



DEAN'S MESSAGE: What's On My Mind



What's on my mind this month is the implementation of new policies governing physician/industry relationships. By now you have received a letter from me and a copy of the new policies entitled "University of Maryland School of Medicine Policies Supporting Professionalism and Education in Medicine Relative to Limitations of Gifts and Interactions with Industry."

As I stated in my letter, these new policies, which are consistent with the recommendations of the Association of American Medical Colleges Task Force, are the result of extensive discussions and thoughtful consideration by our faculty. These policies have been approved by both the School of Medicine Executive Committee and School of Medicine Council. They also were adopted by the Medical Staff Organization at the University of Maryland Medical Center. We are among the first 25 academic medical centers in the nation to pass such guidelines, and, as such, are leaders in this field.

These policies will serve as an important resource for our faculty, staff, trainees and students as they navigate the increasingly complicated intersection of medicine and industry.

The new policies, effective March 1, are comprehensive. They address such areas as gifts to individuals, distribution of pharmaceutical samples, access to patient care sites by pharmaceutical representatives, physician participation in industry-sponsored medical education events, industry-sponsored scholarships and other educational funds for trainees and ghostwriting.

These policies will serve as an important resource for our faculty, staff, trainees and students as they navigate the increasingly complicated intersection of medicine

and industry. The health care industry is part of the medical community, and, as such, we must remain engaged in an appropriate manner. These new, more comprehensive guidelines further ensure that we support only evidence-based practice and decision-making that is not subject to any potential or perceived influence from the pharmaceutical or medical device industries.

The policies apply to all School of Medicine faculty and students at all practice sites and workplaces, including but not limited to the School of Medicine, University of Maryland Medical Center practice sites (on campus and off campus), affiliate hospitals facilities and other offsite medical education venues.

Compliance with these policies is of the utmost importance. It is my hope that you will read these policies carefully and engage your colleagues in discussion about them. The policies can be viewed on our Web site at <http://medschool.umaryland.edu/opd/professionalism.asp>. If you have any questions about the

implementation or interpretation of any aspect of the policies, please contact Dr. Nancy Lowitt, associate dean for Faculty Affairs and Professional Development.

In the relentless pursuit of excellence, I am
Sincerely yours,

E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor &
Dean, University of Maryland School of Medicine

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"What Do We Do?"

MED SCHOOL MARYLAND PRODUCTIONS

The University of Maryland School of Medicine is the only medical school in the country with a production facility with national broadcast credits. Known currently as Video Press, the facility has produced more than 30 hours of national programming, profiling our students and faculty for such outlets as HBO, Discovery, Discovery Health and The Learning Channel. This month Video Press will change its name to Med School Maryland Productions, but the name change won't change their goal to get national attention for the School of Medicine.

Susan Hadary has been director of Med School Maryland Productions since its inception as Video Press more than 20 years ago. Her former co-director, Bill Whiteford, retired in 2007. "I realized the importance of having a production facility that could produce programming which could be used not only within the School of Medicine, but also throughout the country," Ms. Hadary explained about Video

Press' creation. "This national outreach has been implemented both through a longstanding distribution system developed by us for educational distribution and through cable and national broadcasts." Educational training materials produced by Video Press are currently used by over 10,000 institutions throughout the country, according to Ms. Hadary.

Outside outlets are not the only beneficiaries of the talents of Ms. Hadary and her team. "We provide the same standards of production excellence to the School

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of Medicine community," she said. "This production capability enhances grant applications for faculty members who wish to develop community outreach interventions. We also work with the Offices of Development and Public Affairs to develop video programming for special events at the School of Medicine, such as this month's Fund for Medicine Gala."

The most famous production by Video Press is the 1999 documentary *King Gimp*, for which Ms. Hadary and Mr. Whiteford won the Academy Award for Best Document-

tary, Short Subject. Along with the Oscar, the film also picked up a Peabody Award and was nominated for an Emmy. Other award-winning productions include *Bong and Donnell*, which garnered a Cable Ace Award and numerous regional Emmys, and *Grace*, which won a regional Emmy.

Ms. Hadary is proud of all of these, but it's another production she chooses as the most interesting. "I think one of the best series we've done was *Med School*," she said. "This series was done for Discovery and featured 10 medical students and some School of Medicine faculty."

