Pitt, Oakland gear up for post-Super Bowl blowout

To show support for the Pittsburgh Steelers, who are getting ready to play the Feb. 6 Super Bowl in Dallas against the Green Bay Packers, the Cup & Chaucer in Hillman Library is sponsoring a Black and Gold Party 1-3:30 p.m. on Feb. 4.

Hotdogs, hamburgers and snacks will be provided, as well as black and gold bags and cookies. For those sporting Steelers black and gold gear or carrying Terrible Towels, there will be a 30 percent discount on drinks.

As part of the festivities, a concert by The Moonlighters begins at noon.

To support the University of Pittsburgh, steelers steelers will be removed from the South Side after the game to minimize the risk to someone else.

“Calls to the center more often are about the completion of the game, after which those celebrating will be told to disperse,” Bochter said.

“Pitt officials noted that the Student Code of Conduct will be enforced, failure to disperse when ordered and possessing alcohol are violations of the code.”

“People are already talking about the event as well as black and gold pride,” he said. “The message we really want to convey is to keep coming Downtown to celebrate where you’re at,” Bochter said.

“The reason we’re closing those streets after the game is so those who are leaving bars, restaurants and other venues can safely transit from that area to where their car is parked and on to their final destination,” Bochter said.

“The message we really want to get out is: Enjoy the Super Bowl, enjoy your friends and family — whoever you’re with — safely celebrate where you’re at,” Bochter said. “Coming Downtown to celebrate is not a wise move. Don’t come to the South Side after the game. Our plan after the game is to get everyone safely out of the South Side, safely out of Oakland, safely out of Downtown Pittsburgh. Our suggestion is please don’t come to those places.”

He cautioned that having alcohol in an open container on any Pittsburgh street is a city ordinance violation, that ordinance will be enforced, he said.

Officials want to avoid a repeat of the damage that followed the Steelers’ 2009 Super Bowl victory. Thousands of people took to the Oakland streets, where some revelers overturned cars, broke windows and set fires, causing an estimated $48,000 in damages to the Pittsburgh campus. (See Feb. 1 and Feb. 19, 2009, University Times.)

Following that disturbance, Pitt established a celebration task force comprising University police, administrators in Student Affairs and student leaders, to develop strategies that promote responsible behavior by students after events like the Super Bowl. Pitt has designated the area on Bigelow between the Cathedral of Learning and the William Pitt Union (WPU) as the only place on campus where students will be allowed to congregate, according to officials in Student Affairs.

The approved celebration will last for one hour beginning at the conclusion of the game, after which those celebrating will be told to disperse.

Pitt officials noted that the Student Code of Conduct will be enforced, failure to disperse when ordered and possessing alcohol are violations of the code.

Kenyon Bonner of Student Affairs said a large outdoor screen near the Cathedral will show the post-game Super Bowl celebration and awards. There also will be DJ playing music and prize giveaways.

Pitt Police Chief Tim Delaney said WPU and Hillman Library will be locked during and after the game, and an officer will be stationed at the Cathedral entrances. Intensity lighting will be positioned on the Bigelow Boulevard and WPU lawns. Campus surveillance equipment will be operated as always, he said.

Delaney added that the city will distribute a letter to Oakland residents reminding them that all furniture must be removed from porches and outdoor areas. “This ban has already been established by the City Council and will be enforced,” Delaney said.

Pitt’s celebration task force also has developed a marketing campaign to discourage post-game misbehavior. The task force has posted flyers across the campus, produced a TV ad that has posted videos on YouTube and Facebook from student leaders encouraging responsible celebratory behavior. In addition, the task force plans an email blast to all undergraduates Feb. 4.

Letters will be placed under the doors of rooms in all the residence halls reminding students of student code violations, including throwing objects from windows.

The Oakland business community is looking at the Super Bowl event as a two-edged sword, said Georgia Petropoulos Muir, executive director of the Oakland Business Improvement District (OBID).

“OBID is embracing the event as a huge opportunity for celebration and encouraging business owners to deck out their establishments, to show their black and gold pride,” she said.

Muir said, “We want people to come in and celebrate responsibly.”

On the other hand, she said business owners who have surveillance cameras in their establishments are being asked to train them on their storefronts and sidewalks. They also are being advised to be cautious with offerings that could be pulled down and Dumpsters that could be used to cause damage.

Extra OBID cleaning crew staff will be on the job Monday morning to clear away any litter and debris, she added.

At the Feb. 1 press conference, Bochter said the Pittsburgh police are requesting that Oakland and South Side stores remove anything that could be a projectile from their storefronts. “We will be removing trash cans and other city property — basically, anything that’s not nailed down,” he said.

Bars in Oakland and the South Side are asked to serve alcohol only in plastic containers during and after the game to minimize potential property damage or injury, Bochter said.

— Kimberly K. Barlow & Peter Hart

University experts advise how to deal with troubled students

Calls to the University Counseling Center tend to increase after reports of campus violence elsewhere — such as the shootings at Virginia Tech in 2007 and at Northeastern University in 2008 — turn public attention to students who have exhibited frightening, bizarre or destructive behavior.

Calls have risen again in the wake of the Jan. 8 shooting in Tucson, which six people were killed and Arizona congresswoman Gabrielle Giffords was wounded, said University Counseling Center director James Cox.

While the Tucson violence did not occur on a college campus, the suspect in custody had exhibited bizarre behavior and had been suspended from Pima Community College in October after violating the school’s conduct code.

“When people have concerns about students,” he said, “We get a lot of calls from faculty and staff.”

Cox said callers often assume that the student they are concerned about is not getting help.

“That may not be the case,” he said. Should a caller inquire about whether a student is being seen, the counseling center may not be able to say, he noted, citing confidentiality considerations.

