the University, the vision of The George Washington University Medical Center is to be a preeminent academic health institution, dedicated to improving the health and well-being of our local community, our country and beyond. The Medical Center will achieve this goal through commitment to excellence and innovation in education and to research that expands the frontiers of science and knowledge.

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 healthcare through our education and research activities
  • Improving the health and well-being of our local, national and international communities

The Medical Center implements this mission by building on our history and heritage, remaining true to our core principles, and responding to the changing context of contemporary education, technological innovations, advancing research, public health, policy, and community needs.

Core Principles

We will achieve our mission through our commitment to the following principles:

• Altruism
• Collaboration
• Communication
• Compassion
• Excellence
• Innovation
• Integrity
• Respect
Williams Named University Provost

GW President Stephen Joel Trachtenberg has announced the appointment of John F. Williams, MD, EdD, vice president for Health Affairs (VPHA) and dean of the School of Medicine and Health Sciences (SMHS), to the position of University Provost. In this new capacity, Dr. Williams will be a spokesman for the University and will oversee many of its daily operations. In addition, Dr. Williams will stand in for President Trachtenberg in his absence.

Dr. Williams will continue to serve as vice president for Health Affairs and SMHS dean, and his office will remain on the 7th floor of Ross Hall.

“I am honored to take on these new responsibilities,” said Dr. Williams in an interview. “I look forward to the challenges ahead and to continuing to do my part in taking GW to the next level.”

Although GW has had provosts in the past, the position had not been active for years. Dr. Williams will begin by serving a three-year term. His new portfolio will include oversight of the offices of the vice president for Communications and the vice president for Governmental, International and Corporate Affairs.

“It’s wonderful to have you as a colleague and friend,” said President Trachtenberg in a letter notifying Dr. Williams of the appointment. “I believe this new title and responsibility will help GW and will help me as I mature as President.”

President Trachtenberg has said his activities, including meeting with the District of Columbia and with alumni, are requiring more and more time away from campus. The time is right, he said in his letter to Dr. Williams, for a provost to come on board.

“I really look at this as a kind of fine tuning of the organizational structure,” said Dr. Williams of his appointment. “My goal is to optimize the resources we already have, which is a campus full of accomplished and dedicated professionals.”

The step comes as part of a strategic reorganization at the highest levels of University leadership. In addition to Dr. Williams’s appointment as provost, President Trachtenberg announced that Vice President for Academic Affairs Donald R. Lehman and Vice President and Treasurer Louis H. Katz will each gain the title of Executive Vice President. And Vice President for Student and Academic Support Services Robert A. Chernak will become Senior Vice President.

Dr. Williams has served as vice president for Health Affairs since November 1997 and he received his academic appointment as dean of the School of Medicine and Health Sciences in August of 1999 after serving as executive dean. As VPHA, Dr. Williams has been responsible for the administration and oversight of the various entities comprising the academic health center: the School of Medicine and Health Sciences, the School of Public Health and Health Services, the Office of Health Research, Compliance & Technology Transfer, and the University Hospital, in conjunction with the majority owner of that facility, Universal Health Services, Inc.

Dr. Williams earned a Bachelor of Arts in education at Boston University in 1970 and a Master of Science at The London School of Economics and Political Science in 1973. He received a master’s of public health from Yale University in 1975 and a doctorate of medicine from The George Washington University in 1979.

He also received a doctorate of education at GW in 1996.
Fauci Reveals Clear and Present Danger of Bioterrorism

GW Community Educated on Smallpox

Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, in December, chose GW Medical Center for a Grand Rounds lecture on bioterrorism, telling the more than 300 people packed into Ross Hall Room 101 that medical professionals would find themselves on the front lines of any such attack.

His talk, “Bioterrorism: A Clear and Present Danger,” was partly a primer on the most common chemical and biological threats and the kinds of symptoms physicians would encounter in patients during an attack. But he also provided an overview of current government policy and recommendations, including guidance on who should get vaccinated against smallpox.

The good news, he said, is that there are now 400 million vaccine doses available, if needed. “If we had an attack tomorrow, we could vaccinate everyone in this country,” he said.

The bad news is that the vaccine itself can be dangerous, causing complications in some and killing one or two people for every million vaccinated. To prove his point, Dr. Fauci showed graphic photos of patients covered with sores and lesions—not from smallpox, but from bad reactions to the vaccine itself. “I think this is what people need to see before they rush in and say ‘I want to be vaccinated.’”

GW School of Medicine Class of 2006 - Fast Facts

National Application Pool: 31,684
AMCAS Applicants to GW School of Medicine: 8,126
Supplemental Applications Received: 6,101
162 students entered in 2002
Female: 88 (54%)
Male: 74 (46%)
Age Range: 20 – 41 years old, with the average being 24
Twenty-five states are represented plus the District of Columbia, with the top 5 states being California (38), Maryland (23), New York (13), Virginia (12) and Utah (10)
Overall GPA: 3.52
Undergraduate Degree-Granting Schools Represented: 74
Graduate Degree-Granting Schools Represented: 20
Undergraduate Top 5:
The George Washington University: 28
University of California at Berkeley: 9
Johns Hopkins University: 8
University of California at Los Angeles: 7
University of Utah: 6
Graduate Top 5:
Georgetown University: 4
University of California at Los Angeles: 4
The George Washington University: 3
Johns Hopkins University: 3
Duke University: 2
Top Undergraduate Majors Overall: Biology (60), Psychology (15), Chemistry (10), Biochemistry (9) and History (6)
Graduate Degrees Earned: MS (15), MPH (7), MA (2), MBA (2), M Div (1), MHS (1), MPA (1) and PhD (2)
Interesting facts:
Class consists of Peace Corps & Americorps volunteers, church missionaries, store managers, paramedics, scuba divers, soup kitchen volunteers, aerobics instructors, physical therapists, lifeguards, interpreters/translators, patient advocates, coaches, teachers, instructors, etc.
Athletics range from ironman triathlete to black belt in Tang Soo Do to dance captain to varsity swimming to football to rugby to cheerleading to figure skating to crew to water polo to soccer
Individuals are fluent in the languages of Spanish, French, Russian, Italian, Portuguese, Korean, Chinese, Hebrew, Hindi, American Sign Language, etc.
Dr. Fauci serves as one of the key advisers helping to guide Department of Health and Human Services initiatives to bolster medical and public health preparedness against possible future bioterrorist attacks. He is well known in the medical community, enough so that one student lugged his Physician’s Desk Reference to the lecture, hoping for an autograph.

“Sure, why not?” said Dr. Fauci as he took the pen.

Core Genomics Facility Opened
GW Medical Center recently opened its Core Genomics Facility. “Now in four days, we can quantify 30,000-plus genes, using any number of samples,” says researcher Timothy McCaffrey, PhD. Using the genomics technology, researchers are able to look at transcript profiling of the cells and compare the genetic profiles between diseased and normal cells. Dr. McCaffrey says he now can mobilize hundreds of thousands of gene sequences on a single microchip, allowing them to measure simultaneously the entire human genome and how it is expressed under different conditions.

GWUMC set up the facility so that this cutting-edge technology can be shared among scientists and physicians. Ultimately, says McCaffrey, the findings can be used for therapeutic purposes as well as diagnosis.

The facility comprises innovative technology by Affymetrix—an integrated platform that uses the Affymetrix GeneChip probe arrays to profile mRNA expression levels. The system also includes the GeneArray Scanner, the GeneChip Fluidics Station and the GeneChip Hybridization Oven 640 as well as a workstation with Affymetrix Microarray Suite software. The software allows researchers to quantitatively and qualitatively analyze gene expression levels in many species, including humans, rats, mice and yeast.

GWUMC, Hospital, MFA, Partner to Provide Flu Shots
The white tent returned to the plaza outside the Foggy Bottom Metro station as GW Medical Center again hosted its annual free flu shot clinic on Oct. 25. The fact that the event took place two days before clocks were turned back to end daylight savings time made for a dark morning that Friday. But that didn’t seem to bother the folks who lined up before 7 a.m.

The latest clinic came earlier than in recent years, thanks to the fact that there is no further vaccine shortage. During previous seasons, clinic organizers had to hold off until late November to allow scarce supplies to go first to elderly populations and other high-risk groups. This year there has been plenty of vaccine to go around.

“It’s nice to be working in an environment where we don’t have a shortage,” said Dr. Gigi El-Bayoumi, associate professor of Medicine and organizer of the flu shot clinic. “This year the country has more than 90 million doses on hand. That’s 20 million more than last year.”

The height of flu season traditionally stretches from late December until sometime in February; signs include body aches and fever, as well as more traditional cold-like symptoms. While most people just suffer through with extra time off and bed rest, the flu is a serious illness for many Americans.

Indeed, the Centers for Disease Control and Prevention reported that influenza has now surpassed AIDS as a lethal killer and contributes to an average 36,000 annual U.S. deaths, largely because of a vulnerable aging population for whom the vaccine is often ineffective. Previous estimates pegged flu-related deaths at around 20,000.

The shots protect against some of most common influenza strains. But Dr. El-Bayoumi says other bugs are circulating and there’s no ironclad guarantee that those getting vaccinated will not get sick. She says there’s no telling how severe the flu season will be.

“We never know until it hits us,” she said. “So we’ll just have to wait and see.”

Students Enjoy CLASS
More than a week before the new GW Hospital opened its doors, the Clinical Learning and Simulation Skills Center (CLASS) on the hospital’s sixth floor held its first patient-based examination for third-year medical students. Heading up the new CLASS Center is Director Dr. Benjamin Blatt, Program Coordinator Donna Simonton and Manager of Educational Programs F. Scott White.

They worked with Dr. Matthew Mintz, Primary Care clerkship director, to develop an end-of-clerkship exam that included interviewing and examining four standardized patients.

“The Clinical Skills Center will be an invaluable tool for training our students,” said Dr. Mintz. “Currently I am using the standardized patients both to assess students’ clinical skills and to train them how to counsel patients. Up until now,
we relied on subjective evaluations of our students by faculty or residents. Using the standardized patients in the Clinical Skills Center will allow us to have a more objective assessment about how well students interview, examine and manage patients in their clinical settings.”

Standardized patients (SPs) are individuals who have been trained to reliably portray medical situations that faculty have decided are elements of the curriculum best learned on live patients. The patients may be telling their own stories, the story of a friend or relative for which they have personal experience or the story of a faculty member’s patient who demonstrates problems being studied. Most SPs do not have professional acting experience. They are standardized in that they present each student with the same basic information and provide the same answers to student questions. The basic requirements of SPs are good listening and observation skills, basic reading and writing ability and punctuality.

SPs are paid for participating in education projects.

The first class of standardized patients came from multiple backgrounds. About one third came from established standardized patient programs in the Baltimore-Washington area, one-third from the theater community, and one third were new to the role. Of special note is the support of the GW Communications and Marketing Department. They were responsible for recruiting five potential patients in less than 24 hours.

The first class of students to use the center spent 20 minutes interviewing, examining and counseling the patients and 10 minutes writing up their assessments and plans for care. The patients rated the students on their interviewing, physical exam and interpersonal skills. In order to accommodate the 24 students, 12 standardized patients were trained. Three were trained for each medical problem.

The Clinical Skills Center will be fully functional in 2003. Exam tables, patient stretchers and beds, oto-ophthalmoscopes, computers and conference room equipment will closely simulate outpatient, inpatient and surgical settings. Hidden cameras will allow faculty to monitor student progress in a standardized way.

Each CLASS room is completely equipped to simulate a doctor’s office. Above, Jamie Lin, MS III, examines “simulated” patient Earl Hannah, aka Dwane Starlin.

School of Public Health and Health Services Class of 2002 - Fast Facts

SPHHS Applicants: 1,028
Matriculated New Students: 425
Women: 324
Men: 101
Age Range: 21 – 66 years
Median Age: 26 years
Average GPA: 3.219

Advanced Degrees Earned
MS: 13
PhD: 3
MA: 4
MD: 3
JD: 5

Interesting Facts:
Previous experiences: project directors, campaign directors, store managers, analysts, teachers and/or tutors, administrative assistants, accountants, educational counselors, program managers and directors, lawyers, engineers, life guards/pool managers, healthcare counselors/educators, healthcare agency interns, medical officers and practitioners, nurse practitioners, LPNs, BSN/RNs, EMTs, dentists, pharmacists and pharmacy techs, physical therapy assistants, physicians, research assistants, medical techs, Red Cross volunteers, Americorps/Peace Corps volunteers, and Habitat for Humanity volunteers, literacy program volunteers, founding members and/or CEOs of non-profit organizations for community health education and awareness, and community services/outreach programs, veterinarian, computer marketing manager, policy analyst, chemist, personal trainer, military personnel, hospital administrator.

Languages:
Fluent in (and/or) speaking, reading, writing French, Spanish, Latin, German, Italian, Romanian, English, Arabic, American Sign Language, etc.
another first for health professions education at GW’s Medical Center.

Further information on GW’s simulated patient program is available through Donna Simonton at 202-994-4838 or msddks@gwumc.edu.

**Ticknor Cited**
The Association of American Medical Colleges (AAMC) has awarded Donna Ticknor, MD, the 2002 Organization of Resident Representatives (ORR) Community Service Recognition Award. Dr. Ticknor, administrative chief resident 2001-2002 in Psychiatry, was nominated for the award during her final months of her residency in recognition of contributions she made to mental health services for the deaf and political torture-survivors in the Washington metropolitan area, says Jeffrey Akman, MD, interim chair, Department of Psychiatry.

“It is a great honor for myself and the GW Psychiatry program to receive this award,” said Dr. Ticknor. “It has been expanding its teaching and service into the community through the leadership of residency directors James Griffith, MD, and Lynne Gaby, MD, and Interim Chairman Jeffrey Akman, MD. The community service has benefited residents and students training at the program and provided excellent care to underserved areas of the community.” Dr. Ticknor said her work in the Multicultural Center working with torture survivors was both emotionally exhausting and extremely rewarding—“it was a learning experience that I can take with me when I eventually open a practice in the DC area.”

Drs. Griffith and Gaby also enabled Dr. Ticknor to facilitate a training alliance between GW and Gallaudet University. There, said Dr. Ticknor, residents train alongside psychology interns and social work students working with the deaf community. “Hopefully this will provide more culturally competent psychiatrists in our community to work with a large deaf population—a population that has a long history of not receiving adequate mental health services.”

GW’s New Radiation Oncology Center Opens in Warwick Building
Housed in the Warwick Building on the edge of Washington Circle (2300 K Street, NW), the new GW Radiation Oncology Center blends state-of-the-art technology with superior medical care. Patient convenience and the highest standards of care are at the heart of this endeavor. At the Radiation Oncology Center, patients will have access to a full range of radiation techniques, including traditional external beam radiotherapy, 3-D conformal radiotherapy, intensity modulated radiation therapy (IMRT), intracavitary brachytherapy and vascular brachytherapy.

The Center offers a comprehensive program for early detection, diagnosis and treatment of cancer as well as services for those at high-risk. GW has expertise in treating:
- Bladder, prostate and renal cancers
- Breast cancer

Drs. Jonathan Reiner and Roy Leiboff perform a simulated cardiac procedure on a lifelike mannequin named SIMantha at GW Hospital—part of the new state-of-the-art medical simulation system for cardiac catheterization afforded GW student and residents. The SIMSuite Training System includes the combination of patented tactile force-feel simulation technology with procedures performed on a simulated patient. This procedure was telecast via closed circuit TV to a group of cardiologists at a conference across town. The goal was to trick the doctors into thinking they were watching an actual procedure—many of the doctors admitted they were duped.
Colon, liver, pancreatic and gall bladder cancers
Gynecologic cancers
Lung, head and neck cancers
Leukemias and lymphomas
Sarcomas

This new facility is a part of GW’s comprehensive Cancer Care Center, staffed by a team of specialists including radiation oncologists, a medical physicist, a clinical nurse, radiation therapists, a medical dosimetrist and supporting administrative personnel. This team offers an interdisciplinary approach to cancer care, giving patients every available resource to fight the disease. Teams of physicians and healthcare professionals study, discuss, manage and plan each patient’s treatment at weekly Tumor Board Conferences.

“We have created a positive environment for our patients,” said Bob Siegel, MD, professor of Medicine. “There will be cheerful exam rooms and windows. The team approach to treatment is a plus for our patients at this new center.”

Since the GW Radiation Oncology Center is conveniently located next to the hospital, many aspects of a patient’s care—chemotherapy, inpatient admissions to the oncology unit, surgical procedures, bone marrow transplants and outpatient radiology—will continue to be performed at The George Washington University Hospital. While off site, the Center will still take advantage of the new filmless picture archiving communication system (PACS) at the GW Hospital. This hospital-based system is available to radiation oncologists via wireless network communication in the new facility.

The new technology at the Radiation Oncology Center features the Philips ACQSim CT Scanner—the world’s only dedicated CT scanner that addresses the special needs of radiation therapy. In addition, the Varian 21EX is the most sophisticated and technologically advanced linear accelerator available today. Capable of delivering both low and high-energy photon beams (6 and 18 MV) as well as multiple energy electron beams (6, 9, 12, 16 and 20 MeV), will enable the team to perform conventional therapy techniques as well as the most advanced computer-driven IMRT treatments. Electronic portal imaging (PortalVision) will be available on the linear accelerator and offers many benefits over hardcopy x-ray film like fast acquisition and instantaneous display of high-quality images, acquisition during treatment to record patient positioning throughout the treatment, online review and physician approval, and automated quantitative analysis tools to identify and differentiate random as well as systematic patient positioning errors.