Med School Maryland Productions recently wrapped production on *Better My World*, a digital campaign to reduce violence in Baltimore City. Funded by The Abell Foundation and produced in partnership with the Violence Prevention Program at the University of Maryland R Adams Cowley Shock Trauma Center, it features hip-hop artists and students sharing their thoughts on how to make their neighborhoods more safe. The purpose was to determine if a digital communication channel could be created to access inner city teens with violence prevention messages through the internet. Using teen-appropriate music and peer-to-peer messaging the producers were able to access over 30,000 individuals through the *Better My World* Web site (www.bettermyworld.org) and social networking sites. These results indicated that digital Web-based technologies are a highly effective way to communicate health prevention messages.

Other current projects include a campaign to improve foster care for children in Baltimore City. Med School Maryland films and training materials can be ordered from their Web site, <http://www.videopress.umaryland.edu/>.



Susan Hadary with the Oscar she won for the film documentary *King Gimp*.

Legislators: Stimulate the Economy with Biomedical Research

By E. Albert Reece, MD, PhD, MBA, Examiner Guest Columnist

Dean Reece recently appeared in the Baltimore Examiner as a guest columnist. The Op Ed he authored ran in the February 8, 2009, edition. It appears below in its entirety.

Our economy is in serious trouble. This year, economists predict unemployment will reach its highest level in more than a quarter century and gross domestic product will shrink by more than five percent. What our nation needs more than anything right now is to create high-paying, sustainable jobs. Investment in biomedical research is a proven economic stimulant that creates those jobs.

Academic medical centers conduct the majority of biomedical research in this country and are also major national economic engines.

For example, the University of Maryland School of Medicine and its affiliated hospital system generate nearly \$5 billion in economic activity each year for the mid-Atlantic region alone. We are Maryland's third largest employer. The American Association of Medical College, for which I serve as the chairman of the Council of Deans, estimates that the nation's 130 medical schools had a combined national economic effect exceeding \$450 billion in 2005 and are directly and indirectly responsible for the creation of more than three million full-time jobs, one out of every 48 full-time jobs in the United States.

Government-funded academic medical center research also stimulates job growth in the pharmaceutical and biotechnology industries and thousands of small businesses



throughout the United States. Jobs in the US pharmaceutical industry, which had an estimated \$289 billion in annual sales in 2006, pay on average double that of jobs in the overall private sector.

Unfortunately, the nation's medical schools increasingly are being stymied in their ability to create high-paying, sustainable jobs and provide economic opportunities because of tight federal research funding. Since

2004, funding for the National Institutes of Health (NIH), the nation's primary funder of biomedical research, has actually decreased by 13 percent after inflation.

Our ability to stimulate the economy while improving the health of the nation not only now but in the longer term can only be ensured by immediately increasing NIH's funding and annually indexing future NIH budgets above the rate of inflation. If the NIH budget was increased by seven percent (or approximately \$2.1 billion) per year, it would still amount to less than 0.3 percent of the \$700 billion budgeted for the Wall Street rescue plan.

Current US spending on biomedical research in relation to GDP is anemic compared with many other developed nations. We spend about 0.25 percent of our GDP on bio-

medical research, whereas countries such as Finland and Germany spend four times as much, approximately one percent of their GDP, on biomedical research and development. They have significantly lower infant mortality rates and slightly higher life expectancies compared with the United States.

Last year, the National Science Board, the governing board of the US National Science Foundation, found that the rapidly shrinking federal support for US academic research is a major threat to our global competitiveness and would lead to significantly fewer jobs nationwide. In contrast, the NSB found that countries with rapidly increasing research budgets in recent years have seen a correspondingly rapid rise in GDP. China, for example, doubled its expenditure on research and development in relation to its GDP since the mid 1990s and has seen its GDP grow by more than nine percent annually. Last year, China's economy accounted for 27 percent of the global economic growth, more than any other nation.

Our economy is in its worst shape since the Great Depression. As our elected representatives grapple with ways to fix it, we must remind them that investing in the nation's biomedical research enterprise via the NIH is a proven economic engine that improves our health and our economy. Conservative estimates have found a 15- to 20-fold return on investment in biomedical research in the United States.

Although investing in the biomedical research enterprise is not the only solution to curing our current economic woes, it must not be overlooked if we are to truly get our economy back on the right track and remain competitive in the global economy.