Most students will permit some information to be shared, Cox said. If the student agrees, the counseling center may be able to tell the caller who referred a student how things went.

“If they say no, then we can’t,” Cox said.

FERPA

Privacy laws have their limits, continued on page 4
Linden to head European studies & EU centers

Political science professor Ronald Linden has been named director of Pitt's European Studies Center and European Union Center of Excellence.

Linden served as director of the Center for Russian and East European Studies, 1984-89, and again in 1991-98. From 1989 to 1991, he was director of research for Radio Free Europe.

He is the author or editor of seven books on Eastern and Central Europe.

Linden was a Fulbright Research Scholar and a Fullbright Distinguished Lecturer in Yugoslavia, a research scholar at the Kennan Institute for Advanced Russian Studies of the Woodrow Wilson International Center for Scholars in Washington, D.C., a fellow at the United States Institute of Peace, and a guest scholar of the East European Studies program at the Woodrow Wilson International Center for Scholars.

In 2009, he was awarded a Transatlantic Academy Fellowship from the German Marshall Fund to study Turkish foreign policy. He has received grants from the National Council for Eurasian and East European Research and from the International Research and Exchanges Board.

Linden received his PhD in politics from Princeton, his master's degree in political science from the University of Michigan and his bachelor's degree in government from Boston University.

He succeeds Albert M. Sobczak, who has directed the center for 15 years.

This question was raised at the Dec. 10 Senate budget policy meeting. I believe the answer is NO because Pitt’s annual salary increase pool is underfunded relative to inflation in most years. Underfunding by a given percentage has a snowball effect over the years, but when done too frequently it drops the salaries of most long-term faculty well below the average for their academic rank.

Pitt’s current policy, a four-component policy and a 2 percent maintenance component (MME), has four components: 1) maintenance of real salary, 2) merit increases, 3) equity adjustments, and 4) market adjustments. The chancellor determines the portion of the total raise pool allotted to each component, with advice from the University Planning and Budgeting Committee.

Each responsibility center receives the same percentage for maintenance of salary (2 percent this fiscal year) and market and/or equity (MME) adjustments (1 percent this year). In most years (but not this year), he did not fund the calculation of the average raise pool (usually 0.5 percent) reserved for distribution by the provost based upon demonstrated needs for MME adjustments.

Pitt’s salary increase policy correctly identifies the pay issues that need to be addressed. However, it does not require the chancellor to fund the maintenance salary component fully — and in fact of the last 14 years has paid only 43 percent of that pool in the chart below. This chart is an update of an analysis I did in a 2006 Senate Matters column. It takes the average Pitt salaries for professors, associate professors and assistant professors in FY 1995 and shows what would be in FY 2010 after receiving annual pay increases equal to A) the federal government’s consumer price index (CPI), B) 2 percent of the maintenance component of Pitt’s annual salary pool increase, C) both the maintenance and MME components of Pitt’s annual salary pool increase, or D) the full amount of Pitt’s annual pool for all faculty.

As this chart reveals, an associate professor with Pitt’s average salary in FY 1995 would have needed a projected FY 2010 salary of $78,771 (11.8 percent below the Pitt salary increase pool). If an associate professor received only the maintenance component of Pitt’s annual salary increase pool, would have needed a projected FY 2010 salary of $68,029, which is $9,107 (-11.8 percent) below the Pitt salary increase pool. The salary in FY 2010 that Pitt’s annual salary increase pool would have paid average raises of only 2.25 percent each, which is below inflation. However, if the raise pool is 1 percent higher (4 percent), and one person receives a 6 percent raise, the other four still can average 3.5 percent each.

Pitt’s administration has done a good job of managing the University and the problems it has faced except for one or two levels. Do salary increases underfunding annual salary increases relative to inflation. The administration has opted for lower salary increases over politically sensitive higher tuition increases in order to meet short-term budget goals. The tuition concerns are real and the effect on salaries sligtly in any one year. The negative effects of these lower annual salary increases on long-term faculty salaries are not considered because they take many years to manifest.

Pitt’s administration can address this issue by raising tuition to a higher level than it might, or by continuing to underfund Pitt’s salary increase policy, it’s liable to create a huge morale problem at Pitt.

If you agree that Pitt needs to start funding future annual salary increase pool increases more consistently, do something about it. Write a letter to the University Times, start a petition or get involved in the Senate. Doing nothing is tantamount to agreeing with Pitt’s salary practices for the last 16 years.

The Senate is seeking faculty to run for officers, Faculty Assembly and committees. If you are interested, call or email Lori Molinaro (624-6355, lmolinaro@pitt.edu) in the Senate office and nominate yourself or a colleague.

John J. Baker is past president of the University Senate and chair of the budget policies committee.

Do Pitt’s salary practices work well for most faculty?

Pitt’s administration responds:

The maintenance of an effective salary policy has been instrumental in fostering the sustained progress Pitt has experienced over the past 15 years. Each year, the chancellor, the members of the University Planning and Budgeting Committee (UPBC) work to find the appropriate balance between maintaining the chancellor’s original vision for the university and the current composition of the university.

The chancellor also considers this balance as he makes his final determination, and it is worth noting that this past year the chancellor took steps to reduce maintenance component of the budget through the UPBC recommendation.

Dr. Baker’s 2006 Senate Matters column revealed a 16-year salary aggregate he has presented leaves him concerned that Pitt’s annual salary increase pool is underfunded relative to inflation in most years. As an across-the-board statement, this thesis is incorrect. In 2006, Pitt calculated that the change in average salaries from FY 1995 to FY 2010 across all ranks, the growth in our average faculty compensation has easily outstripped that of inflation. He is further concerned that faculty receiving only the maintenance component of the salary increase each year for the past 15 years would not have seen their salaries kept pace with inflation. Fortunately, the vast majority of faculty members at the University of Pittsburgh consistently make contributions that earn the annual salary increases in the pool. Though a careful and complete analysis of the data would require more time than we have to respond to this column, a rough overview of the available data indicates that since 1995 percent of the faculty who have been at Pitt since 1995 have received raises above and beyond those allowed by the maintenance component, and at least 85 percent have seen their salaries increase by more than the inflation rate.