The Cancer Care Center is a member of the Eastern Cooperative Oncologic Group (ECOG), a group of leading university hospitals. At GW, patients have access to new and innovative procedures as well as a variety of clinical trials made available through research grants. The opening of the Radiation Oncology Center is the first phase of the GW Medical Center’s strategic plan to establish a premier Cancer Institute.
Early Results of National Women’s Health Initiative Study Leads to Cessation of Treatment

NIH’s Women’s Health Initiative ceased treatment with combined estrogen and progestin (E+P) as part of a major clinical trial. Judith Hsia, MD, professor of Medicine and director of GW’s Lipid Research Clinic, explained the decision to suspend treatment in post-menopausal women during a recent Grand Rounds at GW Hospital. This study has and continues to attract a great deal of attention in the press since it questions a common treatment practice that affects a large number of post-menopausal women.

Dr. Hsia, the principal investigator at NIH’s Women’s Health Initiative’s GW clinical site, said that the decision to discontinue treatment in this trial three years early resulted from the discovery of an increased risk of stroke, heart attacks and invasive breast cancer among participants given the combination of hormones. While the trial did show a decrease in the incidence of hip fractures and colon cancer among the same group of subjects, Dr. Hsia noted that it was determined that the risks of administering estrogen and progestin in combination outweighed the benefits.

Despite the discontinuation of treatment with E+P, these participants will be followed through the course of the study — they still undergo annual examinations, including breast and pelvic exams and pap smears. The researchers now are looking at how the risk of stroke, heart attacks and invasive breast cancer is affected by the discontinuation of the E+P treatment regimen.

Regarding the discontinuation of treatment with E+P, Dr. Hsia indicated that the trial succeeded in answering three key questions ahead of schedule. “We wanted to know whether administering estrogen and progestin in combination would reduce the risk of all forms of coronary heart disease (CHD), reduce the incidence of hip fractures and reduce the incidence of colorectal cancer. This trial answered those questions sooner than we expected, indicating not only an increased risk of CHD, but also an increased risk of breast cancer.”

When compared with the placebo, the trial revealed that women given estrogen plus progestin (E+P) incurred:
- A 41 percent increase in stroke,
- A 29 percent increase in heart attacks,
- A 22 percent increase in total cardiovascular disease,
- A 26 percent increase in breast cancer, and
- A 33 percent reduction in hip fractures.

Dr. Hsia noted that overall results to date indicate that treatment with E+P is not beneficial due to increased early risk of coronary heart disease, continued risk of stroke and vascular disease and increased risk of breast cancer. Therefore, it is concluded that E+P is not effective for preventing disease in post-menopausal women.

However, the study so far shows that E+P seems to have different results from estrogen given alone. Women who have had hysterectomies typically receive estrogen without progestin because they do not need the progestin. There does not appear to be an increased risk of breast cancer due to treatment with estrogen alone, and treatment in the Women’s Health Initiative trials testing the efficacy of estrogen treatment alone has not been discontinued.

In answer to her own question regarding whether any woman should be taking E+P, Dr. Hsia advised, “The study is not saying women should or should not take estrogen with progestin. Decisions about hormone therapies are highly personal. All a healthcare provider can do is discuss the risks that this trial presented and examine the new data it provided and weigh that against the reasons for taking or considering taking estrogen. If hormone therapy was prescribed for cardiovascular disease prevention, that is clearly no longer a reason to take hormones. However, if hormone therapy was prescribed to prevent bone loss or to relieve menopausal symptoms, then it is a choice that must be weighed. With regard to other types of estrogen and progestin or phytoestrogens, the onus is now on these other hormone therapies to demonstrate better efficacy and safety.”

After providing a brief history of the increased use of estrogen in post-menopausal women, Jack Larsen, MD, chair of the Department of OB/GYN at GW, explained that there is, in fact, a good, functional reason to take hormones, such as reducing hot flashes early in menopause. He cautioned, however, that the results from this study need further examination and that patients must decide for themselves, in consultation with their physicians, whether treatment with estrogen is right for them. “I hope that the early reaction to the data and the abrupt ending of this study is only a flash,” he said, “and that the information can be absorbed and patients and their doctors can digest it and make rational decisions in the patients’ best interests.”
The terrorist attacks on September 11 took a tremendous toll on the mental health of Americans. Many organizations offered a myriad of solutions to deal with the after-effects of this horrendous act—there was a tremendous willingness to help, but many resources were going untapped, due to the lack of coordination of efforts.

Recognizing the need for a consolidated response and facing the harsh reality that another terrorist attack could occur, the Institute for Mental Health Initiatives (IMHI) at GWUMC has stepped up to the plate, offering guidance and leadership.

*Terror to Triumph* is IMHI’s five-year plan to coordinate responses that will help people deal with the emotional aftermath of trauma resulting from terrorism and other violence. Key to that plan is a model that IMHI, part of GW’s School of Public Health and Health Services, has used in their work to foster resilience in children.

Following the terrorist attacks on September 11, it became clear that the concept of resilience could be applied as a natural antidote to terrorism. And, given its extensive work, IMHI was in a unique position to offer mental health guidance and assistance to communities in the aftermath of 9-11.

According to IMHI leaders, terrorism is designed to take power away and to make people feel vulnerable and out of control; conversely, resilience is about empowering people by providing them with the skills and knowledge necessary to gain back control. One skill for resilience is “going through the motions,” or practicing, until something becomes an automatic response. One goal of this initiative will be to prepare people to respond to the trauma of terror automatically, much like fire prevention initiatives teach children to “stop, drop and roll” in the event of fire.

It is the lack of an automatic, planned response that creates the frenzy and feelings of loss of control many people experienced following 9-11.

In training people to be resilient, IMHI focuses on teaching social and problem-solving skills, building a facilitative community and fostering inner strengths, such as the four Cs:
1. Calmness, including relaxation, meditation and spiritual calm;
2. Connections, focusing on reliance on support systems, such as religious communities, support groups, friends and colleagues;
3. Compassion, for yourself as well as others; and
4. Communication, including "self-talk," through which an individual encourages himself or herself that “I can do this, I can manage,” and good communication with others.

**Funding Opportunities**

The *Terror to Triumph Initiative* will have implications for the mental health and well being of adolescents nationwide. Funding opportunities, both large and small, are available to support this initiative. Supporting *Terror to Triumph* results in providing the necessary skills to those people who touch the lives of children dealing with the trauma of terrorism and violence. For more information on IMHI or the *Terror to Triumph Initiative*, including opportunities for funding, please call Stephanie Martin, deputy director, at 202-416-0434 or imhslm@gwumc.edu or visit the web site at www.imhi.org.
The Terror to Triumph Initiative will involve a number of interdisciplinary groups at GW along with outside partners—the department of Psychiatry, Center for Health Services Research and Policy, the International Center to Heal Our Children from Children’s National Medical Center, the department of Environmental and Occupational Health, and Medical Center Communications and Marketing. The plan is to approach the trauma of a terrorist attack from every angle in order to provide the most coordinated response for helping and responding. The primary focus of the initiative will be youth, particularly of adolescent age. Adolescents “natural helpers,” including teachers, counselors, primary care physicians, physician assistants, nurses, parents and community members, will be targeted as key influences in helping to foster resilience and positive mental health in these children.

The media will also be included in this initiative. Adolescents watch a significant amount of television, and television has an enormous impact on children in this age group. In fact, adolescents are often exposed to messages without even realizing it. As a result, television can serve as a significant source of support, in the way of information and resources. IMHI plans to utilize its strong connections with the media to disseminate key messages to the adolescent population.

Policy makers, researchers and clinicians also have an indirect impact on the lives of adolescents; therefore, their roles will be considered as well.

Aiming to enhance the response of these groups of helpers by increasing their knowledge base, the initiative will strive to translate the existing knowledge base into materials and tools that can be used to enhance the resilience of adolescents.

The five-year initiative will be launched with a conference to take place in 2003. Follow up will include activities directed at the above-mentioned targeted groups. These activities will include needs analyses, to determine what tools are needed by particular groups of helpers; development of tools specific to each group of helpers; and training in the use of these tools.

Even in its early stages, the Terror to Triumph Initiative has gained strong support, not only from the School of Public Health and Health Services, but also from outside funding sources that are eager to fund some of the outreach work.

IMHI’s mission is to use a public health approach to advance mental health by building bridges between mental health and media, research and community professionals. IMHI’s response to the 9-11 tragedy included a live chat on AOL focusing on how to help children deal with disasters; distribution to New York and Washington, DC schools of a pamphlet (in both English and Spanish) titled, “What Do You Tell the Children?” initially written to help children recover from the mental and emotional devastation of the Oklahoma City bombing; and assisting callers to a telephone help line as part of a community outreach intervention sponsored by a local television station.

Organizations interested in becoming involved with the Terror to Triumph Initiative or supporting IMHI’s work should contact Stephanie Martin, deputy director, IMHI, at 202-416-0434 or imhslm@gwumc.edu.
A CASE FOR STEM
Hard as it may be to recall, there was a time before September 11, 2001 when stories dealing with things other than terrorism, international conflict or corporate scandal managed to dominate the news headlines. In the summer of 2001, one of these front-page issues was the growing potential of so-called “stem cells” in medicine, and the controversy specifically arising from research on the stem cells found in human embryos. These human embryonic stem cells hold immense potential across the medical spectrum thanks to their singular ability to become virtually any cell in the body.

BY RICHARD SHEEHE
The issue was often portrayed short-handed in the media as a polemic between those who favor research on human embryonic stem cells as a key to fighting a host of diseases, and those who object on moral grounds that such research would destroy human embryos—and therefore potential human life—in the process. Human embryonic stem cells are most often derived from leftover frozen embryos in storage at in vitro fertilization (IVF) clinics.

The truth is that what many have heard about stem cells represents little more than fragments of a larger, more complex and long-term effort to understand how they work and to unlock their potential. In the year and a half since terrorism sucked the air away from most any other topic of public conversation, stem cell research has nonetheless continued to chug along in labs and research centers around the world. And the spectrum of inquiry is becoming as diverse and protean as the cells themselves.

It helps, however, to start with what most people know.

During the summer of stem cell advocacy, big names from Hollywood joined grass roots organizations and others to lobby for government funding of human embryonic stem cell research. Pleas to President Bush were sent by actors Michael J. Fox, who suffers from Parkinson’s disease; Mary Tyler Moore, a diabetic; and Christopher Reeve, who suffered a debilitating spinal cord injury in 1995. They argued that their afflictions, along with many forms of cancer and other illnesses, could someday be treated using stem cells. It was a message that resonated with those like Eric Sellers, a graduate of GW with a master’s degree in health services administration and who, in the summer of 2001, was well into his battle against Stage 2B Hodgkin’s lymphoma.

“I was one week into a residency in Baltimore when I got the diagnosis,” said Sellers. “It was all just sinking in and I was just beginning to look at my options for treatment.”

As the debate continued, ethical and moral concerns remained an issue for many Americans, including President Bush, who ultimately attempted a compromise. He announced in August 2001 that federal funding would be available for research on some 64 existing human embryonic stem cell lines, with the rationale that the embryos for these lines had already been destroyed; but he banned funding for any research on embryonic stem cells acquired in the future. Bush’s guidelines proved instantly controversial among scientists and they remain so today.

Beyond the Headlines
Policy pronouncements do not always translate easily into the scientific picture. And neither do debate talking points.

Advocates of human embryonic stem cell research have sometimes given short shrift to the scientifically based ethical and practical concerns about introducing such cells into humans. At the same time, critics have been known to overstate the potential of so-called “adult stem cells,” the less controversial alternative to embryonic stem cells, which are not derived from embryos and are capable of some differentiation. Finally, some have confused embryonic stem cell research with the generally frowned upon push to clone a human being: these are, in fact, two very different endeavors.

The effort at what some are now calling “regenerative medicine” has actually been underway for decades. The term “embryonic stem cell,” for instance, was coined more than 20 years ago—ages before the current debate. And the ability to grow mouse embryonic stem cells in the lab was considered old hat by late 1998. That’s when James A. Thomson, a biologist at the University of Wisconsin, ignited the popular imagination by first isolating human embryonic stem cells and devising a method to make them grow in the lab nearly as well as mouse embryonic stem cells. While most experts agree that any clinical application of human embryonic stem cell technology is still years away, clinical therapies have already been put into practice involving adult stem cells, something scientists have known about for more than 30 years.

Promise and Pitfalls
Researchers looking to explore the potential of both embryonic and adult stem cells often spend years working through the details of what appears to be a basic calculus regarding the two.

Embryonic stem cells are considered “pluripotent”—undifferentiated and capable of developing into virtually any cell in the body. They are prized for their robust growth in the lab, reproducing themselves to become virtual factories that pump out specialized cells to replace those lost through injury and disease. Still, the mechanisms that control differentiation largely remain a mystery; and the ability of embryonic stem cells to multiply quickly could lead to unregulated cell growth in the body, giving rise to tumors. Introducing embryonic stem cells may also provoke an immune response, causing the body to reject the cells.
Rejection is not a problem, on the other hand, in “autologous” transplants of adult stem cells, where the patient supplies his or her own stem cells for future therapy. Adult stem cells, because they are already partially specialized, are more predictable in their developmental outcome. Their growth rate seems to be limited as well, making them less likely to spur tumors. But this limited ability to grow can make adult stem cells more difficult to isolate in large enough quantities to make a difference in some therapies. And their restricted potential for differentiation narrows their therapeutic potential. Skeletal muscle stem cells, for instance, can develop into several different types of cells found in muscle tissue. However, these stem cells cannot grow into neural cells, blood cells or other kinds of cells in the body.

Dr. Sally Moody, a neuroscience and genetics researcher and professor in the Department of Anatomy and Cell Biology, is one of more than a dozen scientists at GW Medical Center who work with embryonic or adult stem cells, although none is currently experimenting on human embryonic stem cells. Some of these researchers have formed a loose alliance, the Stem and Progenitor Cell Research Group, setting up a Website at www.gwumc.edu/stemcellgroup to share their work with colleagues, students and potential funders. Dr. Moody’s own research centers on understanding the forces that shape the differentiation of cells in the nervous system and how neural stem cells develop.

“We’re all studying very different aspects of differentiation in our favorite cell types with the idea that this information will be extremely useful in the future either with adult stem cells or with embryonic stem cells,” said Dr. Moody. “If we can discover how these cells are making their decisions on a molecular level, we would be able to engineer stem cells to produce the needed cell types.”

Understanding the mechanism behind cell differentiation is a key step toward real treatments. Like Dr. Moody, Dr. Anne Chiaramello is also with GW Medical Center’s Department of Anatomy and Cell Biology and is studying neural cell differentiation. Her long-term goal is to find ways to replace lost neurons due to neurodegenerative conditions like Parkinson’s disease or spinal and other central nervous system injuries. But different afflictions affect different kinds of neural cells. Working with animal cell lines, Dr. Chiaramello is looking for ways to genetically engineer the fate of neural stem cells into a final identity—or phenotype—as a specific kind of neural cell. This could one day lead to customized stem cell transfusions depending on a patient’s needs.

“Someone like Christopher Reeve, who has a spinal cord injury, would need a transfusion different from someone with Parkinson’s disease,” said Dr. Chiaramello. “Parkinson’s involves problems with dopamine, so someone with Parkinson’s...”
Stem Cells to Take Starring Role at GWUMC’s 2003 Research Day

Research on stem cells will be the focus this April at GW Medical Center’s annual Research Day. Dr. John D. Gearhart, with the Institute for Cell Engineering at Johns Hopkins School of Medicine in Baltimore, will deliver a keynote address on the topic.

The first C. Michael Armstrong Professor of Medicine, Dr. Gearhart has been a Hopkins faculty member since 1980 and led the research team there that first isolated and characterized human pluripotent stem cells, which can develop into the different types of tissues that make up the human body. His seminar is titled Human Embryonic Germ Cells: Differentiation and Transplantation.

The eighth annual Research Day at GW Medical Center takes place place on Friday April 25, 2003. Joining Dr. Gearhart in the stem cell discussion are:

- GW Medical Center professor of Anatomy and Cell Biology Dr. Robert Hawley, executive director of Cell Therapy Research and Development at the American Red Cross Holland Laboratory in Rockville, Maryland. He also heads the Holland Lab’s Hematopoiesis Department, which specializes in hematopoietic stem cells, found in the bone marrow and capable of becoming all the cells that make up blood.
- Dr. Kenneth F. Schaffner, University Professor of Medical Humanities at The George Washington University. Dr. Schaffner’s research into the ethical considerations surrounding stem cells is part of his course “The Human Genome Project: Ethical, Legal and Social Implications.”
- Dr. Vittorio Gallo, director of the Center for Neuroscience Research at Children’s National Medical Center’s Children’s Research Center; professor, Pediatrics and Pharmacology
- Dr. Sally Moody, professor of Anatomy and Cell Biology
- Dr. Timothy McCaffrey, associate Professor, Biochemistry and Molecular Biology

For more information on Research Day, call 202-994-2995 or go online to www.gwumc.edu/research

would get a transfusion rich with cells that construct dopamine pathways. With a spinal injury, we’d need a transfusion aimed at neurite extension for cells to reestablish contact with other cells, usually muscle.”

Other diseases considered ripe for embryonic stem cell treatments include Alzheimer’s disease, muscular dystrophy, many forms of cancer, osteoporosis and ALS, commonly known as Lou Gehrig’s disease. Researchers outside of GW looking to battle diabetes have been working on ways to get human embryonic stem cells to develop into specific pancreatic cells, called beta cells, which create insulin, something diabetics are unable to produce and regulate on their own.

Still, most experts agree that embryonic stem cell therapy is many years away from being tried safely on humans. “Decades of work are ahead before we understand the processes that control them, their safety for therapeutic uses and how to get the cells to become what we need clinically,” said Dr. John D. Gearhart, with the Institute for Cell Engineering at Johns Hopkins School of Medicine in Baltimore. His lab was the first to isolate and characterize human pluripotent stem cells from fetal germ cells, and he will be the keynote speaker this spring at GW Medical Center’s eighth annual Research Day, which will focus on stem cell research for tissue repair.