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Researchers Crack the Code of the Common Cold

Scientists have begun to solve some of the mysteries of the common cold by putting together the pieces of the genetic codes for all the known strains of the human rhinovirus. Researchers at the School of Medicine and colleagues at the University of Wisconsin-Madison have completed the genomic sequences of the viruses and assembled them into a "family tree," which shows how the viruses are related, with their commonalities and differences. The study is entitled "Sequencing and Analyses of All Known Human Rhinovirus Genomes Reveals Structure and Evolution" and was published in the online version of the journal *Science* on February 12, 2009.

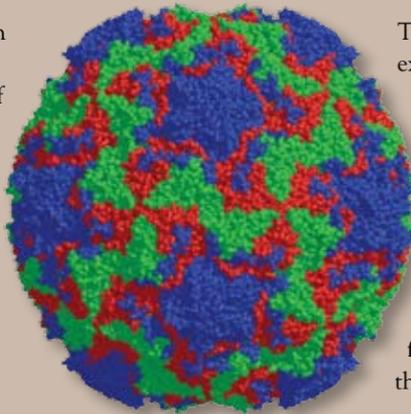
The researchers say this work provides a powerful tool that may lead to the development of the first effective treatments against the common cold. "There has been no success in developing effective drugs to cure the common cold, which we believe is due to incomplete information about the genetic composition of all these strains," said the study's senior author, Stephen B. Liggett, MD, professor, Departments of Medicine and Physiology, and director of the Cardiopulmonary Genomics Program.

"We generally think of colds as a nuisance, but they can be debilitating in the very young and in older individuals, and can trigger asthma attacks at any age. Recent studies indicate that early rhinovirus infection in children can program their immune system to develop asthma by adolescence," continued Dr. Liggett, who is a pulmonologist and molecular geneticist.

The researchers found that human rhinoviruses are organized into about 15 small groups that come from distant ancestors. The discovery of these multiple groups explains why a "one drug fits all" approach for anti-viral agents does not work. But, said Dr. Liggett, "Perhaps several anti-viral drugs could be developed, targeted to specific genetic regions of certain groups. The choice of which drug to prescribe would be based on the genetic characteristics of a patient's rhinovirus infection." Dr.

Liggett adds that while anti-viral drugs seem to be the most likely to succeed, "the data gathered from these full genome sequences gives us an opportunity to reconsider vaccines as a possibility, particularly as we gather multiple-patient samples and sequence the entire genomes, to see how frequently they mutate during a cold season."

The researchers also found that the human rhinovirus skips a step when it makes its protein product, a shortcut that probably speeds up its ability to make a person feel sick soon after infection. "This is a new insight," said co-investigator Claire M. Fraser-Liggett, PhD, professor, Departments of Medicine and Microbiology & Immunology, and director, Institute for Genome Sciences. "We would not have had any sort of intuition about this had it not been revealed through genome analysis. Information that comes from this discovery might present a completely different approach in terms of therapy."



This image shows the structure of the human rhinovirus capsid. Courtesy of Dr. Jean-Yves Sgro, University of Wisconsin-Madison

The analysis shows that some human rhinoviruses result from the exchange of genetic material between two separate strains of the virus that infect the same person. Such a swap, known as recombination, previously was not thought possible in human rhinovirus. During cold season, when many different strains of rhinovirus may be causing infections, recombination could rapidly produce new strains. Multiple mutations (as many as 800) were evident in virus samples taken recently from patients with colds, compared to older rhinovirus reference strains. Some viruses mutate by making slight changes in certain proteins to avoid being destroyed by antibodies from a person's immune system. "Mutations were found in every area of the genome," said Dr. Liggett.

The study's lead author, Ann C. Palmenberg, PhD, chair of the Institute for Molecular Virology at the University of Wisconsin-Madison, noted, "As we begin to accumulate additional samples from a large number of patients, it is likely that hotspots for mutation or recombination will become apparent, and other regions resistant to mutational change may emerge. This will provide clues as to how flexible the virus is as it responds to the human environment, important hints if you are designing new therapeutics."

Human rhinovirus infection is responsible for half of all asthma attacks and is a factor in bronchitis, sinusitis, middle ear infections and pneumonia. The coughs, sneezes and sniffles of colds impose a major health care burden in the US—including visits to health care providers, cost of over-the-counter drugs for symptom relief, often-inappropriate antibiotic prescriptions and missed work days—with direct and indirect costs of about \$60 billion annually.