Pitt’s annual salary increase pool determines the portion of the total raise pool allotted for each component. The chancellor, in consultation with the University Planning and Budgeting Committee (UPBC), has several options to compensate for annual salary increases relative to inflation.

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however, particularly when campus safety may be at stake.

Following the shootings at Virginia Tech, new federal guidance on Family Educational Rights and Privacy Act (FERPA) laws was published to better balance safety and privacy.

Shawn E. Brooks, associate dean of students and director of Residence Life, noted for instance that in cases of violations of drug or alcohol laws or situations in which a student poses a threat to himself or others, FERPA does not apply and otherwise private information may be shared with parents or appropriate others. Additionally, if a student is claimed as a depend- ent, FERPA doesn’t prevent the University from providing informa- tion with the student’s parents, Brooks said.

“I’d rather defend a violation of FERPA than be accused of not communicating effectively with a parent,” Brooks said, inviting faculty or staff with questions on where to draw the line to contact his office.

Vigilance

Brooks observed, “Anytime there is a national tragedy of the magnitude of Virginia Tech, Arizona, peoples’ sensibilities are very heightened around students’ privacy or threatening behavior.”

The downside, he said, is that “we get flooded into a false sense of security once the issue fades from our mind.”

The ongoing message from the University administration is: Communicate.

Plenty of help is available on campus and off and communication is key when a student displays behavioral or mental health problems.

“Where in doubt, consult,” stated Kathy Humphrey, vice provost and dean of students, in a memo sent to faculty at the begin- ning of the academic year. “We need to be prepared to recognize potential threats and take appropriate action when necessary.”

“We have all seen that tragedies at high schools and universities are often said lessons if the potential consequences of mental health and behavioral problems are left unattended,” said Humphrey in the message that called attention to the University’s Faculty and Staff Guide for Helping Dis- tressed Students.

“The guide, available in the resources section at www.counsel- ing.pitt.edu or at www.studentaf- fairs.pitt.edu, covers concerns ranging from dealing with angry students to substance abuse and suicide and includes emergency phone numbers for on- and off- campus resources.

Brooks said, “It’s all of our jobs when dealing with the student population. It’s not just about the student who may be troubled or acting out, it’s about the commu- nity and the other students who are impacted by that behavior as well.”

Whom to call

Even if the behavior is merely odd rather than threatening, “It’s perfectly acceptable to call ‘the counseling center,’” Brooks said.

“Word is not against the law,” said Cox, but if a student’s behavior is questionable, faculty and staff are urged to call for advice. 

“If there is a question, perhaps in something a student has writ- ten, or emailed, send a copy to the counseling center,” he said.

“Anytime that any student rises to the level that we’re concerned for their safety, action is taken. We don’t ignore it,” Cox said, noting that a counseling center staffer is on call 24 hours a day. He advised members of the campus commu- nity to call the campus police if a student clearly poses a danger to himself or others.

Cox offered some simple advice on where to turn:

• If a student crosses the line into an immediate safety concern, call the police.

• If it’s a mental health issue, call the counseling center.

• If it’s a behavioral issue, call the Office of Student Conduct.

Code of Conduct

The Student Code of Conduct states that any member of the University community who feels they have been wronged due to a violation of the code may sched- ule a meeting with the student conduct officer or a designee to discuss the situation. They also may file a judicial referral with the Office of Student Conduct, which sets in motion a hearing process.

Details are outlined in the code, which can be found online at www. studentaffairs.pitt.edu/conduct.

The code allows faculty and staff broad leeway in filing judicial charges based on a student’s behav- ior, Cox said. “Any inappropriate behavior on the part of a student can be a violation.”

Among the listed offenses is failure “without just cause to comply with the lawful direction of a University official acting in the performance of their duties and authority.” In this context, Cox noted, “officially” applies to all faculty or staff, noting that an employee may file a complaint if, for instance, a student is harass- ing someone in their department or refuses to leave an office when asked.

Brooks noted that most judicial board actions involve alcohol or drug use and only a “very mini- mal” number involve threatening behavior.

Student conduct officer Debo- rah Walker confirmed such inci- dents “are isolated.”

Walker said she advises anyone who believes a student may be dangerous to take immediate action — could follow, she said.

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Experts advise how to deal with troubled students

Continued from Page 4

Discussing troubled students

Following the shootings at Virginia Tech, Pitt formalized a group that had been meeting informally to share information on troubled students, said Brooks, who chairs the Caring for At-Risk Students, or CARS committee. The group, which meets weekly, includes representatives from across the University: Pitt police, Athletics, Veterans Affairs, all the Student Affairs departments including Residence Life, the University Counseling Center, Student Health (represented both by a doctor for the medical side and a drug/alcohol counselor), Brooks noted, as well as a staff member from Cross Cultural and Leadership Development, Disability Services and Student Conduct.

“If a student crosses our radar as either being a potential threat to himself or others or exhibits behavior of concern, we’ll bring up the student’s name and the reasons behind it to the committee,” said Brooks, adding that should a specific student come to the attention of multiple representatives, deeper discussion would be warranted.

The committee is not intended just for dealing with threatening behavior. Many situations could cause a student to be mentioned — anything from a student who puts up a poster of a loved one, a residence hall resident who has been taken to the hospital, a student who had recent contact with police — all may be brought up to the group to provide a baseline of understanding across various areas.

“We want everyone at the table to know what everyone knows,” Brooks noted, adding, “A lot of times we find referrals already have been made.”