“We need to know on the molecular level what makes embryonic stem cells differentiate and what makes them grow before we introduce them into patients,” said GW Medical Center’s Dr. Moody. “We should understand what these cells are capable of before we start putting them into people.”

Research and Politics

It is a given that before any embryonic stem cell therapy makes its way from animal models to human clinical trials, thorough research on human embryonic stem cells in the lab will have to take place. This is why in the summer of 2001, the scientific community was keenly watching for President Bush’s decision on federal funding of human embryonic stem cell research.

While non-federally funded human embryonic stem cell research has never been illegal, and while Dr. James Thomson managed to find non-federal money for his landmark University of Wisconsin study in 1998, the overall implications for the research community were obvious.

“Government funding is a huge part of research,” said Dr. Kenneth F. Schaffner, university professor of Medical Humanities at GW. “You can’t deny such funding without acknowledging that you’re seriously hampering research in a particular area.”

President Bush’s decision—to allow funding for research on existing lines, while barring money for research on future lines—eventually came on August 9, 2001. For lack of a better gauge, he used the 9 p.m. start time of his speech as the cutoff. He claimed that “more than 60” human embryonic stem lines had been derived by then and were available for federal research. The National Institutes of Health (NIH) had, in fact, conducted a worldwide survey turning up at least 64 cell lines on four continents: plenty, the president argued, to meet the needs of the research community.

Some immediately questioned whether this would be the case. As research progressed, many scientists argued the need for more lines would become unavoidable. Even the University of Wisconsin’s Dr. Thomson expressed doubt. “A couple of dozen is enough to get the research started,” he told reporters in the weeks after the Bush decision. But he argued that researchers would ultimately need many
“The question is whether, when it comes to significant advances that can benefit a large number of people, the conservative position should produce the barriers that it’s now producing,” said Dr. Schaffner, the medical ethicist at GW. “And, in fact, the conservatives themselves have split into different camps on this.”

Dr. Schaffner points to a June 13, 2001 communiqué by Senator Orrin G. Hatch—a Utah Republican and one of the Senate’s staunchest conservatives—to Secretary of Health and Human Services Tommy Thompson. Even though the letter was sent nearly two months before President Bush unveiled his guidelines, some view it now as a possible road map for future policy in a conservative government where Republicans now control both houses of Congress.

“I am pro-family and pro-life,” Senator Hatch emphasized near the beginning of the 10-page letter. But he nonetheless argued that biomedical research involving human embryonic stem cells is legally permissible, scientifically promising and ethically proper.

“To me, a frozen embryo is more akin to a frozen unfertilized egg or a frozen sperm than to a fetus naturally developing in the body of a mother,” the senator wrote, saying it was important to “distinguish between elective abortion and the discarding of frozen embryos no longer needed in the in vitro fertilization process.”

“Hatch is drawing a line,” said Dr. Schaffner. “As technology allows you to do more and more on the cellular level, there are more places you can draw the line on potential human life. And what Hatch has done is to draw the line at implantation.”

Another solution to the ethical conundrum may involve a change in the way human embryonic stem cells are derived from embryos. Instead of destroying leftover IVF clinic embryos to gather the stem cells inside, some are theorizing that scientists may be able to keep the embryos alive, skin some cells off, and then use the embryos normally for implantation.

Indeed, it is already a common practice for cells to be taken from IVF embryos to screen for genetic diseases; these embryos can then go on to be implanted.

“I’ve been to IVF clinics and I’ve seen some of the kids that were the product of these screenings,” said Dr. Timothy McCaffrey, an associate professor of Biochemistry and Molecular Biology at GW Medical Center who has fathered two children of his own through IVF. “Children are being born from screened embryos every day and they’re doing fine. They’re doing better than fine because they don’t have some of these horrible diseases to contend with.”

**Adult Stem Cell Potential**

Regardless of what happens with embryonic stem cells, Dr. McCaffrey’s own work and that of others at GW Medical Center help illustrate just how powerful adult stem cells continue to be as a tool in regenerative medicine. Compared to embryonic stem cells, the lack of research restrictions on human adult stem cells makes them an attractive subject for study; and the reduced risk of tumor growth and immune rejection augur well for clinical applications.

Dr. McCaffrey is studying ways to use adult stem cells to help repair cardiac damage after a myocardial infarction, or heart attack, a condition that afflicts more than 1.5 million Americans annually. Along with Dr. McCaffrey, Dr. Mary Ann Stepp is part of GW Medical Center’s Stem and Progenitor Cell Research Group. A member of both of the Department of Anatomy and Cell Biology and the Department of Ophthalmology, she runs a lab where she has been working with adult human stem cells found in the eye to probe their potential for healing corneal damage from splashed chemicals, thermal burns and other injuries or illnesses. Yet, like many lines of inquiry into adult stem cells, cardiac and ocular therapies for humans are still years away.

Hematologists working with stem cells in the blood, on the other hand, have already cleared a lot of the hurdles ahead for people like Drs. Stepp and McCaffrey. These so-called adult hematopoietic stem cells, informally known as blood stem cells, are capable of producing all the cellular components of blood. Of all the work on adult stem cells, perhaps no field is further along clinically; actual patients have benefited from transfusions of these cells.
Produced in the bone marrow, blood stem cells are able to become red blood cells that carry oxygen, white blood cells that boost immunity, and platelets that help blood clot. These stem cells hold immense value for those with certain blood disorders and cancer patients trying to reconstitute blood and immune systems weakened by massive doses of chemotherapy and radiation.

GW Medical Center professor of Anatomy and Cell Biology Dr. Robert Hawley is executive director of cell therapy research and development at the American Red Cross Holland Laboratory in Rockville, Maryland. He also heads the Holland Lab’s Hematopoiesis Department and says the Red Cross employs a specialized form of dialysis designed to collect stem cells from the blood so they can be stored in bags and frozen for future transplants. This “apheresis” is now done thousands of times a year and involves a hormone administered several days before a procedure to coax more of the stem cells out of the bone marrow and into the bloodstream so they can be collected.

“Apheresis is much less invasive than bone marrow extraction,” said Dr. Hawley. “And generally it is safe and without complications.”

At the same time, attention is increasingly turning to what’s known as cord blood, which is found in the umbilical cord and placenta after the birth of a baby. This kind of blood has been established as a rich source of stem cells and is currently being evaluated in clinical trials. Some research already suggests that cord blood may not have to be as closely matched between donor and recipient as bone marrow or blood stem cells culled through donor apheresis.

This is important because many cancer patients are not able to donate their own stem cells for transplant back into their own bodies: the same chemotherapy or radiation that destroyed the cancer and weakened their blood and immune systems may have also damaged their stem cells. In addition, the cancer cells may have “metastasized”—escaped into the patient’s bloodstream, making tumor-free collection of stem cells difficult. That’s why many need to rely on transplants from donors.

At the Holland Lab, Dr. Hawley is directly involved in research to lay the foundation for so-called “ex vivo expansion” that would extend the growth of stem cells from cord blood in a lab setting. And cord blood is promising enough to the Red Cross that, in a bid to build up supply, the organization recently established a national program to encourage cord blood donations.

Dr. Joao Ascensao, director of GW’s Bone Marrow and Stem Cell Transplantation Program and professor of Medicine in the Division of Hematology and Oncology, maintains a freezer full of blood stem cells as part of his research. Dr. Ascensao’s research includes both basic lab work and actually performing stem cell transfusions on cancer patients and monitoring their progress. In addition to reconstituting blood and immune functions after harsh chemotherapy or radiation, he suggests this kind of therapy may even keep some patients in remission afterward by attacking residual amounts of cancer that might otherwise gain a foothold. But stem cells can’t beat back tumors, and Dr. Ascensao says it’s best to view the therapy as a complement to, not a substitute for, traditional methods of fighting cancer.

“Radiation and chemotherapy are like the major air attack in a war: You need them to smash the major forces of the enemy,” said Dr. Ascensao. “But they can’t get rid of everything, so stem cells are like the mop-up operation that comes in afterwards to finish the job. So far, there is no ‘smart bomb’ in oncology that can do both.”

Dr. Ascensao considers himself fortunate to see stem cells at work in a clinical setting. “There aren’t many fields in medicine yet where you can see these cells at work in actual patients,” he said.

**Therapy in Action**

Eric Sellers, the GW graduate diagnosed with Hodgkin’s lymphoma, is part of a growing population who can talk not just of the potential therapeutic uses of stem cells, but of how they actually have saved lives.

The Stage 2B designation of his disease put him smack in the middle of the one-to-four, best to worst severity range. His cancer was “bulky” in nature, meaning...
A considerable tumor mass was present. In the summer of 2000 he began conventional chemotherapy, but the effects were negligible. Soon afterward, he heard about blood stem cell therapy and how this could augment his chemotherapy.

“I knew it might not be a home run,” he said. “But I thought it might help.” It didn’t. His so-called autologous transplant, using cells from his own apheresis procedure, resulted in only minimal improvement, showing him to be one of the many patients whose own stem cells are too damaged to be of any use.

He traveled to Boston for two, four-week rounds of radiation. The first round killed much of the cancer; the second round killed more. But it wasn’t long before the cancer began strengthening again. “I was running pretty low on options,” he said.

Luckily, one of his dwindling options presented itself in the form of an NIH-funded clinical trial on donor-derived, or allogeneic, blood stem cell transplants. Sellers met the criteria for the study, and, just as important, his younger brother Wayne met all six matching criteria for donors. The cells collected from Wayne’s apheresis were then pumped into Eric intravenously. “I just laid on the table and they stuck the needle in,” said Eric Sellers. “It wasn’t a very dramatic procedure.” But the results were dramatic.

The transplant took, and Sellers soon went into remission without the need for any further chemotherapy or radiation. Although he still battles fatigue, he gained enough strength to go back to work this past October; he’s now a career and academic adviser for GW Medical Center’s School of Public Health and Health Services.

Does he owe his life to cell therapy? The question registers as a bit dramatic for his down-to-earth bearing and the understated way he recounts his story. And his answer is similarly straightforward.

“People need to be educated about stem cells. There’s a lot happening and I’m not sure the media or the public really gets it yet,” he said. “It’s about the human life now and how these cells can help when other therapies aren’t working.”

After working for more than a decade with mice and rats, Dr. Mary Ann Stepp, with The GW Medical Center Departments of Anatomy and Cell Biology and Ophthalmology, is now using adult human stem cells in the lab to find a way to one day treat corneas damaged by chemicals, burns or other injuries.

Corneal epithelial cells, which make up the clear cornea on the surface of the eye, are manufactured by stem cells that reside near the outside edges of the cornea, usually tucked behind the whites of the eyes to avoid excessive exposure to ultraviolet light. As with the skin, the cornea is exposed to the outside world and these stem cells in the eye routinely pump out corneal epithelial cells to maintain the cornea through normal wear and tear. Yet, some injuries are too severe to be healed this way and there are also people who are not able to produce enough of these stem cells even for normal corneal maintenance. Corneal transplants are an imperfect solution and they often fail to heal properly when the damage is in the peripheral area of the cornea.

Dr. Stepp is trying to characterize in the lab the behavior of adult human stem cells from the eye so doctors may one day transplant these kinds of cells to heal the cornea. Patients with only one injured eye could conceivably donate stem cells from the healthy eye. Otherwise, stem cells from eye bank donors might be an option. But this raises the specter of rejection and the ethical cloud of putting patients on potentially life-threatening immunosuppressive drugs to treat a non-fatal condition.

“Blindness is a major quality of life issue,” said Dr. Stepp. “But it is not life threatening. These are decisions that require a lot of discussion about ethics.”

Like the cardiologists who look to skeletal muscles to supply stem cells for the heart, Dr. Stepp says it may be possible to convert a person’s own oral mucosal epithelial cells—skin cells like those found on the inside of the cheek—into stem cells that can work on the cornea. Researchers in Japan have made some preliminary progress on this but years of research still lie ahead before any of these therapies might make their way to human patients. Dr. Stepp has only just begun to chart the behavior of the human adult stem cells in her lab.

“We’re still busy at identifying surface markers and trying to characterize how these cells behave,” she said. “And we’ve got a lot to learn about enrichment and how to purify before we can think about transplantation.”

Dr. Mary Ann Stepp
Department of Health Policy to Play Major Role in National Health Policy Agenda

By Debbie Goldstein

With healthcare at the forefront of the national agenda, health policy issues have taken on increasing importance, as the resulting health policy decisions will have population-wide implications. Hence, it is imperative that health policy experts—current and future—integrate both public health and health services in responding to policy issues regarding our nation’s healthcare delivery. GW’s new Department of Health Policy will play a critical role in preparing students to address these health policy challenges.
In July 2002, the School of Public Health and Health Services (SPHHS) introduced the new Department of Health Policy, home to the School’s health policy studies and research. Unlike any other school of public health in the country, the SPHHS’ Department of Health Policy focuses only on health policy—and on virtually all phases of U.S. health policy, both public health and health services—positioning it to train students in the full spectrum of health policy.

“The new Department of Health Policy, critically linked to the Center for Health Services Research and Policy (CHSRP), helps make the SPHHS a resource for getting answers to questions, and perhaps more important, a resource for uncovering the questions we have not yet begun to consider,” says Richard Southby, PhD, interim dean, SPHHS. “The high quality of academic leadership and scholarship in the Department, the CHSRP, our School and the Medical Center guarantees that the Department of Health Policy will be a critical presence in every policy discussion in our nation’s capital.”

The Department of Health Policy’s entering class of 2003 represents the first class to study under the completely redesigned curriculum that focuses on both the content of health policy and the skills and methods of health policy analysis. The faculty will include individuals who are leading health policy experts in their respective fields. A special emphasis will be placed on medical, nursing and other health professionals who desire careers that either focus on health policy analysis, or require significant training in one or more fields of health policy (national trade associations, the governmental and public affairs departments of major healthcare systems and organizations, or positions in government.)

The Department’s academic programs emphasize preparing students to understand and analyze health policy matters in a broad, crosscutting real-world context. Because of the School’s premier location in Washington, DC, the epicenter of the nation’s health policy making, the Department provides students with real-world experiences unmatched anywhere else. According to Sara Rosenbaum, JD, interim chair and Hirsh Professor, health policy students will learn from the “best of the best,” with courses taught by core faculty as well as Washington, DC’s health policy leadership. Says Rosenbaum, “Our students will have a distinct advantage over students elsewhere in the country. Nowhere else will students be taught regularly by national practicing experts in virtually all areas of health policy.”

Students can pursue various degrees through the Department, including:

**Urgent Matters: Reinventing the Emergency Department**

Urgent Matters is a $4.6 million initiative of the Robert Wood Johnson Foundation, housed in the SPHHS’ Center for Health Services Research and Policy (CHSRP), to help hospitals eliminate emergency department (ED) crowding and help communities understand the challenges facing the healthcare safety net. To enhance the outcome of this initiative, the CHSRP is also collaborating with the Agency for Health Care Research and Quality in a data-sharing partnership.

Studies across the U.S. confirm that EDs are more crowded now than ever, leading to long waits for patients to be seen or to be admitted to the hospital and diversion of ambulances to other hospitals. While overcrowding is a problem nationwide, it appears to be significantly acute in metropolitan areas, such as Boston, Phoenix, Seattle, Dallas, Houston and San Francisco, for example.

Numerous factors contribute to this overcrowding, including the fact that the ED is the “provider of last resort,” used by uninsured individuals for all medical treatment; the vast increase in the number of elderly people who often require emergency medical treatment; changes in physician practice may encourage patients to use the ED for treatment; increased difficulty for patients to access medical specialists; and the current nursing shortage. While it is beyond the scope of this project to correct these problems, the project will develop and provide a “tool kit” to help hospitals manage their operations better in order to improve the quality and timeliness of ED care.

Ten hospitals around the country will be selected to participate in this initiative. Each participating hospital will receive $100,000 in technical assistance to develop and implement best practice strategies. Of those 10 hospitals, four will receive up to an additional $250,000 in grant funding for a specific innovation or improvement to lessen ED crowding. Resulting “lessons learned” from this initiative will be translated into guidelines and programs for national dissemination and implementation.

In addition, to assess and highlight the state of local safety nets in these 10 communities, all sites will participate in a safety net assessment and community education process in conjunction with an identified community partner, such as a local school of public health or chamber of commerce.

Information gleaned from these processes will be disseminated to opinion leaders and key decision makers in the community, including business leaders, public officials and providers. A variety of on-line tools, including discussion groups, grantee reports and descriptions of successful innovations and improvements to lessen ED crowding, will be among the strategies used to provide hospitals with valuable management tools and to help local communities craft solutions to the problems faced by their healthcare safety nets.

For more information on the Urgent Matters initiative, visit the web site at www.urgentmatters.org or email info@urgentmatters.org.
• A Master of Public Health degree with a concentration in health policy for students who wish to develop policy analysis skills for use in real-world practice settings at both federal and state levels of government;
• A Master of Science degree for students interested in a career in academically oriented health policy-related research;
• A Master of Health Services Administration degree for students who wish to train as health services policy analysts; and
• A Doctor of Public Health degree specializing in health policy.

A graduate certificate in health policy is also available.

The health policy curriculum is structured to train students in the methods and tools of health policy analysis, including qualitative and quantitative analysis techniques, legal analysis, economic analysis and the preparation and presentation of research results and policy options to health policy makers. Moreover, the Department of Health Policy, in collaboration with other departments of the School, offers courses in virtually all phases of U.S. health policy. Some topical examples are: coverage of the uninsured; health insurance and employee benefits; health services for underserved and medically vulnerable populations; minority health policy; HIV/AIDS policy; Medicare and Medicaid; state and local health policy; maternal and child health policy; pharmaceutical and biotechnology policy; long-term care policy; competition, regulation, and rationing in the American healthcare system; and health policy, patient autonomy and human reproduction.