Prior to the start of this project, the genomes of only a few dozen rhinoviruses had been sequenced from what was considered the reference library, a frozen collection of 99

Researchers have completed the genomic sequences of the viruses and assembled them into a "family tree"...

different rhinovirus strains taken from patients over a span of more than two decades. During this team's work, several other groups began to report the full genomes of some of these viruses, as well as some odd rhinovirus-like strains from relatively sick patients. "It was clear to us that the spectrum of rhinoviruses out there was probably much greater than we realized," said Dr. Fraser-Liggett.

The current study adds 80 new full genome sequences to the rhinovirus library and 10 more acquired recently from people with colds. Each sequence was modeled and compared to each other. Dr. Liggett stated, "Now we can put together many pieces of the human rhinovirus puzzle to help us answer some fundamental questions: how these rhinoviruses might mutate as they spread from one person to another, which rhinoviruses are more associated with asthma exacerbations and why rhinovirus exposure in infancy may cause asthma later in life. With all this information at hand, we see strong potential for the development of the long-sought cure for the common cold, using modern genomic and molecular techniques."



Stephen B. Liggett, MD



Claire M. Fraser-Liggett, PhD

MPACT Illustrates the Importance of Clinical Trials

Lack of representation in clinical trials among minorities is a serious issue confronting the field of medical research. A new series of community forums hosted by Claudia Baquet, MD, MPH, associate dean for Policy and Planning, professor, Department of Medicine, and, director, Program in Minority Health and Health Disparities Education and Research, approaches the problem in an innovative way, using outreach and education to attract more minority study subjects.

The new statewide forum series is known as the Maryland Program Advancing Clinical Trials, or MPACT. It is funded by the Maryland Cigarette Restitution Fund and the National Cancer Institute. MPACT is a unique initiative designed to increase community awareness about the importance of clinical trials, the need for diverse and underserved community research participation and their roles in addressing health disparities. The purpose of the program is to promote education and awareness, increase willingness to participate in research and encourage informed decision-making on the part of patients, their health professionals, families and communities.

The program grows out of six years of work on the part of Dr. Baquet and her colleagues in the Office of Policy and Planning to identify the barriers that prevent people from participating in clinical trials. The office has worked closely with communities, local doctors and other health professionals throughout the state to understand what is deterring people, particularly African Americans, from engaging in medical research.

“Low representation of African Americans, other minorities and rural patients in clinical trials could contribute to health disparities,” said Dr. Baquet. “Without adequate diversity, it may be difficult to generalize about trial results because you don’t know whether new treatments or preventive strategies have comparable effects among patients from diverse racial or ethnic groups.”

The MPACT forums are designed to address the barriers to participation that Dr. Baquet and her colleagues have identified. Those include a lack of information on clinical trials by patients and doctors. Possible study subjects also do not understand the importance of participating in research to advance prevention and treatment of disease

and they do not know how to find out what trials are available. “By launching this statewide strategy, we hope to educate Maryland citizens, raise awareness and increase public trust in research as well as diversity in clinical trials participation,” Dr. Baquet said.

Dr. Baquet’s research has shown the problem of low minority participation in research is growing. The percentage of Maryland patients participating in National Cancer Institute-funded cancer treatment clinical trials rose one percent between 1999 and 2002, according to a study Dr. Baquet published last July in the *Journal of Clinical Oncology*. But the percentage of African-American participants fell an estimated 8.9 percent each year during the same time period. The study’s results are particularly significant because the African-American community shows disproportionately high rates of certain cancers, according to Dr. Baquet. These include colon cancer, prostate cancer and aggressive forms of breast cancer.

The study also showed rural areas of Maryland, including Allegany and Washington Counties in Western Maryland and St. Mary’s County in Southern Maryland, had

“Without adequate diversity, it may be difficult to generalize about trial results because you don’t know whether new treatments or preventive strategies have comparable effects among patients from diverse racial or ethnic groups.”

lower rates of participation than had been expected. Baltimore City, Prince George’s County and Howard County also had lower-than-expected rates of participation. But the study found higher-than-expected rates of participation among pediatric and adolescent patients, white patients, female patients (for sex-specific tumors) and patients with private health insurance.

The MPACT series, which began in December 2008, has held three events so far. The free symposiums have been held on the Eastern Shore, in Baltimore City and in Prince George’s County. The most recent forum in Prince George’s County drew 100 participants. The events include workshops on health topics such as diabetes, cardiovascular disease, cancer and head and neck surgery. Each workshop features nationally-renowned physicians and researchers sharing their expertise. Participants from the School of Medicine have included Toni Pollin, PhD, assistant professor, Department of Medicine, Ligia Peralta, MD, associate professor, Department of Pediatrics, and Rodney Taylor, MD, MSPH, FACS, assistant professor, Department of Otorhinolaryngology-Head and Neck Surgery.