Should a student be acting out in a peculiar way, regardless of whether or not they are involved, Brooks urged faculty and staff to filter the situation through the lens of normalcy or abnormality. What is the possibility that this student needs some kind of assistance? And Brooks reiterated that the University has a broad safety net of professionals available to interact with at-risk students. “I want faculty and staff to know they don’t have to be the sole arbiter of when to get involved,” Brooks said. “Think about the well-being of the campus population and our students. When you feel something isn’t right, don’t sit on that information. Pass it along.”

—Jennifer Barlow & Peter Hart

Resources for faculty and staff

• The Staff Association Council is sponsoring a campus safety brown bag lunch at noon today, Feb. 3, in the William Pitt Union Brown Bag lunch room, Parkyn, vice provost and dean of students; Deborah Walker, student conduct officer, and Ronald Bennett of the Pitt police will discuss security awareness, authority of campus security personnel and the student conduct process. More information can be found at www.sac.pitt.edu.

• The University Counseling Center annually updates its Faculty and Staff Guide for Helping Distressed Students. The guide offers information on anxiety, depression/suicide, anger, grieving, substance abuse, multicultural challenges and disability resources and services, and emergency phone numbers for on- and off-campus resources. It is available online at www.studentaffairs.pitt.edu.

Tips for keeping your classroom safe

If a student is distressed ... or dangerous? It’s tough to tell

According to Robert Gal- lagher, adjunct professor in the School of Education and former vice chancellor for Student Affairs, it may be difficult to determine which students might cross the line from distressed to dangerous.

There are several types of behavior that should be of particular concern, said Gallagher, who was director of the University Counseling Center for 25 years.

Anxiety

One concern is the inappropriately angry, non-psycho-otic student whose reaction is disproportionate to the circumstances. “Somebody has given them a bad grade. Somebody has done something that’s cost them their job, somebody they feel it very personally,” Gallagher said.

Occasionally, they are dangerous. Those are people that friends are more likely to identify, he said. “My biggest worry is when they’ve been actively embittered them. They were treated unfairly. They ruminate about it, they can’t get over it, they feel it very personally,” Gallagher said.

Anger

Another concern is the stalker, the person who is obsessive about someone,” Gallagher said. More people are killed by stalkers than in the kind of mass shooting that occurred in Arizona, he said. “Last year, in the 32 schools I surveyed, there were seven students identified as obsessive pursuers.”

That would extrapolate to close to 50 across all colleges. Most stalkers are physically injured. Even these numbers do not reflect the true nature of stalking. “There are a lot of these cases do not come to the attention of counseling centers,” Gallagher said. Stalkers aren’t always students pursuing other students, he said. “Faculty and staff are certainly not immune from this happening to them.”

Frightening behavior

The fourth area of concern is the student who goes beyond even frightened. Those are the ones who are most worrisome. Here again this should be brought to the attention of a responsible person on campus,” Gallagher advised.

Stalkers

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Jefferey Kerr, who has written extensively on school crisis prevention/intervention strategies and student behavioral problems, said, “My biggest worry is when people abdicate their responsibility for safety to others. Safety is everyone’s responsibility.

For example, we know that perpetrators often signal their intent in advance. We also know that being aware of our surroundings and reporting anything suspicious is fundamental to safety in any workplace or campus. Yet, too many people in their earphones, focus on their cell phones and move through campus barely in after class to review what happened. Instead, call the student directly.

“We get away sign is: Is the student making the faculty member or other students feel anxious or uncomfortable and avoid the person?” he said.

So offered some common sense tips:

• Review safety procedures in multiple environments.

• Watch what’s going on around you. Listen to conversations. Pay attention to your instincts. Report things that disturb you.

• Sign up for emergency notifications so you know when a situation is unsafe.

• Program the campus police
Teaching TAs how to handle classroom problems

Experienced instructors are in particular need of guidance, said Carol Washburn, an instructional designer at the Center for Instructional Development and Distance Education (CIDDE), as are very new teaching assistant orientation.

Safety comes first — literally — in the orientation session that train about 270 new TAs each fall, Washburn said. The first order of business is to have participants type the campus police phone number into their cell phone contact list. Next, the TAs are taught to seek advice from the University Counseling Center if they have concerns about a student.

“TAs have been stalked,” she said, reiterating that those situations need to be reported to the police.

Given that the numbers of distressed students on college campuses are on the rise, Washburn said training on dealing with them is part of the orientation. New TAs learn to handle a range of difficult classroom situations during orientation and in other workshops that present cases for discussion.

The emotional issues students may bring to the classroom can be especially difficult for inexperienced TAs, Washburn said. The emphasis is on utilizing the University Counseling Center — not only by advising a distressed student to go, but also as a resource to which a concerned TA can turn for advice.

Minimizing classroom stress

Stress can play a role, Washburn said. “You can minimize stress on students,” she said, urging instructors to build in structure and clear expectations when designing their courses. “A disorganized class can result in unhappy students. With a lot of structure and clear expectations your students do better, you’re happier as an instructor and you have less dissatisfaction.”

One common reason students might challenge a teacher is anger over a grade. Instructors sometimes are not adept at designing tests based on the teaching objectives and students may get frustrated if they feel unfairly penalized. “I have had students call or email the professor at 2 a.m. and I think, ‘This person must have been really mad in my class.’”

To prevent a lot of problems by having a clear structure and expectations for advice.

Avoiding conflict

Not all classroom disruptions can be avoided, but some foresight can minimize conflict. “You can prevent a lot of problems by having a clear structure and clear expectations for advice.”

A student’s anger may be directed at the professor or teaching assistant. “I have had a student come and ask for a grade on a paper that is not due for another two weeks. I told them that their papers were due the following day. They were not happy.”