The Department of Health Policy is also home to the Center for Health Services Research and Policy, the research arm of the Department. It is through the Center that Departmental faculty and staff

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Improving Access to Alcohol Treatment

Alcohol-related problems are a significant public health concern, with nearly 14 million Americans (1 in every 13) meeting the diagnostic criteria for alcohol dependence or alcohol abuse. Despite the fact that alcohol-related problems can be detected and effectively treated, only 700,000 Americans receive treatment annually, a statistic that highlights the need for opportunities for treatment to be expanded.

The Improving Access to Alcohol Treatment Project, funded by the Pew Charitable Trust and housed at the SPHHS’ Center for Health Services Research and Policy, will build a case for equitable health insurance coverage and equitable access for the treatment of alcoholism. Through three phases of the project (research and analysis, outreach and communications) the project will produce and disseminate a series of reports, educational primers and issue briefs.

The eight reports will highlight current health insurance benefits for alcohol treatment, identify limitations and gaps in coverage that are barriers to necessary services, demonstrate the consequences of these barriers and suggest options for improvement. The first report, “Assessment of the strengths and weaknesses of private health insurance coverage,” was released in December, and a companion web site was launched. The next report, “Assessment of public opinions and perceptions about alcohol problems, alcoholism and alcohol treatment services,” based on a national public opinion poll, will be released in February.

Other publications will include issue briefs, which will highlight 14 market sectors, including the hospitality industry, the manufacturing industry, banking and financial services, auto manufacturing and higher education (university community), and will document current benefits and use patterns and other industry-specific information. The project will analyze the forces affecting health benefit decisions of the 14 major market sectors and will tailor materials, outreach and communications strategies to the needs and expectations of these sectors.

Finally, a series of six in-depth primers will be produced for business and public agencies that purchase group health insurance to help employers and policy makers better understand the issues surrounding improving access to alcohol treatment services. Likely topics include Alcoholism as a chronic illness: The Chronic Care Model; The kinds and effectiveness of treatment for alcoholism and alcohol-related problems; Employee Assistance Programs; The costs and outcomes from treating alcoholism and alcohol-related problems through health insurance programs; Coverage of alcoholism treatment in other countries; and performance measures that employers and public purchasers can use to evaluate the quality and effectiveness of services.

Information on the Improving Access to Alcohol Treatment is available by contacting Eric Goplerud at goplerud@gwu.edu or Pat Taylor at pataylor@gwu.edu.
Sample Curriculum

Master of Public Health/Health Policy

The mission of the 36-credit Master of Public Health (MPH) degree with a specialization in Health Policy is to train health, law and other professionals seeking careers in health policy analysis and practice in the substance of health policy and the skills and methods of health policy analysis.

MPH "Core" Course Requirements

- Epidemiology and Preventive Medicine (3 credits)
- Biostatistical Applications for Public Health (3 credits)
- Environmental-Occupational Health (2 credits)
- Introduction to Health Management (2 credits)
- Introduction to the American Health Care System (2 credits)
- Social and Behavioral Science Methods (2 credits)

Course Requirements Specific to the Health Policy Specialty

- Introduction to Health Policy Analysis (3 credits)
- Applications of Health Policy Analysis (3 credits)
- Health Services and the Law OR Public Health and the Law (3 credits)
- Health Economics and Financing OR Decision-Making in Clinical Epidemiology and Public Health (3 credits)
- Special Project (Including Seminar) (3 credits)
- Topics/Elective (7 credits), see below

Additional Course Requirements

- Biological Basis of Public Health (3 credits)
- Introduction to Preventive Medicine (3 credits)

Illustrative Examples of Electives Courses

- Advanced Seminar in Health Economics (2 credits)
- Communicating Health Policy (1 credit)
- Corporate Compliance (2 credits)
- The Federal Budget Process and the Making of Health Policy (1 credit)
- Health Care Fraud (1 credit)
- Health Care Quality and Health Policy (2 credits)
- Health Care Safety Net Policy I (1 credit)
- Health Law for Managers (2 credits)
- Health Systems of the VA and the DoD (1 credit)
- Issues in Federal Disability Law for Health Employers, Providers and Programs (1 credit)
- Legal Issues in Medicare & Medicaid Managed Care Policy (2 credits)
- Maternal and Child Health Policy (2 credits)
- Mental Health & Substance Abuse Policy (2 credits)
- Minority Health and Health Policy (2 credits)
- Prescription Drug Policy (1 credit)
- Regulation of Employee Health Benefit Plans/Health Insurance Law (1 credit)
- State Health Policy (2 credits)
- The Use of Scientific Evidence in Health Law and Policy (2 credits)
- Welfare Reform and Health Policy (1 credit)

conduct their research and hold grants. The Harold and Jane Hirsh Health Law and Policy Program, a special program for law degree candidates pursuing careers in health law and policy, is also housed in the Department. Two major research projects currently underway are the “Urgent Matters” Program, funded by the Robert Wood Johnson Foundation and “Improving Access to Alcohol Treatment,” funded by the Pew Charitable Trust.

The Department is also in the process of developing a Minority Health Policy Studies Program that will specialize in policy studies related to minority health and health disparities and that will offer health law and policy fellowship opportunities for minority law graduates.

Taking advantage of its location in Washington, the Department will also offer lectures and symposia on emerging issues in health policy. To provide students with a well-rounded classroom experience and real-world experience with health policy issues, it is crucial that a health policy department not only provides an academic experience but also supplements didactic learning with out-of-classroom exposure to leading thinkers in the field of health policy.

In November, the Department initiated a speaker series called “A Life in Health Policy.” This late-day seminar series, designed for GWUMC faculty, staff and students, will bring to campus a distinguished speaker who has made a significantly major contribution to health policy. Over the course of the series, the full panoply of policy issues will be covered. The first speaker was Dr. Edward Brandt, who, among other positions in his long and distinguished career, served as Assistant Secretary for Health under President Ronald Reagan. Dr. Brandt played a significant role in developing the initial U.S. health response to HIV.

For more information on the Department of Health Policy and related education and research activities, please visit www.gwhealthpolicy.org.
As they prepared the auditorium for this special ceremony, many of them remembered the year before when they put their white coats on for the first time. This year more than 300 GW alumni donated funds to provide white coats to GW's Class of 2006. It was the second year of a tradition started by the GW Medical Center Alumni Association. In fact, the event was such a big hit, the venue for the moving ceremony had to be changed to Lisner Auditorium on the GW campus to accommodate all the family and friends in attendance. GW's first-year medical students don their white coats at the beginning of their academic year (instead of at the end) and also recite the GW School of Medicine and Health Sciences oath.

In addition to the white coats, first-year students received plenty of advice from speakers at the ceremony. Months later we contacted some first year students to see how they incorporated these words of wisdom into the rigors of their first year of medical school.

Second-year student Loren Michael Scher, who organized the ceremony and orientation week activities, told the first years, “It’s not the white coat that matters, but the knowledge and experience it stands for.”

Nick Gilman responded: “Were Nathaniel Hawthorne alive today, and had he remained the social critic that he was, he might remark, with great irony, that the advent of the white coat resembles a resurrection of the Scarlet Letter: A complex symbolic piece, often vilified within legal, public and political circles, yet both revered, distrusted and often misunderstood by the population its wearer serves. The French linguist-philologist Roland Barthes might see in it the semiotic value of a pure white space serving the public as a reflective, receptacle-like space within

Derrick Pau, MS I, gives his white coat a trial run before the GW Medical Alumni Association White Coat Ceremony.
which they can project their own collective myths and fears regarding the physician established during latency as well as sublimated desires for wellness and happiness and the hope that the physician will grant this without extracting a proportional cost. While I can clearly see these, as well as other, various representations, I prefer to view it as a unique identifier, a simple shell, too large yet, that I must slowly begin to fill and only finally shed once its purpose has been served...and its purpose? There’s the rub: Know this and you have already served as a fine physician.”

Said John F. Williams, MD, EdD, vice president for Health Affairs and dean of the School of Medicine and Health Sciences, “The white coat is a symbol of earned respect, professionalism and trust,” Roberto Contreras II said “That was especially made apparent to me when the white coat was put on my back at the ceremony. Standing there with my family in the audience brought the realization forward. I am the first-born child in my family to go to college and now am the first in graduate school. As I put on the white coat, my family gazed at me in a different manner. They saw respect that the white coat adheres to its bearer. As far as they were concerned, I already had made it. I know that it is a long, difficult road that lies ahead, but this piece of cloth tells me that I can and I will do this. Like I said, my family feels like I already have made it, and who am I to let them down?”

Alumni Association President Bruce Ammerman, MD ’72, GME ’77, told the class “the white coat symbolizes our shared commitment to our profession, our community and ourselves.” To student Tamar Jackson this means “The community sees those who don the white coat as individuals who have decided to make their way of life one of caring and compassion for others. It’s a symbol of dedication to a lifetime of learning, not for self-benefit, but in the service of others. Also it serves to remind us that although we wear it, we are not separated by any means from those in our communities whom we serve. We are to play vital roles in our communities without pretense or haughtiness.”

“The white coat is a mantle of privilege and responsibility,” said Kenneth Moritsugu, MD ’71, MPH, Deputy Surgeon General. Future doctor Jay Katzen replied, “I am glad to accept the responsibility of wearing a white coat and I know that my preparation here at GW Medical School will help me become a competent and compassionate physician.”

GWUMC VPHA and Provost John F. Williams, MD, EdD, and Deputy Surgeon General Kenneth P. Moritsugu, MD ’71, MPH, join GW Medical Alumni Association President Bruce Ammerman, MD ’72, GME ’77, to present Aminah Alleyne, MS I, with her White Coat. The trio recalled the tradition of the white coat as well as the role of GW as a model academic health center—both representing a commitment to the healthcare profession, education and service to the community.
Editor’s Note: GWUMC students often receive distinction and involve themselves in communities here and abroad. In the next several issues, we will be sharing some of their experiences. If you have information to share, please send it to mcmldb@gwumc.edu.

Students Experience Medicine Abroad

Kenya

Louis Lee, MS I, volunteered for two months during the summer at an HIV/AIDS orphanage in the small town of Karen, outside of Nairobi, Kenya, treating and caring for 84 children between the ages of two and 20 (all infected from birth). The orphanage is run by an organization, Nyumbani, created by a Jesuit priest/psychiatrist.

Lee said the orphanage recently received grants toward antiretroviral medications which have helped decrease the mortality rate of the children. “I became a physician to heal others, physically and spiritually … and there is no better place to practice this art than in the bowels of AIDS-riddled Sub-Saharan Africa. I plan to return to Nyumbani and invite my classmates.”

India

Carla Mandili and Matthew Gummerson, MS IIs, traveled through India with Dr. Glenn Geelhoed, delivering medical care to isolated populations along the Tibetan borderland. The two-week expedition is run through Himalayan Health Exchange. During five days of clinic experiences, the 14-person team of medical students, doctors and nurses saw more than 750 patients. Conditions endemic to the area, according to Mandili, included pterygium, osteoarthrits, gastroesophageal reflux disease (GERD) and gastric cancer. They also observed mitral stenosis, hairy nevus and thyroglossal cyst.

“The trip was a wonderful, eye-opening experience,” said Gummerson. “Being with the people of the Hindu and Buddhist cultures was a kind reminder of the strength and caring of the human spirit. It was surprising to see firsthand how many people in the world have no access to healthcare and it was satisfying to be able to make a huge difference in the lives of the few hundred we were able to see. Clearly much is left to be done as there are many areas in the world that continue to receive no healthcare.”

Following her tour in India, Mandili spent four weeks in Cuernavaca, Mexico, to do intensive medical Spanish study and to work in a local clinic. While in Mexico, Mandili also met with a traditional Mexican healer and toured a local medicinal herb garden.

Mexico

Jill Caplan, MS III, participated in the Mar de Jade medical student elective program during the summer. Mar de Jade provides a 24:7 dispensary and medical clinic to the residents of the small fishing town in Mexico. Caplan said she volunteered at the free clinic “to gain a better understanding of how to treat and diagnose in Spanish and to see firsthand the different hardships that other cultures experience in healthcare and everyday life.” She notes that the medical supplies were donated and they made house calls frequently. “There was one day where we did consultations for five hours while sitting outside under a tree.”

Nicaragua

Brent L. Crabtree, MS IV, traveled to Nicaragua to work with an impoverished town. He performed physicals, diagnosed diseases and more. This was the second trip to a developing country for Crabtree. “One of the greatest benefits of choosing GW for my medical training has been the opportunities made available and the support I have felt from faculty and staff while pursuing personal interests.”

Prague

Andrew Fenton, MS IV, spent three weeks in Prague working at a number of hospitals. With one small group, Fenton says he was exposed to the functioning of a national healthcare system and Czech-style medicine, such as pulmonology (including a trip to the TB clinic located in the mountains), pediatrics and neurology. “I was taught by some of the leaders in Czech medicine, including one-on-one teaching with the former Minister of Health,” says Fenton. He also worked at a 1,500-bed hospital in the center of Prague that draws patients from throughout Eastern Europe due to its modern equipment. “I was surprised that their facilities and technology were nearly as advanced as ours. Yet, it proved to be quite a contrast with the U.S.—patients stay in the hospital for much longer and doctors have little incentive to be productive and efficient. On the other hand, even the poorest citizens receive the best treatment.” While there, Fenton worked with patients who had rare diseases and illnesses and met a man who had survived three Nazi concentration camps and 20 years in a communist jail.
Eighteen Graduate in Oman

The Ronald Reagan Institute of Emergency Medicine and the Emergency Health Services (EHS) Program graduated 18 physicians and nurses from the Sultanate of Oman on August 15. The graduation capped a one-year EMS training program as the first step in development of the first National Ambulance Service in Oman.

The Reagan Institute and EHS program have been assisting Oman since May 2000 in the design and development of their EMS system. “It has been a great honor to work with Oman and to develop a system that will positively impact the healthcare of the entire country,” says Gregg Margolis, director, EHS Program.

The collaborative relationship will continue this fall with direct oversight of the implementation of the new EMS Training Center in Oman and the recent arrival of eight cadets from the Royal Omani Police. They are in training to operate the new dispatch communications center in Oman by the summer of 2003. “We truly value our relationship with Oman and look forward to ongoing collaboration with the Royal Omani Police and the Ministry of Health as Oman continues to improve pre-hospital and hospital-based emergency services,” says Jeff Smith, MD, MPH, director of International Programs of the Reagan Institute.

Fulbright Scholar Explores Protocols at GW

Fulbright Scholar Adrian Tyson has temporarily replaced his shield with a textbook as he tackles studies with the School of Public Health and Health Services (SPHHS). Tyson arrived on GW’s campus in August from London to gain the knowledge and experience to develop protocols for investigating the rising number of suspicious medically related deaths in his native United Kingdom.

“The number of deaths referred to the police that are attributed to medically related practices in the United Kingdom is rapidly increasing and we are ill-prepared for a significant part of the work,” said the deputy senior investigative officer. “I felt compelled to submit a research outline to the Fulbright Commission to look at how the police in the United States respond, what protocols are followed and what lessons could be learned to enhance or improve the investigative process in the United Kingdom. Fortunately, it was approved and I am here at GW to get the best research and expertise available in the public health field.”

Tyson’s interest was particularly piqued following the inquiry of Harold Shipman, MD, in 2000. Dr. Shipman was accused of killing 15 patients from his Market Street office near Manchester. Further, officials suspected he was connected to other deaths. An outgrowth of the case was an independent assessment to determine what changes needed to be made to existing systems at all levels to safeguard patients. That inquiry continues today.

Meanwhile, the 19-year veteran detective continues to work with SPHHS and area law enforcement officials to develop protocols for handling related investigations and to offer assistance to his colleagues in the United Kingdom. Tyson just learned about a recent honor—upon returning to the United Kingdom, he will be detailed to work with key members of the UK’s Department of Health Service to develop a memo of understanding between police and the national health service; thereby putting his newfound studies to immediate practical application.

Reagan Institute Assists Chile with Education, Training

The Ronald Reagan Institute of Emergency Medicine (RRIEM), in collaboration with the Catholic University of Chile in Santiago, co-sponsored the first-ever emergency medicine conference in Chile in September. More than 200 physicians and Chilean Ministry of Health representatives, as well as colleagues from neighboring countries, attended the five-day conference.

The conference promoted the development of the specialty of emergency medicine in Chile and provided a forum for learning and collaboration. According to Dr. Jeff Smith, director of International Programs and co-director of the RRIEM, “this conference is a wonderful addition to existing efforts that are dedicated to the development of emergency medicine in Chile.” The conference now will be held annually with the number of participants for next year expected to double.

While in Chile, RRIEM staff met with the university president and dean of the medical school to sign a Memorandum of Understanding to continue the education and training in emergency medicine provision between the two institutions.