The forums work to bring top-tier health expertise directly to the communities that need it the most. Dr. Baquet hopes the close interaction with the faculty members will reassure forum participants that medical research is a safe way to improve medical techniques for themselves and their families. “I am confident that the work we do will benefit citizens throughout Maryland and beyond,” she said.



Claudia Baquet, MD, MPH

Correction: SOMnews regrets the usage of the asthma inhaler graphic that accompanied the *Keeping Asthma at Bay—Pediatric Asthma Collaborators Work with Their Young Patients* article that ran in the February 2009 issue. A correct depiction of how a pediatric asthma patient should use an inhaler—with the spacer piece—is pictured below.



An asthma patient demonstrates how to properly use an inhaler and spacer as she was taught on the Department of Pediatrics’ Breathmobile.

SPECIAL EVENTS WILL CELEBRATE AND HONOR ROBERT C. GALLO, MD FOR HIS HISTORIC CONTRIBUTIONS IN HELPING PATIENTS AFFLICTED WITH HIV AND AIDS

May 4, 2009, is the 25th anniversary of Dr. Robert Gallo’s *Science* magazine publication identifying HIV as the cause of AIDS, widely recognized as one of the most important scientific discoveries in history. Robert C. Gallo, MD, professor, Department of Medicine, and director of the Institute of Human Virology (IHV), and his colleagues proved HIV is the cause of AIDS by isolating and cultivating the retrovirus from many patients with AIDS. Dr. Gallo also led the team that developed the blood test for AIDS, saving countless lives by preventing new infections. The blood test (for antibodies to HIV) was also another important component that linked HIV to AIDS.

To commemorate Dr. Gallo’s historic discoveries, the School of Medicine will host a special scientific symposium and gala, “Celebrating a Visionary’s Quest for Discovery,” May 9 to 11 in Baltimore. Dr. Gallo’s discovery is shared with Dr. Luc Montagnier of the Pasteur Institute in France, who will attend the three-day event.

“The co-discovery is one of the seminal events not only in HIV research but in our understanding of how retroviruses in general cause disease and how they might be thwarted,” said Dean E. Albert Reece, MD, PhD, MBA. “We are honored to be able to recognize Dr. Gallo for this transformative achievement.”

The symposium—“25 Years After Discovering HIV as the Cause of AIDS”—will review the past, present and future of HIV research, treatment and education. Co-hosted by the School of Medicine and the National Cancer Institute (NCI), the symposium is an opportunity to recognize the contributions of scientists from a wide range of disciplines. Dr. Gallo said the symposium, to be held at the Marriott at Camden Yards, will inspire young scientists

by documenting progress in AIDS research. He continued, “The role of scientists at the NCI in the co-discovery of HIV, the development of the HIV blood test and the beginning of anti-retroviral drugs should not be forgotten.”

Over the last quarter of a century, AIDS research has eased the suffering caused by the disease and given birth to the field of modern

human immunology. Dr. Gallo said that around the world, the fight against AIDS has led to unprecedented cooperation and coordination among community leaders, patients, advocates, physicians, scientists and politicians. “AIDS research also had a spin-off affect on society by forging a greater understanding of differences in sexuality, women’s rights and uniting powerful governments with third world countries,” he said.

Dr. Gallo will be recognized for his pioneering research achievements in a special gala. “Celebrating a Visionary’s Quest for Discovery: An Evening Honoring

Dr. Robert C. Gallo, MD,” will be held May 9 at the Baltimore Hilton. The gala will bring together colleagues, friends, family and the public to thank Dr. Gallo for his historic contributions to AIDS research and his continuing, fervent dedication to finding a vaccine. The master of ceremonies will be former Maryland Lt. Governor Kathleen Kennedy Townsend, who chairs the IHV Board of Advisors.

The symposium and gala are open to faculty, staff, students and the public. For the symposium program and more information on obtaining tickets to the gala, please visit <http://www.gallo25.umaryland.edu>. Questions about the symposium? Call Althea Pusateri at 6-3957. Questions about the gala? Call Mary Cain at 6-3901.

SAVE THE DATE

CELEBRATING A
Visionary’s
QUEST FOR
Discovery

AN EVENING HONORING
Robert C. Gallo, MD

May 9, 2009
Hilton Hotel, Baltimore, Maryland

What's New in the Office of Student Affairs?