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Debate over dept. chair evaluations surfaces

H ow often are Pitt depart- ment chairs evaluated? When the issue surfaced at the Jan. 25 Faculty Assembly meeting, there was some disagreement between faculty members and Andrew Blair, vice provost for faculty affairs. Blair, who is the Provost’s liaison to Faculty Assembly, said, “All departments have to submit a document that their chair evaluations go to the provost’s office.” When a professor asked if department chair evaluations were actually done, Blair replied, “I believe we have a detailed description of the schedule for chair evaluations.” The professor then asked, “Do any departments that have really arrived have a template with specific procedures for appointing, compensating, and determining compensation across different disciplines?” Blair said there have been evaluations for appointing, compensating, and determining compensation across different disciplines, including at the regional campuses, “but there is no requirement for any individual based on gender identity or expression.”

If we have a policy, you’re right, it’s quite vague,” Blair said. “It’s not vague. It’s just not a sample. Every eligible person is included in this.”

Some Faculty Assembly members took exception to Blair’s declaration of the schedule for department chair evaluations.

Beverly Gaddy of Pitt-Greensburg said, “It’s always been a requirement that we used to do evaluations of chairs but we have not had them since the time of the former president (Sharon) Smith. As faculty president I asked that we re-initiate those but we have not had any of those evaluations for four years.”

• Dental medicine’s John Baker asked, “When was the last evaluation of his school’s dean but he was unsure of any evaluations of department chair evaluations.”

Blair said a reorganization of departments in the School of Dental Medicine might have skewed the timeframe for chair evaluations, but he insisted the dental medicine school was not excluded from the evaluation process. “We have been tracking that very carefully,” he said.

He added that “the results of the review will depend on the dean’s ability to share with the faculty what they think appropriate.”

University Senate President Michael Pinsky asked if the evaluation process is kept private. “Is it considered chair evaluation and faculty who wouldn’t know about it?”

Pinsky asked.

Blair said there is nothing clandestine about the evaluation process. “Faculty members in the school or department would certainly know about it because they’re contacted for the evaluation. It’s not a secret process.” Blair said a faculty member is asked to fill out the survey. We get very good responses, incidentally.”

The departments determine which faculty are considered core or faculty. Blair added, but typically the group includes tenure and tenure-track faculty, and the survey chair’s service is considered. He added. Member Francesca Saveri di Sesto asked if the French and Italian Languages and Literatures said, “I’ve been at Pitt for 25 years, I’m a tenured professor and I’ve never been asked to evaluate anything anywhere. At Pitt’s request, Blair agreed to investigate the situation further and to bring the French department’s report and back to Pinsky.

Nicholas Birch of the medical school was excluded from his school in the chair evaluation process.

“I think the faculty are the key to that question. I don’t think we have a list,” he said. “It’s not a sample. Every eligible person is included in this.”

The discussion about department evaluations sprang from a report on a new gender discrimination committee, which is a subcommittee of the Senate’s antidiscrimination policies committee.

The subcommittee, chaired by Kacey Marra of the School of Medicine, is considering the faculty of the School of Medicine about gender equality. Marra said the group also wants to help establish specific guidelines for appointments and promotions, including criteria for chair and dean appointments, and it was this item that prompted the Faculty Assembly debate. She said her group plans to work with the Provost’s office to develop a template with specific procedures for appointing, compensating, and evaluating deans and department chairs. “The template will also allow for the opportunity for administrative appointment equally available to both women and men,” Marra said.

Blair noted that there already is an evaluation instrument, “an online survey that was developed by the Council of Deans in consultation with various parties. There are scaled responses as well as free responses. Also, this instrument, appropriately, it’s meant to be a formative as opposed to a summative evaluation instrument, meaning that it’s supposed to be constructive and helpful.”

“I was concerned that you’re looking at a new evaluation template for chairs, and I just would like you to keep in mind that there is an evaluation process in place,” Blair said.

Marra said the subcommittee is interested in extending the performances of department chairs. “That’s not really the type of work we would focus on. We are more interested in evaluating how the chairs are hiring and determining compensation across their faculty.”

As head of the new subcommittee, Marra explained, “It is an evaluation of a group of faculty, staff, postdocs and students from across Pitt’s five campuses. The purpose is not to discuss gender equity issues, address salary differentials, develop workshops on leadership issues, or discuss departmental climate and care and dependent care options.”

“The objective of this subcommittee is to address and correct any gender inequality that we are treated equally by gender in several areas of University life. This includes, but is not limited to, hiring, allocation of leadership responsibilities, compensation, and promotion,” she said. “We also plan to extend these policies to the regional campuses.”

The new subcommittee will urge the Provost’s office to expand its analysis of the current chair area salary differentials by gender to include Health Sciences faculty, she said.

Marra’s subcommittee replaces the ad hoc committee for the promotion of gender equity II, which expired at the end of 2010. Ad hoc committee chair Irene Frizne reported to Faculty Assembly on her committee’s major efforts.

• Obtaining more infant/toddler openings at the University Child Development Center and working to provide additional child care options for faculty and staff in Oakland and nearby neighborhoods.

• Surveying women faculty about the need for leadership networking and skills development programs.

• Assisting “trailing spouses” (spouses/domestic partners of faculty hired from outside the region) in finding positions in Pittsburgh. “We received reports from faculty who were not able to be hired at Pitt by the Office of Human Resources and the Office of Affirmative Action, Diversity and Inclusion to determine what is now being done and to better publicize the process to potential candidates.”

• Comparing female faculty salaries, retention, promotion and tenure trends with those of their male counterparts.

• Working with the Office of General Counsel to make legally required changes to sexual harassment policies and advising Human Resources on the online training that is now available for all faculty and staff.