Dr. Smith represented RRIEM along with Dr. Robert Shesser, Department of Emergency Medicine chair and RRIEM co-director; Dr. Bruno Pettinaux, assistant professor of Emergency Medicine; Dr. Terri Mulligan, International Emergency Medicine fellow with RRIEM; Dr. Michael Rapp, associate clinical professor; and Dr. Dan Hanfling, disaster management coordinator, INOVA Health System.
Even some rain couldn't dampen the enthusiasm of alumni returning to the GW campus for Colonials Weekend in October. For the Medical Center, events got underway early Friday with the dedication of a new plaque to honor Nobel Laureate and former chair of the Biochemistry Department, Vincent du Vigneaud, PhD. The School of Medicine and Health Sciences’ Convocation at Lisner Auditorium followed as a fitting beginning to the academic year. The keynote speaker was Robert Rosenberg, MD ’61, PhD who is the Whitehead Professor of Biochemistry, professor of Biology and director of the Program of Excellence in Molecular Biology of the Cardiovascular System at MIT and the William B. Castle Professor of Medicine at Harvard. Dr. Rosenberg’s speech about innovation and striving for excellence enthralled first-year medical students who later donned white coats and recited the School of Medicine and Health Sciences oath, symbolic of the start of their medical school program. Convocation was also the time for honoring, residents, students and faculty with awards. A banquet Friday evening for Health Services Management and Leadership Alumni mixed current students with alums. The weather cleared in time for a successful barbecue on Saturday featuring the sounds of “Code Blue.” Medical Center and other alumni got a chance to tour the new GW Hospital and see interactive demonstrations on the sixth floor in the Physical Therapy area and the Clinical Learning and Simulation Skills Center (CLASS). SMHS Associate Dean James Scott, MD, lectured on “Teaching Tomorrow’s Doctors Today,” while Christina Puchalski, MD, founder of The George Washington Institute for Spirituality and Health (GWish) spoke on her initiatives in mixing spirituality into the medical curriculum and patient care. Engineering the successful Medical Center events came with the assistance of a new student organization called the Traditions Alliance with representatives from both the SMHS and the School of Public Health and Health Services (SPHHS). If alumni feedback was any indication—a good time was had by all!
Alec Horwitz Memorial Award:
Todd Call & Jeremy Burt

Goddard Prize in Pharmacology:
Todd Call

Distinguished Alumnus in the Health Sciences Award:
Eric Moreland Jones, BS '98

Herbert Nickens Minority Faculty Fellowship Award:
Janice Blanchard, MD, MPH, GME '98

Distinguished Teacher Award: 
Benjamin Blatt, MD

Distinguished Researcher Award:
Robert D. Rosenberg, MD '61, PhD

Herbert Nickens Minority Faculty Fellowship Award:
Janice Blanchard, MD, MPH, GME '98

Distinguished Teacher Award:
Benjamin Blatt, MD

Distinguished Researcher Award:
Robert D. Rosenberg, MD '61, PhD

Distinguished Community Service in the Health Sciences Award:
Evelyn Marr, MSN, FNP

Faculty Distinguished Researcher Award:
Gary Simon, MD, PhD

Distinguished Teacher Award:
Linda Werling, PhD

Case Report Resident Research Award:
Jessica Caroff-Kell, MD '99

Distinguished Alumnus in the Health Sciences Award:
Eric Moreland Jones, BS '98

Herbert Nickens Minority Faculty Fellowship Award:
Janice Blanchard, MD, MPH, GME '98

Distinguished Teacher Award:
Linda Werling, PhD

Case Report Resident Research Award:
Jessica Caroff-Kell, MD '99
Dear GWUMC Alumni and Friends,

What an exciting time to be a part of the momentum at The George Washington University Medical Center!

New research initiatives, innovative student curricula and increased faculty recruiting are combining to help the Medical Center achieve its strategic goals ahead of schedule. There’s an infectious energy palpable on campus. Of course, playing a vibrant role in this picture is the new GW Hospital. Finally, there is a technologically advanced clinical facility to match our superior education and research programs.

As a recent outsider looking in, it was always evident that GW Medical Center was true to its core missions of education and research and that helped it survive the challenges faced by many academic health centers across the country. Now on the inside, I realize a key component of our future success will be to increase philanthropic support to all areas of the institution. There is a wide range of gift opportunities that alumni, community members, physicians, faculty and students have available to them to help GW’s Medical Center continue to achieve its goals.

Current gifts to support exciting initiatives, pledges to make a significant impact over time and estate plans to ensure the future of the Medical Center are all important ways to give. With pleasure and pride, we share the stories of people who have made gifts to GW that are meaningful to them personally and that are important in the life of this institution. A gift to the GW Medical Center is a reaffirmation of our institution’s legacy in medical education, research and patient care. We must continue to build on our past successes to ensure our future.

I hope that you will consider The George Washington University Medical Center and its various components as personal philanthropic priorities. We look forward to working with you on meaningful investments that create the very best opportunities for students, faculty, patients and alumni.

Pamela Clapp Larmee
Associate Vice President
Medical Center Advancement

Larmee Tapped to Head Up Advancement

GW Vice President for Advancement Beverly K. Bond and Vice President for Health Affairs John F. Williams, MD, EdD, recently announced the appointment of Pamela Clapp Larmee as associate vice president for Advancement—Medical Center. Larmee will focus on development and philanthropic activities related to the Medical Center.

Larmee comes to GW from Children’s National Medical Center in Washington, DC, where she has served as director of principal gifts since 2000; she spent the previous year there as director of major gifts. Larmee moved to Washington in 1999 from Ann Arbor, Michigan, where she served as an associate regional director of the University of Michigan’s Central Major Gifts Program.
“Pam has a strong track record in the advancement field from her work with Children’s National Medical Center and the University of Michigan,” said Vice President Bond. “She will bring a clear focus and proven leadership to our efforts to bring the GW Medical Center further into the national spotlight.”

“We are happy to have Pam heading up the Medical Center’s advancement team. She will spearhead our efforts to raise awareness and funding for our Cancer Initiative,” said Dr. Williams. “In addition, we know she will build partnerships that will enhance our education and research efforts on the 6th floor of the new GW Hospital.”

A native of Wisconsin, Larmee obtained her bachelor of arts in English from the University of Michigan in 1992. She immediately began working for her alma mater’s development office, holding a number of positions over the next seven years that ultimately led her to oversee multi-million dollar annual regional gift totals. At Children’s National Medical Center, she managed a $1 million budget and developed strategies to raise $18 million annually. Larmee also led a major and planned giving team during a $250 million comprehensive campaign. She is a member of the Association of Fundraising Professionals, the Association for Healthcare Philanthropy and numerous other fundraising and philanthropic organizations.

“This is a fantastic time to be joining GW Medical Center,” said Larmee. “The growing list of research projects, community outreach initiatives and the opening of the new GW Hospital this year present some very strong opportunities for advancement and philanthropy at the Medical Center.”

Burgess Gives Back to GW

Mary Burgess said she had always been interested in medicine. For decades, she volunteered at The George Washington University Medical Center, starting as a Red Cross helper during World War II. She continued to serve as a volunteer on the Women’s Board of the GW Hospital for more than 50 years. Mrs. Burgess, with her late husband, Samuel M. Burgess, LLM ’25, decided before his death to leave their estate to GW. Those wishes will result in a generous gift of more than $1,000,000—half designated for the Medical School and half for the Law School—to be used for scholarship and loan funds. At a luncheon hosted by the Schools’ deans, Mrs. Burgess expressed, “I feel very, very, close to GW, and I am committed to helping young people attain the high-quality medical and legal educations available here.” Mrs. Burgess passed away in April at age 99. “All my years have been spent surrounded by good and caring friends. When so much has been given you, it’s only natural to want to give something back.”

Dr. Diane Perrine Luckmann

Diane Perrine Luckmann, MD ’59

Diane Perrine Luckmann, MD ’59, is an enthusiastic and loyal alumna who treasures her experience at GW. She spent much of her career as an assistant professor teaching anesthesiology in the Family Medicine Program at the University of Tennessee in Memphis and practicing medicine full time until her recent retirement. However, Dr. Luckmann still led a fascinating and varied life in medicine that has carried her around the world. A true giver at heart, Dr. Luckmann used her medical expertise to build an equally impressive career helping the needy overseas.

Shortly after her graduation from GW, Dr. Luckmann began working with the Flying Doctors in Kenya. Yet, it was in 1988, when she volunteered to work with Mother Theresa for several months in Calcutta, that her love affair with third-world medicine reached its peak. While in India, she went on to work in Titigar, providing medical assistance to individuals afflicted with leprosy. In 1990, Dr. Luckmann, an anesthesiologist and
Giving Through Bequests

Making a bequest provision is one of the oldest and most popular methods of making a donation, and it is the easiest gift arrangement that a donor can make with The George Washington University Medical Center. A bequest of cash, securities or other tangible property becomes a completed gift (transferred through the will) only upon the death of the donor.

Types of bequests are:

Specific bequest: a bequest of a specific item, which is distinguishable from all other items. For example: "my grandfather clock," "my savings account #55432 at Centennial Bank." In the distribution of an estate, specific bequests are distributed before other bequests.

General bequest: a bequest that does not provide the source of payment, for example, "the sum of $50,000." General bequests are distributed after specific bequests, and the executor may honor it from any available source in the estate.

Residuary bequest: a bequest of all or a portion of the estate after all expenses, debts and taxes are paid and specific and general bequests are distributed and can be expressed as a percentage. If arrangements are not made for the residuary of the estate, any asset not mentioned specifically in the will is treated as though the donor had died without a will (in testate).

Contingent bequest: a bequest that takes effect only after certain conditions are met, such as, if the primary intention of the donor cannot be met or if a beneficiary predeceases the donor, and contingent provisions are stated. There is no certainty that a contingent beneficiary will receive anything.

For more information on planned giving and designing a program that meets your financial needs, please contact the Office of Medical Center Advancement at 202 994-7511.

emergency medicine specialist, went to Papua, New Guinea, to provide trauma care in a Seventh Day Adventist hospital in a region known for its tribal warfare.

Despite her overwhelming commitment to medicine and aiding the needy, throughout her career, Dr. Luckmann always made time for her "extracurricular" interests. She is an avid—and active—ballroom dancer who continues to dance almost daily. She is proficient in both U.S. and European styles. So talented is she that she is considering turning professional, but has not yet made a decision.

A lover of animals as well, Dr. Luckmann has six cats, although she insists that it's "not on purpose."

Since her retirement, Dr. Luckmann keeps her medical knowledge up to date by attending continuing education lectures at a local hospital near her home in San Francisco, California. She also continues to be committed to working overseas to help the needy and is interested in participating in some of GW’s medical assistance programs overseas.

Yet, her dedication to GW does not stop there. Dr. Luckmann recently documented a large gift to GW in her will as part of her estate planning. This commitment to GW qualifies her for entry into the prestigious Heritage Society, which recognizes individuals who have made provisions for planned gifts to the University. Dr. Luckmann has been a long-time supporter of GW, and the direction of this large gift in her will to GW exemplifies her spirit of giving and serves as a testament to her loyalty to her alma mater.

Profiles in Stewardship

Reunions and Class Giving – A New Tradition

For milestone anniversary classes, reunions are more than a chance to bring the entire class back to their alma mater to renew old friendships and catch up on the latest developments on the GW campus. It is also a perfect time to reflect on the benefits and privileges gained from the academic programs that so convincingly moved your lives forward. Often, reunion classes of the 10th, 25th and 50th years create significant class gifts to honor those special milestone anniversaries.

Leadership committees in anniversary alumni classes are encouraged to consider organized class giving to make a powerful statement of support for GW. United as a cohort group once again, an alumni class can choose to designate its gift for a specific purpose, such as classroom technology, student scholarships or the support of faculty and student research. Additionally, an unrestricted class gift presented to the dean is always welcome as the best way to support the most critical needs of your school.

Reflecting on 30 years of building clinical practices, teaching and engaging in research, the MD Class of 1972 organized a class reunion gift committee. Under the leadership of Drs. Bruce Ammerman, Stuart Kassan, Jay Katzen and Jerry Sonkens, there was a collective class effort to perpetuate their commitment to GW. Class members reflected that this opportunity was especially meaningful because they were helping students receive superb medical educations.

The Office of Medical Center Advancement encourages class leaders to contact them about implementing class gift strategies. With all that has been achieved and all that is yet to come, this may be the right year to collectively support your alma mater.

For more information about class gifts contact:
GW Office of Medical Center Advancement
GW Medical Center
2300 Eye Street, NW, Suite 615
Washington, DC 20037
(202) 994-7511
Profiles in Stewardship
Kassan Continues Family Tradition

For Stuart Kassan, MD ’72, 2002 marked more than just the 30th anniversary of his graduation from GW’s School of Medicine. It was the year that he rededicated himself and his entire family to The George Washington University.

Following in the footsteps of his father, Robert “Jack” Kassan, MD ’36, Stuart Kassan’s medical specialty is Rheumatology. “GW has always been a part of my life,” emphasizes Dr. Kassan, “I can remember hearing about GW when I was in grade school and remember my father’s war stories about his GW experiences both in college and more so about his medical school experiences.” Stuart recalls, “He especially remembered with fondness the fact that he was taught by a future Nobel Laureate (Dr. Vincent du Vigneaud) and that he got an A in his class. To a young child, this certainly made a significantly positive impression.”

Since graduating from GW Medical School, Dr. Stuart Kassan has built a solid reputation, particularly in the treatment of Sjogren’s Syndrome and Lupus. In the past two years, he testified before a U.S. House Appropriations Committee and served on an NIH Expert Panel for Review of Autoimmune Disease Resource Planning. Currently a clinical professor of Medicine/Rheumatic Diseases at the University of Colorado Health Sciences Center, Dr. Kassan also serves on the boards of several local and national organizations, including the Sjogren’s Syndrome Foundation and the Lupus Foundation of Colorado, presently serving as president of the latter. Among numerous other professional activities, Dr. Kassan is a member of the Medicare Advisory Committee for the State of Colorado and president of the Rocky Mountain Rheumatism Society.

Dr. Kassan’s commitment to his family is of the utmost importance to him. Since meeting his wife Gail at a 1970 GW Marvin Center function, the duo has been an energetic and inseparable team. Together they have supported the interests

Creating a Legacy
Give the gift of a state-of-the-art laboratory, link your name to discoveries by a future Nobel Prize winner, pay tribute to a professor who made an indelible mark on your life, memorialize a member of your family through your support of breakthrough research, and recognize the importance of academic training to transform healthcare.

The GW Medical Center provides many ways for you to create a lasting statement of your commitment to medical education and research. A gift of a professorship, classroom, lecture series and scholarships are some of the ways for you to affect the minds of hundreds of healthcare providers of the future. By funding a named gift, you can link your name, your family’s name or another loved one’s name with the cutting-edge research and academic education offered at the GW Medical Center. Your gift supports your area of interest and leaves a legacy for generations to come. Your philanthropic gift also provides an example for others to follow.

Please consider the philanthropic naming opportunities listed to honor to your loved ones and pay tribute to a Medical Center that is committed to making a difference each and every day. Naming opportunities are at a variety of levels. Gifts are personalized to suit your interests. For gift planning consultation, please contact the Office of Medical Center Advancement at 202-994-7511.

Examples of named gift opportunities:

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<th>Endowment Naming Opportunities</th>
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<td>A faculty scholar</td>
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<td>A Medical Center research fund</td>
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<td>A lecture or seminar series</td>
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GW Hospital 6th Floor Naming Opportunities:

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<td>The Standardized Patient Center</td>
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<td>A standardized patient exam room</td>
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Facilities Naming Opportunities:

<table>
<thead>
<tr>
<th>Minimum Gift</th>
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<tbody>
<tr>
<td>A Medical Center Gate</td>
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<tr>
<td>The Vice President for Health Affairs Suite</td>
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<tr>
<td>A major laboratory or lecture hall</td>
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of their two children and encouraged them to develop the individuality of their educational paths. As a family, the Kassans have discovered that their GW legacy lives on. This fall, son Michael Kassan entered GW as an undergraduate freshman, enthusiastically jumping into fraternity life balanced with long study hours at the library. Merrill, the Kassans’ high school-aged daughter, is anxious to visit GW this spring in anticipation of the fall application process.

Stuart Kassan clearly articulates his desire to increase his involvement in GW Medical Center alumni activities and recently stepped up to co-organize the MD Class of 1972 Class Gift. “GW continues to give back to me and I want to make a difference there for others,” he notes.

Extremely grateful for his GW connections, Dr. Kassan recently documented his will bequest that specifies a generous gift to the GW School of Medicine. “Now that Michael is at GW, that also extends the legacy even further and, as a result, I felt that I wanted to express my appreciation to GW, not only for what it has done for me and my family but also to express my commitment to the future of GW as it becomes a leader for research and education. I felt that there was no better way to do this than by trying to give as much as I could and that way, in addition to a substantial gift as part of our class gift, was to give by the planned giving route.” Dr. Kassan indicates that his documented will provision is only a part of his philanthropic support of GW, stressing, “This route also will serve as a vehicle for giving that can be added to over time.”

Dr. Kassan sums up his GW gift by adding, “Through this gift, by demonstrating my commitment to GW’s future, I hope it will serve to encourage others to think about donating in a similar way—especially those who have the same feelings of gratitude to GW for allowing them to pursue successful professional careers.”

Profiles in Stewardship

Harvey R. Wertlieb, MBA, FACHCA

Harvey Wertlieb had a long and industrious career as an administrator and leader in the long-term care field. He attributed his great success to GW—his alma mater—and he made a point of encouraging and supporting future students and professionals with his knowledge and his generosity.

After receiving his bachelor’s degree in 1961 and his MBA in Hospital Administration in 1964, Wertlieb began his career as the administrator of the University Nursing Home in Wheaton, Maryland. For many years to come, he owned and managed long-term care facilities; he then went on to become chairman of the Board of Allegis Health Services, an organization that, at the time, owned and operated eight long-term care facilities, three hospital-based sub-acute care units, a rehabilitation company and a pharmacy.

Over his 30-year career in long-term care, Wertlieb was involved in the industry at the direct-delivery level, and he maintained the highest credentials in the professional and lay communities. One of his most rewarding positions was as associate professorial lecturer at GW for 17 years.