There are some new faces in the Office of Student Affairs (OSA), while some familiar faces have moved on and others have transitioned into new roles.

Assistant Deans of Student Affairs Michael Plaut, PhD, and Gary Plotnick, MD, retired from their administrative positions last year after 35 and 32 years, respectively. Joseph Martinez, MD, assistant professor, Department of Emergency Medicine, and Gina Perez, MD, assistant professor, Department of

Psychiatry, now serve in those roles. Assisting them with advising students and writing Medical Student Performance Evaluations, or MSPE's, is George Fantry, MD, associate professor, Department of Medicine. Dawn Roberts has been promoted to associate director, and now is responsible for planning and coordinating seminars, workshops, pre-commencement and other special events as well as assisting the many student organizations and offering guidance to the Student Council.

Sonia Beasley is now the office manager, and Barbara Lindsay and Valerie Reynolds continue to offer valuable support and resources as administrative assistant and coordinator, respectively. New addition Kenika Carter works as an office clerk to assist with data entry and statistical reports and certify the USMLE applications, while Shawan Pearson, another new staff member, works with the 3rd and 4th year medical students to help with their schedules and grades as well as prepare the Match process.

All of the members of OSA work closely with Donna Parker, MD, associate dean for Student Affairs, to steer the medical students through all four years of medical school, facilitating any issues and questions along the way, and to promote their personal and professional development. OSA also coordinates milestone events for the students such as the annual White Coat Ceremony, Student Clinician Ceremony and Match Day.

"We have worked hard to redefine roles in the office while maintaining a spirit of teamwork and customer service for our students," stated Dr. Parker. "This transition has



Back Row (L-R): Joe Martinez, MD, George Fantry, MD, Dawn Roberts and Barbara Lindsay
Front Row (L-R): Sonia Beasley, Donna Parker, MD, Gina Perez, MD, Valerie Reynolds and Kenika Carter
Not Pictured: Shawan Pearson

"We have worked hard to redefine roles in the office while maintaining a spirit of teamwork and customer service for our students."

required everyone to get to know the personalities and work habits of new people. The transition also has provided an opportunity to give a fresh look at longstanding policies and procedures, and many have been revamped."

In addition, the office has made some technological advancements. "Things are becoming much more electronic and digital – no more microfiche and a lot less paper," said Dr. Martinez. "Working in close collaboration with the Office of Medical Education, we have changed many processes," added Dr. Parker. "Their Information Technology group has been a tremendous asset in moving from paper to computer for student scheduling and, most importantly, tracking of academic data."

No matter how many things have changed, though, the mission of the office remains the same. "The Office of Student Affairs is designed to provide guidance, advice, help and administrative services to students enrolled in the School of Medicine," Dr. Parker said. "In addition, the office is responsible for monitoring student registration, progress and advancement, graduation and all aspects of student life related to undergraduate medical education." The staff also provides any necessary counseling to the students, and they

represent the needs of the students to School of Medicine faculty and the UMB campus.

Dr. Martinez appreciates the extra responsibility he's been able to take on. "In my other role as emergency physician, I only interact with the portion of the class that does an emergency medicine elective," he explained. "In OSA, I run across nearly every student at some point in their four years. It's a lot of fun to see them mature and develop and go on to match into their desired residencies—and even work with some of them as physicians after graduation."

The job isn't always easy, but Dr. Parker says it's well worth the effort she and her staff devote. "Watching our students come in as a disjointed group of college students and then developing over four years into a graduating class of physicians who are ready to care effectively for others is the most rewarding thing," she said. "It's remarkable, and it never grows old." 

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Announcement!



ANNOUNCES THE GRAND
OPENING OF
THE FIRST EVER
GOODWILL BOUTIQUE

LOCATED AT 1 N POPPLETON STREET
In the ground floor of the University of Maryland BioPark Garage

SHOP NAME BRAND
MERCHANDISE AT GOODWILL
PRICES

REGULAR BUSINESS HOURS: MON-SAT
10 AM - 6 PM
DONATIONS ALSO ACCEPTED

Check out the new Goodwill Boutique in the UMB BioPark Garage.

The store is beautifully designed, well-stocked and features brand name clothing, jewelry, accessories and house wares. The store also accepts donations.

Remember, the UMB Campus Shuttle circles the Baltimore Street corridor every 12 minutes so rides are free and warm, if you're interested in stopping by!