The ad hoc committee’s final report is available on teh Senate web site, www.universitytimes.com. In other Assembly business:

• Deborah Blake, co-chair of the Senate anti-discrimination policies committee, reported that her committee is looking into the potential conflict between the medical condition that is excluded from coverage in the University’s insurance plan and Pitt’s nondiscrimination policy.

She noted that the policy was created to protect students and staff from discrimination or harassment of any individual based on “gender identity or expression.”

Blake said that she would not be made regarding negotiations of future health insurance contracts, if so she said.

Pinsky asked that he report on this issue at a future Faculty Assembly meeting.

• Senate Vice President Patricia Weiss asked if Assembly would vote on a resolution to support the University’s Health Sciences policies and procedures. Marra said that her committee has student’s health care policies and procedures.

Susan Shainman of the School of Rehabilitation Sciences said that her committee’s school’s students have clinical assignments in areas of the country affected by the service cuts. This is true not just in SHRS but in the schools of education and social work and others. So, this is not just an issue for immediate employment. “It will eventually cause us to lose students,” Shainman said.

Bircher said Pinsky should survey students and employees who ride Port Authority vehicles, determine which are the most needed routes and use that information in negotiating the Port Authority. Pitt shuttles cannot replicate Port Authority routes.

Michael Spring noted that it was a condition when the Pitt-Port Authority agreement started in the mid-90s, but he recommended Pitt renegotiate that restriction.

• Faculty Assembly heard a report from Ron LaPorte of the Graduate School of Public Health on his TED (technology, entertainment, design) talk, “Wandering Around.” The purpose of the program is to bring together faculty from various disciplines to get to know each other and what others do.

Last September, LaPorte offered his TED talk, “Wandering Around,” which was designed to share “ideas worth spreading” from a broad spectrum of individuals. Shaiman said.

The new subcommittee will meet on his TED (technology, entertainment, design) talk, “Wandering Around.”

The date for nominations for the 2011 Baranger Teaching Award is Feb. 25, 2010. For more information on the convocation, contact Special Events, 61-7000.

Patrick E. Beeson, Pitt provost and senior vice chancellor, will be the keynote speaker at Pitt-Baranger Award convocation, to be held at 1 p.m. Feb. 25 in the Carnegie Music Hall.

The convocation recognizes faculty accomplishments; staff; service, undergraduate, graduate and professional student academic achievement, and student leadership.

Beeson began her service as Pitt’s chief academic officer on Aug. 15. An economics professor whose scholarly work focuses on economic and urban economics, Beeson came to Pitt as an assistant professor in 1983. She was tenured and promoted to associate professor in 1990 and became a full professor in 2002.

Beeson’s first administrative appointment came in 2001 when she was named associate dean for undergraduate studies in the School of Arts and Sciences. In 2007, she was named provost and vice provost for graduate studies. Two years later, she also assumed responsibility for undergraduate studies.

For more information on the convocation, contact Special Events, 61-7000.

Nominations due April 1 for Baranger award

The deadline for nominations for the 2011 Baranger Teaching Award is Feb. 25, 2010. The annual award is sponsored by the Arts and Sciences Gradu- ate Student Organization and recognizes outstanding teaching by graduate students in Arts and Sciences. It is named for Baranger, former vice provost for graduate studies, who retired from Pitt in 2004 after 44 years.

The Baranger award is intended to make graduate student teaching more visible and valued on the campus, to raise the standards of teaching by graduate students and to help graduate students prepare professionally for teaching careers.

Graduate students who have taught or served as teaching assistants in 2010 are eligible for consideration. Nominations are due by April 1. More information is available at www.universitytimes.com for graduate teaching awards.

Winners will be announced by April 1.

Provisor Beeson to address honors convocation

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Beware the gathering storm: According to the Alzheimer's Association, Alzheimer's disease (AD) strikes someone every 71 seconds; it currently affects more than 5.2 million Americans and more than 25 million people worldwide.

A form of dementia, Alzheimer's is an irreversible neurodegenerative disease that is not a normal part of aging. The disease grows progressively worse over time, slowly destroying memory and thinking skills and eventually interfering with the ability to carry out simple tasks. AD also is fatal: By the middle of the century, some experts believe, AD patients, could bankrupt Medicare by the middle of the century, some experts believe.

That speaks to the urgent need for more laboratory research, clinical trials and funding. AD experts at Pitt said in a recent series of interviews with the University Times.

Alzheimer's disease was named after German psychiatrist and neuropathologist Alois Alzheimer, who first described the condition in 1906 after noticing during an autopsy changes in the brain of a woman who had exhibited symptoms of memory loss, language difficulties and unpredictable behavior.

As he examined her brain, Alzheimer discovered many abnormal clumps, called amyloid plaques, and tangled bundles of fibers, called neuro-fibrillary tangles. Plaques and tangles in the brain are two of the main features of Alzheimer's disease. The third is the loss of connections between nerve cells, or neurons, in the brain.

What triggers the onset of Alzheimer's still is unknown. However, it is known that brain damage can begin as many as 10-20 years before symptoms present, as tangles begin to develop deep in the entorhinal cortex (the brain's network for memory) and plaques form in other areas of the brain. As more plaques and tangles form, healthy neurons begin to work less efficiently, gradually losing their ability to function and eventually dying. This damaging process spreads to the hippocampus, the area of the brain essential to forming memories. As the death of neurons increases, affected brain regions begin to shrink. By the final stage of Alzheimer's, damage is widespread and brain tissue has shrunk significantly.

While Alzheimer's disease has been recognized for more than 100 years, its causes and cure remain elusive, frustrating researchers, doctors and health care workers alike.