In 1996, GW officially inaugurated the Wertlieb Educational Institute for Long Term Care Management, inspired and initially supported by Wertlieb and his wife Linda. They envisioned providing life-long education for dynamic, results-oriented leaders. The Wertlieb Institute offers students the academic preparation and practical experience they need to effectively lead and manage nursing homes and other post-acute care facilities.

Inspired by Mr. Wertlieb, the Institute’s curriculum is based on his 30 years of business and professional leadership. According to Institute staffers, through the Wertliebs’ generosity, GW is proud to be one of the only universities in the country to offer a comprehensive program in long-term care that integrates management, finance, policy and leadership training.

Said Harvey Wertlieb of the Institute, “The Wertlieb Institute strives to attract the brightest people to the long-term care field and to prepare them to be successful leaders. The long-term care field has many wonderful opportunities for people with the vision, knowledge and skills to lead organizations—and the integrity to remain committed to the people they serve.”

To help the Institute achieve its goal of attracting and educating such students, the Wertliebs also established a scholarship program to help qualified students gain the education to become visionary leaders in long-term care administration. Each year, academic financial awards are presented to those students who, based on their academic and professional achievements and interest in aging issues, demonstrate that they embody the values of the Institute.

Yet, the Wertliebs’ generosity did not end there. In 1999, they established the
Wertlieb Media Resource Center as a national resource providing a diversity of educational and research tools for current students and professionals in the long-term care field.

In recognition of Harvey Wertlieb’s remarkable commitment and determination to providing educational opportunities to GW students and healthcare professionals to enhance the quality of care available to the nation’s elderly and disabled, he was honored with the prestigious GW Alumni Association Alumni Service Award.

Through the Wertlieb Institute, this healthcare leader realized a dream of sharing his knowledge and promoting the education of long-term care leaders. In doing so, he also made the dreams of many talented students a reality. His legacy lives on through the many well-educated and well-prepared long-term care visionaries who benefited from his generosity.

To ensure the continuity of Harvey and Linda Wertlieb’s vision, memorial gifts can be made to the Wertlieb Institute. Checks should be made payable to The George Washington University and sent to Dr. Robert Burke, Director, The Wertlieb Institute, 2175 K Street, NW, Suite 700, Washington, DC, 20037.

Blum-Kovler Seeds
Opening of the CEP

Seed money from the Blum-Kovler Foundation has allowed GWUMC to realize its goal of opening a Center for Emergency Preparedness (CEP). The Center is housed in the new GW Hospital and will spearhead the Medical Center’s efforts to formulate training, education and research programs to help local, regional and the national government (see page 45 for a profile of CEP’s new director).

Already the Center is responsible for securing the first government contract with the District of Columbia’s Department of Health (DOH). The contract provides for basic training in bioterrorism and weapons of mass destruction for the public health workforce and a curriculum for incident command for senior managers at DOH. GW is partnering with consulting firm KPMG on the bid and will deliver the training in February and March.

The Center will look at all funding opportunities for GWUMC’s efforts to help the nation become better prepared and to provide training so that all medical delivery in a crisis can be integrated and better coordinated. The Center has been instrumental in spearheading informational briefings for officials at all levels of government and continues to develop new proposals for possible future grants. The donation from Blum-Kovler also sponsored a major preparedness conference in February of 2002. Another conference will be held in May.

• The Women’s Board gave five Monta Sommer Book awards in December. These first-year medical student award recipients, Neka Dunlap, Matthew Kozlowski, Linh Thong, Merrell Sami and Stacy Ly, were guests at the Board’s holiday luncheon at Blackie’s restaurant in Washington, DC.

• Ruth Oartel, MD ’54 has agreed to chair her upcoming 50th reunion in 2004. We are excited that plans are already underway.

• The initiative to honor Allan Weingold, MD, is underway. Generous colleagues, students and friends are celebrating a wonderful legacy.

• Thank you to the many generous alumni and friends who are supporting the annual funds of both the School of Public Health and Health Services and the School of Medicine and Health Sciences. These gifts give both schools the ability to support new and unexpected opportunities as they strive to provide the very best education to our students.

Dr. Bernard and Mildred Seigel Katzen congratulate Daniel Arrington on receiving the first annual Dr. Bernard and Mildred Seigel Katzen Medical Education Award. Harvey Katzen, MD ’75, established the award 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 Schrotth, MD, MPH; and Associate Dean Brian McGrath, MD.
Endometriosis Study Reveals Health Risks Among Women

Two researchers from GW Medical Center are among the authors of a new report in *Human Reproduction*, Europe’s leading reproductive medicine journal, showing that women with endometriosis are significantly more likely than other women to suffer from a number of additional distressing or disabling conditions. These include a variety of autoimmune diseases, allergies, asthma, hypothyroidism, chronic fatigue syndrome and fibromyalgia.

The findings are from the first population-based study in the world to investigate whether a range of other disorders are more prevalent in women with endometriosis – a condition in which the lining of the uterus (endometrium) grows in other parts of the abdominal cavity, attaching itself to organs and frequently causing pain, inflammation, bleeding and reproductive problems. It affects an estimated 8 to 10 percent of women of reproductive age.

The research team from the National Institute of Child Health and Human Development in Bethesda, the School of Public Health and Health Services (SPHHS) at The George Washington University in Washington, DC and the Endometriosis Association in Milwaukee carried out and analyzed a survey of 3,680 members of the Endometriosis Association, 90 percent of whom were of reproductive age. All the women had surgically diagnosed endometriosis.

Lead investigator Ninet Sinaii began the study as part of her master of Public Health degree thesis at SPHHS. She is currently a second-year PhD student in epidemiology at GW and holds a position at the National Institute of Child Health and Human Development. Sinaii’s co-authors...
are Sean Cleary, PhD, MPH, assistant professor of Epidemiology and Biostatistics at GW SPHHS, and NIH investigator Dr. Pamela Stratton.

"As well as finding an increased prevalence of this wide range of diseases and conditions among women with endometriosis," Sinaii said, "we found that they reported significant pain and disability and, very disturbingly, that there was typically a 10-year delay between the onset of pelvic pain and diagnosis."

The results—which confirmed there was typically a 10-year delay between onset of symptoms and a diagnosis of endometriosis—have prompted the researchers to urge doctors, especially those taking care of adolescents, to consider a diagnosis of endometriosis in girls and women complaining of pelvic pain and to watch out for other potentially serious conditions in these patients.

They found that among these women:

- 20 percent had more than one other disease
- up to 31 percent of those with co-existing diseases had also been diagnosed with either fibromyalgia or chronic fatigue syndrome and some of these additionally had other autoimmune or endocrine diseases
- chronic fatigue syndrome was more than 100 times more common than in the female U.S. population
- generally hypothyroidism (under-active thyroid gland) was seven times more common
- fibromyalgia was twice as common
- the autoimmune inflammatory diseases—systemic lupus erythematosus, Sjögren’s Syndrome and rheumatoid arthritis—and also multiple sclerosis, occurred more frequently.

Rates of allergic and atopic conditions such as asthma and eczema were higher (e.g., 61 percent of the endometriosis sufferers had allergies compared to 18 percent of the U.S. general population, and 12 percent had asthma compared to 5 percent). If a woman had endometriosis plus an endocrine disease, the figure rose to 72 percent and it was 88 percent if she had endometriosis plus fibromyalgia or chronic fatigue syndrome. Two-thirds of the survey subjects reported that relatives also had either diagnosed or suspected endometriosis, confirming research that suggested there was a familial tendency.

Sinaii said there were a number of limitations to the study, which could potentially introduce bias, including the relatively young age of the respondents; the fact that they were predominantly white, well-educated and members of a support group (therefore possibly atypical); problems with misinterpreting questions; recognizing disease names; and so on.

Therefore, the researchers carried out a sensitivity analysis. This confirmed that, even if the disease prevalence was underestimated in the general population and overestimated in the study sample, the disease rates reported in women with endometriosis were still significantly higher.

"Women with endometriosis frequently suffer from autoimmune inflammatory diseases, hypothyroidism, fibromyalgia, chronic fatigue syndrome, allergies and asthma," said Sinaii. "It is evident that women with pelvic pain are not diagnosed as having endometriosis for many years, suggesting that physicians, especially those taking care of adolescents, should consider the diagnosis. These findings also suggest a strong association between endometriosis and autoimmune disorders and indicate the need to consider the co-existence of other conditions in women with endometriosis."

**Duo Reveals Association in Melanoma Research**

Recently published papers from GWUMC researchers could offer a prospect for anticancer drugs as well as the early diagnosis and treatment of invasive melanoma.

The September 2002 issue of *Journal of Investigative Dermatology*, the leading research journal in its field, features two papers from researchers Drs. Raymond Barnhill and Claire Lugassy, GWUMC colleagues, and a commentary about the research. The papers provide data to demonstrate that tumor cells spread along the external surface of vessels to migrate.
and metastasize, rather than crossing the vascular basement membrane. This migration mechanism has been termed Extravascular Migratory Metastasis by Drs. Lugassy and Barnhill in former works. Drs. Barnhill and Lugassy, principal investigators, say that it is the extravascular type of migration that could explain the latency between the development of a primary tumor and the appearance of the first metastasis, usually in the regional lymph nodes.

Dr. Barnhill’s paper suggests that there is a unique association between tumor and vascular cells, which is termed “angiotropism,” and that this phenomenon (angiotropism) could be a prognostic factor predicting risk for metastasis.

Dr. Lugassy’s paper indicates that the melanoma cells exhibit angiotropism and migrate along the external surface of vascular tubules grown in culture.

The duo came to GW nearly two years ago—Dr. Barnhill as chair of the Dermatology Program and Dr. Lugassy as a research associate professor. Since coming to GW, Dr. Barnhill, a melanoma expert and member in the World Health Organization Melanoma Program, has secured accreditation from the Accreditation Council for Graduate Medical Education, opened a melanoma clinic and expanded the research activities of the Department of Dermatology.

According to Dr. Barnhill, the incidence of melanoma is doubling every 10 years with an estimated 1 in 75 persons developing the disease in the U.S. Drs. Barnhill and Lugassy hope that their research findings and ongoing work will enable earlier diagnosis and treatment. “The implications of the research are that it potentially shows that cancer may spread by another mechanism (in addition to spreading through lymphatics and blood) not previously considered,” say Drs. Barnhill and Lugassy.

“The manner of spread could explain the stepwise or regional pattern of melanoma (and other solid tumor) metastasis. This type of spread suggests a reversion to an embryonic phenotype and mechanism of cellular migration through tissue, perhaps recapitulating embryonic development.”

Both credited the support of Dr. Steven Patierno of GW and Dr. Hynda Kleinman at NIH as well as their GWUMC colleagues as instrumental to their work. Their next step is to try to discover “more specific markers for angiotropism to facilitate identifying it in tumors and to identify angiotropism as early as possible in developing melanomas and correlate this with patient outcomes,” according to the two. “We also want to try to better define the interactions between the external blood vessel and melanoma cells so that we better understand why this interaction occurs and perhaps how to disrupt or block it.”

Relational Disorders May Be Pathological

In an attempt to codify in the annals of psychiatry what many people may have long experienced as a confusing and often unspoken predicament, a GW professor has co-authored a report that recommends diagnosing certain relationships between people as mental illness, even if particular individuals involved in these relationships would not be considered mentally ill on their own.

These so-called “Relational Disorders” could be diagnosed in family relationships, which mental health professionals have long focused on as a setting for marital and child abuse as well as depression. But until now, doctors have not suggested labeling the relationships themselves as pathological.

The report, currently being circulated by the American Psychiatric Association (APA), is authored by GW Professor of Psychiatry and Behavioral Sciences Dr. David Reiss and by Michael First of Columbia University. It recommends that the “Relational Disorders” category be added to the next edition of the Diagnostic and Statistical Manual (DSM), the psychiatric profession’s official guide for defining emotional and mental illnesses. The report is being seriously considered, especially since Dr. First edited the previous edition of the DSM.

“We are talking about severe marital and parent child disorders. And there is a strong association between severe marital difficulties and depression in both men
and women,” said Dr. Reiss. He says data from studies at GW, done in collaboration with Swedish researchers, are the first to show that this association remains strong “even when genetic factors influence on depression are taken into account.”

The adoption of Relational Disorders into the DSM would create an entirely new category of mental illness and would have huge implications for the field. Not only would tens of thousands of families be subject to the diagnosis, but a rush toward systematic study, drug trials and insurance coverage would almost surely follow.

Not surprisingly, the Relational Disorders argument has its share of critics. Some wonder whether psychiatry is trying to use medicine to fix what are essentially social problems. Others warn the definition of the sickness, currently limited to family relationships, could quickly expand to other group settings, like workplace relationships and even an individual’s relationship with a government. Every such expansion, critics argue, would send the diagnosis farther afield from the medical model of individual treatment that has guided modern psychiatry for decades.

“You can take road rage as a relational disorder,” said World Health Organization doctor Bedirhan Ustun, summarizing the problem recently to The Washington Post. “It’s a relationship between the person and traffic.”

While Dr. Reiss discounts the possibility that the diagnosis would ever be spun this far afield, he is under no illusions about how long the controversy will endure.

“The next edition of the DSM is scheduled to come out in seven to 10 years,” he said. “The debate will last at least that long, if not longer.”

GW Researcher Makes Progress in HIV/AIDS Treatment

The DC metropolitan area has the highest rate of HIV/AIDS cases in the nation—12 times the national average—with one of every 20 people expected to acquire the disease. These grim statistics prompted Michael Bukrinsky, MD, PhD, to relocate his research to the DC area, as a professor and vice chair of the Department of Microbiology and Tropical Medicine.

Dr. Bukrinsky first began studying the HIV retrovirus in Russia during the mid 1980s when the AIDS epidemic surfaced. He has continued his research at Omaha, Nebraska, New York and now GWUMC, where he and his colleagues have just submitted a grant to become one of 18 centers for AIDS research in the country.

“The grant would allow us to do what we are doing more efficiently, build up our core facilities and provide funds for new investigators,” says Dr. Bukrinsky. “GW has many opportunities for research... integrating clinical and basic science, collaborations and...as we move on, clinical trials of new drugs.”

Dr. Bukrinsky’s research focuses on identifying new HIV targets. HIV is a unique retrovirus, explains Dr. Bukrinsky, “because it can affect dividing and non-dividing cells. In the body, most cells are in the non-dividing state,” continues Dr. Bukrinsky. “The ability of the virus to affect such cells is the reason that the virus replicates at such a great rate in the body. Other viruses only affect the cells going through mitosis—most retroviruses do not replicate in large numbers.”

Examining the blood of patients with the HIV virus, Dr. Bukrinsky notes that the virus replicates in both dividing and non-dividing types of cells. “If the retrovirus is affecting the majority of cells in the body, then it has a great advantage compared to the virus that only targets dividing cells.”

The HIV retrovirus can get into the nucleus of a non-dividing target cell when the nuclear envelope is intact. Dr. Bukrinsky has found a mechanism that allows the HIV virus to get into the nucleus without waiting for the cell to divide. “We also designed some compounds that would prevent the virus from getting into the nucleus.”

The compound is now in the development phase with a biotech company. The next step would be a clinical trial if the company moves forward with the compound development and, if all goes well, then the drug would be available in a few years.

“It won’t cure HIV,” says Dr. Bukrinsky, “but it will be a very valuable addition to the current drugs available for treatment. Even though there are many different drugs on the market, we still need more because of viral resistance and... because some drugs become toxic to particular patients.”

The implications of Dr. Bukrinsky’s research could provide another option for patients. It would also, “when added to the current treatment arsenal of drugs, allow us to suppress viral replication even more than we can with the current drugs and... finally, it will keep patients on this type of therapy for some time, allowing us to postpone the most effective, but toxic, drugs until later.”

Dr. Michael Bukrinsky
Creating a New Tradition:
Opening the Doors of a New Hospital

The media trucks parked on Washington Circle said it all. Something was about to happen. All day long, a steady stream of technicians moved equipment from the old hospital into the new hospital while inside the new building, personnel hurriedly unpacked boxes and set up work stations.

Promptly at 7 p.m. on Friday, August 23, Metropolitan Police cars blocked off 23rd Street, and workers began setting up a tent from the entrance of the old hospital to the entrance of the new one. Inside the old hospital auditorium, Karen Hicks, RN, briefed scores of volunteers, including new medical students from the Class of 2006, on how to move the patients. It would be done by floor, from the top down. Inside the new GW Hospital, personnel set up mobile check-in stations in the lobby. The stage was set for the big patient move.

By 9:45 p.m., the first patient, Floyd Godfrey, 59, of Alexandria, Virginia was wheeled through the tent, greeted with cheers from onlookers and a handshake from Hospital CEO Dan McLean and Medical Director Richard Becker. With cameras clicking, Godfrey received his room assignment and was quickly shuttled up to the fourth floor. Out of the media glare, this procedure was repeated 161 times until all the patients from the old GW Hospital were tucked into their new beds in the new facility.

Patients were transported through the air-conditioned tent via wheelchairs and gurneys. The more critically ill were moved via ambulance between the two facilities. Even the tricky business of moving the teeniest patients in the Neonatal Intensive Care Unit and the Intensive Care Unit went without a hitch. By 2:20 a.m., the move was complete. Earlier in the evening, the new and more spacious Emergency Room began accepting patients, while shortly before 11 p.m., the final patient was sent home from the old emergency room. Close to 1 a.m. in the morning, Genesis Ann Palmer, weighing in at 8 lbs. 3 oz., became the first baby born at the new hospital.