According to the Alzheimer's Disease Education and Referral Center, part of the National Institute on Aging, about 95 percent of the AD cases are termed late-onset Alzheimer's, rarely occurring before age 60 and most prevalent in those age 80 and older. The other type, early-onset Alzheimer's, is believed to be a genetic disorder and typically develops in people age 30-60. Some cases of early-onset AD, known as familial Alzheimer's disease, are inherited, caused by genetic mutations of one of three chromosones leading to the formation of abnormal proteins. These mutations are not present in late-onset Alzheimer's.

Currently, AD can be diagnosed definitively only during an autopsy, but that may be changing. The Food and Drug Administration now is considering approval of an imaging test to detect the plaque buildup in the brain that characterizes the disease. Even without the test, scientists now have several methods to help them determine with about 90 percent accuracy whether a person who is having memory problems has "possible" Alzheimer's disease (the dementia could be due to another cause, such as depression or drug interaction) or "probable" Alzheimer's disease (no other cause for the dementia can be found).

Most diagnostic uncertainty arises from the difficulty of distinguishing Alzheimer's disease from other types of dementia, such as vascular dementia, fronto-temporal dementia, Lewy body dementia, Creutzfeldt-Jakob disease and Parkinson's disease.

According to the Alzheimer's Disease Education and Referral Center, criteria for an Alzheimer's diagnosis include a decline in memory coupled with at least one of the following: difficulty with language or communication; difficulty with everyday activities, or difficulty with one's ability to perceive the world accurately.

Diagnosis of Alzheimer's typically involves a thorough review of a patient's medical history and a comprehensive evaluation including medical, neurological, psychiatric, social and cognitive assessments to determine the level of memory deficiency and the overall function of the mind and nervous system.

Such evaluations are conducted regularly at Pitt's Alzheimer Disease and Referral Center (ADRC), a cluster of more than 30 affiliated Alzheimer's experts from various parts of the health care spectrum.

Founded in 1985, ADRC's overall objective is to study the changes in the brain of Alzheimer's disease patients with the aim of improving the reliability of diagnosis of AD and developing effective treatment strategies. ADRC is funded by the National Institute on Aging.
Is it just forgetfulness ... or Alzheimer's ... or something else?

You can't remember where you parked your car. You misplace your cell phone. You forget the name of a neighbor. You have these so-called senior moments indications of Alzheimer's?

What all patients who come to Pitt's Alzheimer Disease Research Center (ADRC) are referred by the affiliated Benedum Geriatric Clinic, their primary care physician (PCP) or by a family member; sometimes they refer themselves. To be eligible for an evaluation, patients must be accompanied by someone who agrees to attend any future appointments. This person, who ADRC calls a study partner, typically is a family member, friend or professional caregiver. Both patient and study partner are interviewed during the evaluation.

Patricia L. Henderson, ADRC research coordinator, says that initial contact for the patient and remains the point person throughout the evaluation.

Patients must bring all medications, including over-the-counter and their most recent brain CT or MRI scan. If the patient has not had a brain scan, Henderson sets up an appointment for one with Pitt's Department of Neurology.

"When you come in for the initial visit, usually you're at the point of realizing you've got to do something, that there have been some memory problems," she said. "This is where a lot of people are: They're looking for the right diagnosis and where to go for help. I try to set the tone, to get the patient to relax," Henderson said.

Typically, she recommends that the family view the HBO special, "The Alzheimer's Project," (available online at www.hbo.com,沏coordinated by ADRC’s) one of which was filmed at ADRC.

Henderson explains the 10-page consent form, which both the patient and study partner must sign.

"We're funded by the National Institute on Aging, so they cover the cost of the evaluation. We work with the National Alzheimer's Coordinating Center and in turn we have to report some information back to them," Henderson explained.

By signing the consent form, the patient agrees to enroll in ADRC's clinical research program. That program requires blood samples and a DNA specimen.

One blood sample is used to check B12 and thyroid levels, because incorrect levels can cause confusion in a patient. "We want to make sure we rule that out," Henderson said.

The rest of the blood sample is coded for confidentiality and stored under the control of ADRC investigators at Pitt's Graduate School of Public Health.

A portion of the sample is sent to the National Cell Repository for Alzheimer's Disease, where it is made into a cell line that can be used for genetic research, Henderson said.

One part of the consent form sometimes is a deal-breaker, she noted. Pennsylvania physicians are required to report those individuals they believe would have difficulty driving safely because of a mental disability, Henderson said. By signing the consent form, the patient acknowledges that the ADRC evaluation may conclude that the patient's driver's license should be revoked.

For some people, it's worse to learn that they have to stop driving than to learn that they have dementia, she said.

Following the interview with Henderson, the patient and the study partner meet separately with a variety of specialists. Oscar Lopez, a neurologist and director of ADRC, said: "We have the social worker, the psychologist, the neurologist and the physician's assistant, who helps with the neuro-psychological evaluation, all asking similar questions. These are completely independent assessments, going on in parallel. The reason we do that is to avoid missing something that is important. Don't blame the brain for everything, because what can happen from the neck down can affect your cognition."

ADRC co-director William Klunk: who is a psychiatrist, added, "I always tell the patient and the study partner to hear with us if we ask the same questions. We all have our own little niche, so I'm listening for more psychological aspects, such as whether depression is a factor. Others are listening for neurological aspects, others for other aspects. And I add: Don't feel you have to answer the same way all day long. It's not an inquisition. Many times as you think over an answer, you may find you remember something else," Lopez said.

"It's a completely unusual way to do medicine. We go-step-by-step, question by question, for about four hours," Lopez said. "All of the evaluation team members ask when the symptoms of memory loss started. I always ask: Do they feel the family realizes that it has been happening, and that needs to be addressed by a doctor — and the sooner the better."

As part of the evaluation, Carolyn Rickard, ADRC physician assistant, completes a physical exam, then asks the patient a series of questions designed to home in on the state of the patient's memory.