“All the units were up and functioning pretty much on schedule,” said John F. Williams, vice president for Health Affairs and Dean of the School of Medicine and Health Sciences, who spent Friday evening in the old ICU prepping the most critically ill patients for ambulance transport. “People spent the weekend settling in to their new environment. It’s the end of an era. Now we are moving forward.”
This year’s Gala, co-chaired by Paula Lipsius and Cindy McLean, took place just weeks after the opening of the new GW Hospital—the first new hospital in the District of Columbia in 20 years. The theme of the Gala—"The Future is Now"—accurately described this new state-of-the-art clinical facility and the great pride in the GW community over the accomplishment of building and opening the new hospital.

DC City Councilwoman Carol Schwartz, left, and Psychiatry Chair Dr. Jeffrey Akman

John F. Williams, Vice President for Health Affairs and Dean of the School of Medicine and Health Sciences, GW President Stephen Joel Trachtenberg, Board of Trustees Chairman Charles Manatt, Board of Trustees member Phillip Amsterdam, GW Vice President Robert Chernak

Dr. John F. Williams makes good on a bet with MFA Chair Dr. Alan Wasserman

Janet Southby dances with husband Richard Southby, Ph.D., interim dean of the School of Public Health and Health Services.

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Colonials Weekend

GW’s Colonials Weekend for alumni, parents, students and friends was a resounding success. Alumni participated in lectures, honed their computer skills, rekindled old friendships and toured the new GW Hospital. Most memorable was the Convocation Ceremony keynoted by GW alumnus Robert Rosenberg, MD ’61, PhD, and ceremonies recognizing the Classes of 1951 and 52. Tours through the new, state-of-the-art GW Hospital were conducted by volunteers and students from Traditions Alliance. Alumni enjoyed reacquainting themselves at the barbeque amidst a feast of grilled hamburgers and hot dogs as well as an assortment of accouterments.

All alumni from the School of Medicine and Health Sciences and the School of Public Health and Health Services are invited to return to campus for the 2003 University-wide Colonials Weekend—October 16-19. Full program announcements will be coming soon.

For more information on Colonials Weekend 2002, contact the Medical Center Advancement Office, 2300 Eye Street, NW, Ross Hall, Suite 615, Washington, DC, 20037, 202-994-7511 or mcddar@gwumc.edu.

Robert F. Feltman, MD ’52, and H. Robert Unger, MD ’52, above left, share memories at the Colonials Weekend 2002 barbeque. The duo and others from the Class of ’52 were recognized during the annual convocation. Above right, Gavin Bishop, MS III, explains some of the new features available on the sixth-floor of the new GW Hospital. At right, the computer class was completely filled with interested alumni wanting to learn the latest in technology.
Health Services Management and Leadership
Alumni during Colonials Weekend recognized the outstanding achievements of members and those who go above and beyond to support HSML objectives. From left, are Association Chair Stanley Glassman, MBA ’69, FACHE; William Flanagan, recipient of the Frederick H. Gibbs Preceptor Award for Excellence; Philip Reeves, DBA ’70, Distinguished Alumni Award recipient; Lauren Thompson, PhD ’93, MHSA ’84, Distinguished Alumni Award recipient; and Association Vice Chair Dennis Kain, MHSA ’75.

Commencing Colonials Weekend, from left, James Finkelstein, MD; GW President Stephen Joel Trachtenberg; Nobel Laureate Julius Axelrod, PhD ’55; Mildred Cohn, PhD; Alan Goldstein, PhD; and Marilyn Brown, MD (daughter of Dr. du Vigneaud), stand in front of a new plaque honoring Vincent du Vigneaud, Nobel Prize winner and former Chair of the GW Department of Biochemistry.

A popular attraction at GWUMC’s Colonials Weekend was the simulation skills center on the sixth floor of the new hospital that kept Dr. James Michelson and Gregg Margolis busy most of the day demonstrating the state-of-the-art technology used to train medical students and hone their skills.
Alumni Named to Senior Positions at PharmaNet

Joseph M. Palumbo, MD ’85, has been appointed senior medical director of the Neuroscience Division of PharmaNet. PharmaNet is an international drug development company with more than 650 employees worldwide. Dr. G. H. Besselaar, MD, PhD ’72, chairman of the Board, who earned his PhD in pharmacology at GW in 1972, founded PharmaNet in 1996.

Prior to joining PharmaNet, Dr. Palumbo was director of Clinical Development, Central Nervous System, at Sanofi-Synthelabo, where he was responsible for international clinical development in the central nervous system research group. As an associate medical director of Clinical Operations at Cephalon, he was accountable for studies in the treatment of neurodegenerative disease and sleep disorders. Dr. Palumbo has also held senior-level positions at the Cornell University School of Medicine and at the University of Pennsylvania School of Medicine.

Dr. Palumbo earned his undergraduate degree in the Biological Basis of Behavior from the University of Pennsylvania. He was awarded his medical degree from The George Washington University School of Medicine and Health Sciences, where he received a Gill Fellowship to perform studies in models of nerve regeneration. He was appointed a Post-doctoral Fellow in Psychiatry while at Yale University School of Medicine. Dr. Palumbo is board certified in Psychiatry and in Addiction Psychiatry and has been elected to the American College of Psychiatrists. He maintains memberships in other research and professional societies.

Stuart Portnoy, MD ’91, has also joined PharmaNet as director, medical device consulting. Dr. Portnoy was most recently a branch chief and acting deputy director in the Center for Devices and Radiologic Health at the U.S. Food and Drug Administration (FDA). Dr. Portnoy had been with the FDA since 1994 and specialized in the review of new devices, including pacemakers, defibrillators and cardiac electrophysiology devices. Dr. Portnoy also has recent experience with interventional cardiology devices, including drug-eluting stents and other drug/device combination products.

Prior to joining the FDA, Dr. Portnoy conducted biomedical engineering research at the VA Medical Center in Washington, DC. He also spent one year at the Weizmann Institute of Science in Rehovot, Israel, and worked at the Massachusetts Institute of Technology in the laboratory of Dr. Robert Langer, investigating techniques for controlled drug delivery.

Dr. Portnoy will be based in the Washington, DC office.

1940s

Leighton E. Cluff, MD ’49, DS (Hon.) ’90 – Named to University of Florida Boards

Leighton E. Cluff, MD ’49, DS (Hon.) ’90, has been appointed the president of the University of Florida Performing Arts Board of Directors and a member of the University of Florida Foundation Board. He continues to serve as Emeritus Trustee of the Robert Wood Johnson Foundation (RWJ) and is a past President of the RWJ Foundation.

1960s

Dr. Carlos Silva, MD ’60, GME ’66, FACS—President-elect of The American Society of General Surgeons

Dr. Carlos Silva, MD ’60, GME ’66, FACS, clinical professor of Surgery, has been named president-elect of The American Society of General Surgeons and will begin his term in April 2003. Recently the director of surgical trauma service at The George Washington University Hospital, Dr. Silva has lectured extensively on burn management and injuries. He lectured on laparoscopic surgery to the Pan American Medical Society, and has spoken on advanced trauma management for overseas diplomatic-based personnel at the Uniform Services University of the Health Sciences. Dr. Silva specializes in trauma surgery and burns.

The American Society of General
Profiles in Preparedness

Daniel J. Kaniewski — Leading GW’s Emergency Preparedness

Daniel J. Kaniewski, a graduate of GW’s Emergency Health Services program in the School of Medicine and Health Sciences, returns to his alma mater as director of the newly created Center for Emergency Preparedness. The Center will be headquartered on the sixth floor of the new GW Hospital and will coordinate the Medical Center’s efforts to showcase “best practices” for emergency preparedness through training, education, research and consulting.

“The GW Medical Center is well-positioned to become the nation’s premier academic institution for emergency preparedness,” said Kaniewski. “I look forward to leading the Center for Emergency Preparedness and tapping into the institution’s demonstrated expertise in this area. I am confident that our efforts will make our nation better prepared to meet today’s threats and those still emerging.”

After graduating from GW, Kaniewski received a master’s degree from Georgetown University in National Security Studies and amassed extensive experience in emergency preparedness. Before coming to GW, Kaniewski served as Congressional Liaison for Terrorism, Preparedness and Consequence Management at the Federal Emergency Management Agency (FEMA) and as a Homeland Security Fellow for two senior members of Congress. Kaniewski’s published works on the need for Congressional reorganization of homeland security funding and oversight are a driving force behind a proposal to establish a House Committee on Homeland Security. He also was intimately involved in the FEMA portion of the Department of Homeland Security Bill successfully passed by the U.S. House of Representatives.

His appointment caps a thorough evaluation of the University and Medical Center’s expertise since the tragedies of 9-11 and anthrax.

“We feel the Center will fill a void in emergency preparedness by bringing all the partners together, including first responders, hospitals, public health, mental health, risk management and threat analysis,” said John F. Williams, vice president for Health Affairs and dean of the School of Medicine and Health Sciences. “Dan’s training, legislative and governmental experience make him the perfect candidate to spearhead a cohesive effort by GW.”

The Center for Emergency Preparedness is a Medical Center project but will seek to bring in other entities of the University as it tackles projects to help the nation confront terrorism and its consequences.

“This Center will serve not only the District of Columbia but the region and the nation,” explained Dr. Williams. “Even before 9-11, our experts were on the forefront of preparedness in every arena. We are ready to step up to the plate to help our country establish the protocols to make it safer before, during and after every type of emergency.”
Paul B. Roth, MD '76 — Setting National Standards

Paul B. Roth, MD ’76, now dean of the University of New Mexico (UNM) School of Medicine, has been named to U.S. Dept. of Health and Human Services Secretary Tommy Thompson’s newly created Council on Public Health Preparedness. The 21-member panel, which met for first time last August in Washington, DC, advises the department on appropriate actions to prepare for and respond to public health emergencies.

“Clearly the main concern is in the area of bioterrorism,” said Dr. Roth. “My driving commitment is to work diligently within this Council and advise the Department of Health and Human Services in ways to assure the safety of all our communities.”

At their first meeting, panel members discussed bioterrorism preparedness and response programs, states’ preparedness programs; lessons learned from the 2001 anthrax mail attacks, research and development efforts, and development of new products related to bioterrorism and public health emergency response planning. The Council is chaired by D.A. Henderson, an adviser to Secretary Thompson and the founding director of the Center for Civilian Biodefense Studies at the Johns Hopkins University.

After receiving his MD from GW in 1976, Dr. Roth completed a family practice residency at UNM School of Medicine and associate vice president for Clinical Affairs for the UNM Health Sciences Center in 1995.

With a specific interest in disaster medicine, Dr. Roth created and then became the director of the Center for Disaster Medicine, which works with the American College of Emergency Physicians in setting national disaster response standards. In addition, Dr. Roth developed the nation’s first Disaster Medical Assistance Team within the National Disaster Medical System. This team is currently the largest and most experienced team in the nation.
the Cardiovascular Genetics Service. Her husband is the Henrietta B. and Frederick H. Bugher Professor of Cardiovascular Genetics at Harvard Medical School and an investigator with the Howard Hughes Medical Institute.

Dr. Christine Seidman received the American Heart Association Edgar Haber Cardiovascular Research Award in 1997, the American Society of Clinical Investigation Research Award in 1999, and the American Heart Association Basic Science Prize in 1999, and she was elected to the Institutes of Medicine in 2000. She serves on the editorial boards of several journals.

The Seidmans have been lauded together not only for the seminal work of their laboratory but also for their ability to educate, articulate and inspire those around them. They have received many honors, including the Robert J. and Claire Pasarow Foundation Award in Cardiovascular Research in 1992 and the University of Kentucky Gill Heart Institute Award for Cardiovascular Research in 2001. They were elected to the Academy of Arts and Sciences in 1999.

1980s
Frances B. Phillips, MHSA ’80, Received the 2002 Dr. Henry P. and M. Page Laughlin Distinguished Public Officer Award from the Maryland State Medical Society

Frances B. Phillips, MHSA ’80 (Comprehensive Health Planning), has served as health officer for Anne Arundel County, Maryland since 1993. She recently received the 2002 Dr. Henry P. and M. Page Laughlin Distinguished Public Officer Award from the Maryland State Medical Society. She was recognized for her years of commitment, leadership and service as a county health department employee. Phillips was honored by the medical society September 28, 2002 during a convention and awards dinner in Ocean City, Maryland.

Phillips, an Annapolis resident, started working for the health department in 1988 as a registered nurse and an HIV case manager. Before that, she was a clinical reviewer at The George Washington University Medical Center and a research associate with the Department of Veterans Affairs scholars program. She received her bachelor’s degree in nursing from Catholic University and master’s degree in health services administration from The George Washington University. She and her husband, Angus W. Phillips, reside in Annapolis, Maryland.

David B. Doman, MD, GME ’81, Publishes Novel Exploring Greed in Professional Sports

David B. Doman, MD, GME ’81, a practicing physician and clinical professor of medicine at The George Washington University School of Medicine and Health Sciences, fuses fiction and the reality of greed in professional sports in his novel, National Pastime. In this account, baseball players embark on a quest for fame and fortune. The book’s theme of blind ambition reveals a sport threatened by the greed of the players, the owners and even the fans.

In writing the novel, Dr. Doman drew his material primarily from extensive multimedia research. He has also had conversations with former major leaguers, including Tony Oliva, Orlando Cepeda, Vida Blue, Tommy Davis, Doc Ellis, Maury Wills and Tito Fuentes, at a baseball fantasy camp, and, in addition, once interviewed former baseball commissioner Bowie Kuhn. The author is donating a portion of his royalties to The George Washington University School of Medicine and Health Sciences and the Eastern Virginia Medical School. National Pastime is his first novel.

Dr. Doman resides in Maryland with his wife and three children. National Pastime is available at major bookstores and from Xlibris publishing (www.xlibris.com).

Louise Hershkowitz, BS ’81, Elected Treasurer of American Association of Nurse Anesthetists

Louise Hershkowitz, BS ’81 (Nurse Anesthesia), a certified registered Nurse Anesthetist (CRNA) and resident of Reston, Virginia, has been elected treasurer of the American Association of Nurse Anesthetists (AANA) for fiscal year 2003. The AANA has approximately 30,000 members. She is former president and president-elect of the Virginia Association of Nurse Anesthetists.

Hershkowitz is currently the clinical coordinator for the Nursing Anesthesia Program at the Medical College of Virginia/Virginia Commonwealth University in Richmond, Virginia and also works as a CRNA at Inova Fairfax Hospital, Falls Church, Virginia.

T. Glenn Pait, MD ’81, GME ’87—Founding Director of the Jackson T. Stephens Spine and Neurosciences Institute at the University of Arkansas for Medical Sciences

T. Glenn Pait, MD ’81, GME ’87, is the founding director of the Jackson T. Stephens Spine and Neurosciences Institute at the University of Arkansas for Medical Sciences (UAMS) in Little Rock, Arkansas. The Institute was made possible by a $48 million dollar gift from philanthropist Jack
Philosophy professor in a natural reading format:

University Hospital, Central Arkansas Veterans Healthcare System and Arkansas Children’s Hospital.

He holds certification with the American Board of Neurological Surgery, is a Fellow in the American College of Surgeons and is a member of many professional organizations related to Neurosurgery and Spinal Surgery.

As a teacher of medical students, he has received the Red Sash award four times. The senior class of the College of Medicine presents the Red Sash award to an outstanding teacher. Dr. Pait is the narrator/host of “Here’s to Your Health,” a weekday health information radio program series broadcast by several public radio stations in Arkansas.

His special interest is in diseases of the spine and spinal cord, and his research initiatives involve spine anatomy, biomechanics, imaging of spine implants, development of spine implants and instrumentation and historical research.

Dr. Pait is chairman of the Section on History of the American Association of Neurological Surgeons. He is married to Carol Barringer Pait, and they have three children: Kimberly, Kelly and Kathleen.

Walter H. Ellenberger, MHSA ’84, Named Senior Vice President of ViPS
Walter H. Ellenberger, MHSA ’84, has been appointed senior vice president of ViPS, a leading provider of healthcare business solutions. In his new role, Ellenberger will manage ViPS’ commercial software sales, marketing and product management. ViPS is a privately held firm headquartered in the Baltimore-

Profiles in Preparedness

Eric Jones — Reality Lessons Learned 9-11
Eric Jones, a 1998 graduate of GW with a BS in Emergency Medical Services, has been called a hero more times than he can remember. Indeed, the story of how he sprang into action after driving by the Pentagon and seeing a fireball erupt the morning of September 11, 2001 is compelling. A volunteer paramedic at the time and a new graduate student at GW’s School of Public Health and Health Services, Jones pulled over after seeing the explosion and began what would become days of round-the-clock rescue work at the Pentagon and, later, at the World Trade Center site in New York.

For his efforts, he was lauded and honored. He carried the Olympic torch of the 2002 Winter Games past President Bush at the White House; he received the Medal of Valor from the Department of Defense and an honor from GW Medical Center at last fall’s Convocation; and he went on a series of speaking engagements to share his experiences. His story and his name became well known.

What is not so well known is how the role of a hero began to dominate his life and, in some respects, keep him from moving on.

It started dawning on Jones just two weeks after the tragedy, when he returned to classes at GW. “I literally could not sit in class,” he said. “I had been through so much, it was hard to relate to anything that could be taught in a classroom.”

Unable to concentrate, Jones put his studies on hold and continued to rely on a real estate job to pay the bills. He spent more of his time in September 11-related activities.

“The commemorations and speaking engagements were therapeutic for a while,” he says. But each retelling of his story forced him to relive what he had been through, especially his task of closely inspecting more than 100 Pentagon victims to sort out the dead from the near-dead, always worrying he might mistake a weak pulse for none at all.

Beyond his own thoughts, even the congratulations and the handshakes were starting to seem tied to things that happened in the past. And Eric Jones was only 26 years old.

“I just decided it was time to move on,” he said. “The first anniversary was a huge emotional hurdle. I was a basket case. But after it passed, I said ‘I’ve just got to move on.’”

For Jones, that means coming back to GW Medical Center and picking up where he left off. He’s resubmitting his application to study for his Master of Public Health degree with a concentration in Global Health. It’s the foundation for a possible try at an MD degree and a future as a physician.

“This is what I was doing before September 11,” he said. “I feel like I started it, so I should finish it.”
Washington, DC metropolitan area.

Ellenberger’s career in healthcare information technology spans 19 years, the last 10 of which Ellenberger has served in senior executive positions. Before joining ViPS, Ellenberger was the senior vice president of sales, marketing and product management for Systems Xcellence (SX), the leading provider of pharmacy benefit management application software and services. Prior to SX, Ellenberger served as executive vice president of sales at Health Systems Technology (HST), vice president of sales at AMISYS Managed Care Systems and vice president of sales and marketing at Hospital Cost Consulting (HCC).

Donald H. Chace, PHD ’89, MS ’84, Wins Major Award from the American Association for Clinical Chemistry

Donald H. Chace, PHD ’89 (pharmacology), MS ’84 (forensic sciences), has won one of the major annual awards presented by the American Association for Clinical Chemistry. He received the Sigi Ziering Award for an Outstanding Contribution for a publication in the journal Clinical Chemistry, for a paper showing that the specialized technique of mass spectrometry can be applied to postmortem metabolic screening to reveal the cause of death in some infants and children whose deaths are otherwise unexplained or attributed to sudden infant death syndrome. His study showed that some of these deaths are caused by inborn errors of metabolism and provided estimates of infant deaths attributable to this cause. The award, sponsored by Diagnostics Products Corporation, includes a $5,000 honorarium.

Dr. Chace is section chief for the division of Bioanalytical Chemistry and Mass Spectrometry at Neo Gen Screening in Bridgeville, Pennsylvania. Under his direction since he joined the company in 1997, the company has analyzed more than one million specimens and detected disorders in several hundred children. In addition to this screening of newborns, Dr. Chace’s adaptations of the technology to screening infants and children who have died of unknown causes led to the successful research and his award winning publication.

1990s

California Health Decisions Appoints Dexanne Clohan, MD ’91, MS ’76 (Public Administration), to Board of Directors

Dexanne Clohan, MD ’91, MS ’76, has been named to the Board of Directors of California Health Decisions (CHD), a non-profit organization dedicated to putting consumer values at the heart of healthcare. Dr. Clohan is national accounts medical director for Aetna Inc., in Santa Ana, California. She has more than 20 years’ experience in policy development and clinical practice. As part of her responsibilities with Aetna, she developed and now teaches a curriculum for physicians titled “Doing Well by Doing Good.” Prior to joining Aetna, she served as associate medical director of Memorial IPA in Long Beach, California and medical director of Meridian Health Care Management. Dr. Clohan is a member of the House of Delegates and the Council on Legislation of the California Medical Association and served several years as a spokesperson for the American Medical Association. She is an active physician volunteer and advocate for youth of the community.

In Memoriam

Harvey Wertlieb, BA ’61, MBA ’64, died on Monday, October 21, 2002. He had been suffering from Lou Gerhig’s disease. In 1996, The George Washington University officially launched the Wertlieb Educational Institute for Long Term Care Management, thanks to a generous gift from Wertlieb and his wife Linda. The Institute provides life-long education for dynamic, results-oriented leaders and provides students with academic preparation and practical experience so they can effectively lead and manage nursing homes and other post-acute care facilities. In addition,
the Institute has the mission to facilitate a national and international dialogue regarding long-term care management and research. In 1999, the Wertliebs established the Wertlieb Media Resource Center as a national resource providing a diversity of educational and research tools for current students and professionals in the long-term care field.

“He brought a great enthusiasm to his teaching,” said Dr. Richard Southby, interim dean of the School of Public Health and Health Services. “He was able to relate the academics of this field to actual everyday experiences in long-term care management and encourage students to pursue this field.”

He was associate professorial lecturer in the GW Department of Health Services and Policy for 17 years. He was regional vice president for the American Healthcare Association and past president of the Health Facilities Association in Maryland. He also served as Chairman of the Board for Allegis Health Services, a multi-facility organization. He is survived by his wife Linda, three children and five grandchildren. Memorials may be made to the Wertlieb Institute c/o Robert Burke, Director, Wertlieb Institute, 2175 K. St., NW, Washington, DC, 20037.

Edward Glazier, MD '57, died of a heart attack June 7. Prior to his death, he was practicing medicine. His family noted that his training at The George Washington University School of Medicine and Health Sciences helped to prepare him for a life of useful service including mission service in the Philippines from 1960 to 1967. He is survived by his wife Betsy.

**Faculty**

Milton Engel, MD, 67, clinical professor of Psychiatry, child psychiatrist and psychoanalyst, died August 8 at Johns Hopkins Hospital in Baltimore of a brain hemorrhage; he also had lymphoma and multiple pneumonias. Dr. Engel taught seminars in Medical History at The George Washington University.

A graduate of the Albert Einstein College of Medicine, he did neonatal neurological research in Paris on a Cerebral Palsy Foundation fellowship and served as pediatrician for Webb Air Force Base in Big Spring, Texas. He completed a two-year residency in General Psychiatry at Yale-New Haven Hospital before moving to Washington in 1966 for his residency in Child Psychiatry at Children's Hospital. He completed psychoanalytic training at the Washington Psychoanalytic Institute. Early in his career, he divided his time between private practice and DC public schools, where he served as a consultant with the Rose School. In the early 1980s, he reduced his commitment to the school to study for a master’s degree at the Johns Hopkins Institute for the History of Medicine. Later, he was a consulting psychiatrist to Oak Hill Youth Center, Washington’s institution for juvenile offenders. He maintained a private practice in Washington until his death. Survivors include his wife Diana of Washington and three sons.

William Gee, MD, 70, of Macungie, Pennsylvania, formerly of Allentown, died October 18 in Lehigh Valley Hospice, Allentown. Dr. Gee was an assistant professor of Surgery from 1974-77. At the time of his death, he had been a professor of Clinical Surgery for Pennsylvania State University, Hershey, since 1995 and medical director of the Vascular Laboratory of Lehigh Valley Hospital, Allentown, 1977-2000. He also served as chief of Vascular Surgery for the Naval Medical Center in Bethesda, Maryland, 1973-77.

He authored or co-authored more than 100 articles for medical publications. He received a U.S. patent on an ocular pneumoplethysmograph in 1975. He was a Navy veteran of the Korean and Vietnam Wars, serving 1951-55 and 1960-77, before retiring as a captain in the medical corps in 1977. Survivors include three daughters and two sons.


In 1945, Dr. Grossman decided to try an experiment involving laboratory animals and heart catheterization. Dr. Grossman, who had already completed his medical degree and residency, was then working as a research fellow at Michael Reese Hospital in Chicago.

“He was working with dogs in the laboratory,” said his son, Peter L. Grossman, now an internist in Burlington, California. “He inserted a catheter and floated it up to the heart, injecting dye into the coronary arteries.”

“The dye showed the anatomy of the heart arteries.” Grossman’s work helped set the stage for further research into heart catheterization and its use as a diagnostic and treatment technique. Dr. Grossman practiced Cardiac and Pulmonary Medicine in Milwaukee from 1945 to 1993, mainly at the old Mount Sinai Hospital. He also enjoyed teaching, including at the UW medical school from 1990 to 1993. In addition to his son, survivors include his wife Ruth Axelrod Grossman and a daughter.

George Joseph Hayes, MD, former clinical professor of Medicine, died of kidney failure November 4. He was 84. Dr. Hayes was an Army physician and neurosurgeon; he retired in 1974 as a major general and had been principal deputy assistant secretary for health and environment for the U.S. Defense Department. He is credited with helping to develop the prototype of the helmet that is now standard issue for U.S. combat forces. He is survived by his wife of 57 years, Catherine Conger Hayes of Gaithersburg, Maryland; nine children; and 13 grandchildren.

Roy Hertz, MD, Professor Emeritus of Pharmacology, died October 28 of congestive heart failure at his home in Hollywood, Maryland. Dr. Hertz was internationally recognized for his ground-
breaking 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. His work also led to the innovative research on birth control pills.

Among his many honors were his membership in the National Academy of Sciences and the select 1972 Albert Lasker Award for Clinical Research. 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 students 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.”

His first wife Pearl died in 1962 and his second wife Toby Oberdorfer Hertz 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.

Calvin Trexler Klopp, MD, had a reputation among his students as an exacting teacher. During his 30 years as a professor of surgery at GWUMC, he mentored hundreds of students and residents and was highly regarded by members of the medical and surgical faculty.

Dr. Klopp’s decision to “invest in GW” was testament to his dedication to the Medical Center. In the process of cleaning out the stock certificates in their safety deposit box, Dr. Klopp and his wife Ellen came across some stocks about which they had completely forgotten. They turned these stocks into a gift annuity commitment to GW. A gift annuity enables givers to transfer cash or property to GW and to receive dependable—and favorably taxed—fixed payments for as long as the givers live. In exchange for the Klopp’s gift of securities, GW agreed to pay the Klopp’s a specified dollar amount each year. Their gift was held in a special reserve fund that ensured the University’s ability to make the annuity payments. Upon the death of the income beneficiaries, Dr. and Mrs. Klopp, the remaining value of the gift, nearly $300,000, was transferred into an endowment, the Calvin T. Klopp, MD, and Ellen Spangler Klopp Endowment Fund.

Dr. and Mrs. Klopp’s gift was intended to help meet the Kresge Initiative Challenge, a grant designed to support the purchase and maintenance of medical equipment in the biomedical research labs; the Klopp’s Endowment Fund was established to provide support specifically to the SMHS Department of Surgery.

Dr. Klopp received his bachelor’s degree from Swarthmore College and his medical degree from Harvard University. A Navy surgeon in the Pacific during World War II, he practiced in Boston and New York before moving to the Washington, DC area. In 1975, Dr. and Mrs. Klopp retired to Florida, but moved back to the DC area in 1995 to be closer to their children, grandchildren and great-grandchildren. Dr. Klopp passed away on June 13, 2002; Mrs. Klopp passed away on September 9, 2002. Gifts in memory of the Klopps can be sent to The Office of Medical Center Advancement and Alumni Relations, 2300 I Street, NW, Suite 615, Washington, DC 20037, phone 202-994-7751.

Sydney Ross, 86, former clinical professor of Pediatrics, died Sept. 26. He had practiced in Chevy Chase for more than 50 years and also was chief of infectious diseases at Children’s Hospital.

A graduate of Harvard University, Dr. Ross interned at Babies Hospital in New York. During World War II, he served in...
the Navy Medical Corps. From there, Dr. Ross came to Washington.

From 1964 until his retirement in 1990, Dr. Ross was a clinical professor at GW and Georgetown. He had published more than 90 scientific articles about childhood diseases. Dr. Ross tested and developed antibiotics and was one of the first researchers to associate the antibiotic chloramphenicol with aplastic anemia. He was a clinical professor of pediatrics at The George Washington and Georgetown Universities from 1964 until 1990, when he retired from his practice.

Dr. Ross was a diplomate of the American Board of Pediatrics and a member of medical organizations, including the Infectious Disease Society of America, Society of American Bacteriologists and American Academy of Pediatrics. He belonged to the Cosmos Club.

He is survived by his wife of 59 years, Bernice; four children; and six grandchildren.

Jerry M. Wiener, MD, Respected psychiatrist and professor Jerry M. Wiener, MD, died Sept. 7 of a heart attack. Dr. Wiener was past chairman of The George Washington University Medical Center’s Psychiatry Department. Dr. Wiener, an expert in child and adolescent psychiatry, also was past president of several professional organizations, including the American Psychiatric Association (APA), American Academy of Child and Adolescent Psychiatry (AACAP) and American Association of Chairmen of Departments of Psychiatry. He also was a fellow with APA, AACAP and The American College of Psychiatrists.

Dr. Wiener served as chairman of Psychiatry at GWUMC for 20 years (1977-97), was a Leon Yochelson Professor of the department, was Emeritus Professor in Residence of Psychiatry and Pediatrics and had served as chairman of the Education, Student Evaluation and Appointment and Promotion Committees, vice chair of the Medical Faculty Associates Governing Board, and member of the Medical Center Management Committee.

A seasoned lecturer, Dr. Wiener also was published extensively on clinical, educational and health policy issues and was most recently editor-in-chief of The Textbook of Child and Adolescent Psychiatry and served on the editorial board of several journals including The Proceedings of the Mayo Clinic. Additionally, he was among the team of child psychiatrists brought together to interview Elian Gonzalez during the 2000 custody dispute.

A native of Washington, Dr. Wiener received his bachelor’s from Rice University and his medical degree from Baylor University. His internships were conducted at Jefferson Davis Hospital in Houston and Mayo Clinic in Minnesota. Prior to coming to GW, Dr. Wiener held positions at Columbia/St. Luke’s Hospital, Emory University Department of Psychiatry and Children’s National Medical Center.

“He was a talented clinician,” said Jeffrey S. Akman, MD, interim chair, Psychiatry. “He commanded respect as a passionate advocate on behalf of children and the availability of psychiatric services for children and adolescents. He will be sorely missed.”

Dr. Wiener is survived by his wife Louise, four sons, two brothers and a grandson.

The family has requested gifts in Dr. Wiener’s memory be sent to the Jerry Wiener Endowment Fund c/o GWUMC Advancement Office, 2300 Eye Street, NW, Suite 615, Washington, DC 20037.

Friends

Justin Dart Jr., 71, a friend and GWUMC donor, died of respiratory failure at his home June 22. Born in Chicago, Dart was stricken with polio in 1948 and became wheelchair-bound. He later became an advocate for the rights for the disabled, helped develop the language for the Americans With Disabilities Act and chaired the president’s Committee on Employment of People with Disabilities.

He received the Presidential Medal of Freedom, the nation's highest civilian award, in 1998. In earlier years, he was a member of the presidentially appointed National Council on Disability and president-elect of the National Rehabilitation Association. Dart headed up a program that taught independent living skills to young people with disabilities. He also ran a Tupperware business that grew, within two years, from four to 25,000 employees.

Dart is survived by his wife of 39 years and five daughters.
Dr. Laszlo Tauber was well known throughout the Washington, DC area as a surgeon, real estate developer and philanthropist. This Holocaust survivor was also a long-time friend of GW. His association with GW began 52 years ago when he was appointed a Teaching Fellow of Neurosurgery shortly after immigrating to the United States from war-torn Hungary in 1947. In Hungary, Dr. Tauber served as acting chief of surgery at the International Red Cross Hospital in Budapest, which cared for the ravaged Jewish population of which he was part. For his heroic work during the Holocaust, Dr. Tauber received the Red Cross’ highest award, the Medal of Merit.

Later he established the Jefferson Memorial Hospital in Alexandria, Virginia, which accepted any patient who needed help, often not taking fees for services rendered. In 2002, at the age of 87, Dr. Tauber retired as a practicing physician and overseer of his real estate holdings, which, over the years, allowed him the various philanthropic endeavors he financed.

In 1999, Dr. Tauber bestowed an extremely generous gift of $7 million to The George Washington University Medical Center and The George Washington University. Five million dollars of this gift is dedicated specifically for scholarships given to descendants of World War II veterans because, Dr. Tauber explained, “without these brave soldiers, not a single Jew would have been saved in Europe.” He added, “These scholarships represent a token of gratitude felt by me and other Holocaust survivors to the United States of America, and to its armed forces, for America’s valiant and crucial role in defeating Nazi Germany and in liberating many of the Nazi concentration camps. We can never thank America enough for having contributed to saving the remnant of European Jewry from extinction, and for giving so many Holocaust survivors the chance to live in this great land of democracy, freedom and opportunity.”

At the time of the dedication, GW President Stephen Joel Trachtenberg told the audience, “Dr. Tauber has been a long-time benefactor of GW. I am honored that Dr. Tauber has bestowed such a meaningful gift on GW. The Tauber Walk is a symbol of Dr. Tauber’s generosity to the University and our students, and will also serve as a reminder of his many other charitable acts throughout the greater Washington, DC community.”

Because Dr. Tauber wanted GW students to benefit immediately from his generosity, rather than wait until the time of his death to initiate the scholarship, Dr. Tauber arranged to donate $100,000 annually for the balance of his life to support the scholarship. He established a charitable remainder unitrust for $5 million to endow the scholarships upon his death. A charitable remainder unitrust is a trust established when assets are transferred to a trustee for GW’s benefit. As with other life income plans, the donor retains an income interest in the property and continues to receive the income from it for his or her lifetime and that of another beneficiary. Because GW is given a remainder interest (GW receives the principal at the termination of the trust), the donor becomes eligible for substantial tax benefits. The charitable remainder unitrust pays the beneficiary a percentage of the trust assets, as revalued annually. At the time of Dr. Tauber’s death, in September 2002, the charitable remainder unitrust was converted to a scholarship fund in memory of Dr. Tauber’s beloved parents, uncle and brother, Gyula, Katica, Aron and Imre and other victims of the Holocaust.
Giving can be both satisfying and rewarding, especially when combined with financial and estate planning. This process—often referred to as planned giving—has become increasingly popular with our alumni and friends. For good reason. Through planned giving, you can help advance GW’s educational goals, create a personal legacy to benefit future students, and enjoy greater tax and investment benefits all at the same time.

**Interested?** If you wish to learn more, please contact: Medical Center Planned Giving, 2129 Eye Street, NW, Suite 615, Washington, DC 20052, Telephone 202.994.6415 or 800.789.2611, or e-mail at abschell@gwu.edu

**Dr. James Michelson, right, trains GWUMC students using the cutting-edge technology provided by a computerized mannequin—one of many facets of the academic health center. Students, from left, are Rodney Reid, Anita Mittal, Shalim Desai and Merrell Sami.**