"I'm going to talk about their symptoms. How long have they had them? Is progressively worse or staying on a plateau? How has their memory change affected their day-to-day routine?" she said.

"I'll talk about mood and sleep disorders. I'll go through the full list of medicines. I might ask for some of the records from the patient's primary care doctor."

Rickard also reviews the patient's habits, such as alcohol and cigarette use, abuse of medications, prior illnesses.

Then she performs a psychological evaluation. "I'll start with: What are we supposed to be checking out today? If they don't know, we're at the center, that already tells me a lot of information," Rickard said.

"If patients' age provides insight into how well their memory is working. Most can tell me their year of birth, because that's a fixed number that doesn't change. Remembering your age is a little different," Rickard said.

Another test she gives is asking five or six years ago and just now the family realizes that it has been a problem," Lopez said.

"For many years, we were taught having memory problems in old age is considered normal and we can let it go," he said. "But we now know that memory problems can be caused by something other than old age, that something bad is happening, and that needs to be addressed by a doctor — and the sooner the better."
patients to draw a clock displaying the time 11:10. "Alzheimer's patients typically will set the hands to the 11 and to the 10. The conceptualization and thinking are not there," she pointed out.

Rickard also compares the patient's answers with the study partner’s perceptions, which are obtained in a separate interview. "The partner will say, 'He can't do the hills anymore. He's messing up on his pills.' And the patient will say, 'I'm fine, I still do everything I'm supposed to do,'" Rickard said.

"We use the word 'confabulating.' Alzheimer's patients don't lie, they confabulate. Because our memory is stored in short-term memory cells and long-term memory cells, some patients can't remember what they had for breakfast that day, but can remember detailed history of what they did 10 years ago," she said.

"I'll ask the study partner to try to pinpoint the rough duration of symptoms. At what point did you first notice memory issues? Are they more frequent now? Was the decline an even progression of steady decline, or a lot of ups and downs, good days and bad days?" Rickard asks.

She asks the study partner about the patient's driving, about the ability to manage medications and to handle finances. Pills and bills are among the first things that need monitoring when someone has Alzheimer's, she said.

ADRC defines three stages of memory deficiency as mild cognitive impairment (MCI), moderate cognitive impairment and severe cognitive impairment. Klunk said evaluating the degree of impairment is the main thrust of the diagnosis.

Lopez said some people show early signs of memory impairment while still functioning, still working, living life normally. For some people the MCI never gets worse, while others with MCI eventually develop Alzheimer's.

Input from the study partner is crucial in determining the degree of memory decline. Klunk will ask the study partner how frequently the patient exhibits certain behaviors. "Are there physical signs of anxiety? Are there moments of sadness or depression? Does the patient feel guilty? Have low self-esteem? Blame himself for things he's not responsible for? When getting him to do things he normally likes, does he enjoy them or think they aren't worth it anymore? How is his sleep? Appetite? Is his mood steady? If you needed him to cooperate, like take a phone message, could he do it? Does he like to be around people, compared to his norm?"

After the four-hour evaluation, ADRC staff prepare reports and meet at a consensus conference to discuss a diagnosis. About 30 ADRC people participate in that conference.

We have a neurologist, the physician assistant, the social workers, the nurse practitioners, the neuro-psychologists and various others who work on research grants, all to lend their expertise and come up with a diagnosis," Henderson said.

The group studies the patient's brain scan to rule out strokes and tumors and they measure atrophy and blood flow in the brain. They review the patient's medical history and test results, she said. "So, in the evaluation, there's the biology of the brain, the interview process, the psychological testing and we put all of that together and come up with a diagnosis," Henderson said.

Lopez and Klunk acknowledged that evaluators occasionally disagree on the diagnosis.

Lopez said, "When we face disagreement we usually ask for more information or request additional testing. We try to explain to families we think that there may be more than one thing going on here. We bring the patient in again in six months or a year and look for changes."

He added, "We're dealing with human behavior and that is grey. It's black-and-white probably in only 5 percent of the cases. It's not uncommon to have some disagreement, so we delay the diagnosis until we have more information."

After a diagnosis is determined at the consensus conference, the patient and family members are invited back to ADRC where they're given the diagnosis by the doctors and recommendation by the counselors.

Lopez said, "We present what we found in lay terms to the family. Although we're not an agency, we help patients with information and resources or support services."

Rickard added, "We never hide a diagnosis from a patient. If you have Alzheimer's disease, we will tell you that. Some patients don't believe it at first, and that's fine. In fact, we occasionally have a patient who refuses to come back, although that's rare," Rickard said.

"We provide Alzheimer's Association and Institute on Aging literature on caring for Alzheimer's patients, including making legal plans, organizing activities for the patient, financial planning and appropriate caregiver support services, such as home care, day care or assisted-living services."

Based on the patient's home situation, Henderson might suggest getting a Life Alert system in the house, or having a family member check that the patient is taking medications properly. She might recommend certain home safety devices, adaptive equipment or special clothing to help ensure the patient's safety.

Finally, follow-up plans are discussed. Typically, patients who are diagnosed with Alzheimer's are asked to return to ADRC every six months to be evaluated for further memory decline. Patients with mild cognitive impairment are asked to return once a year for a re-evaluation.

"We also do phone follow-ups with the study partner, to determine if the patient's medical condition or medications have changed," in the interim, Henderson said.

ATHEMER'S

Caregivers need to take care

A lzheimer Disease Research Center (ADRC) evaluators also are concerned about the health of patients’ caregivers.

"It sometimes surprises me to what extent the other person is willing to sacrifice in order to take care of someone with Alzheimer’s," ADRC director Oscar Lopez said. "That's all part of the emotional and financial burden of this disease. People are willing to sacrifice everything, even their own health, to care for an Alzheimer's patient."

ADRC co-director William Kunk said, "This is a horrible disease for the caregiver, because it's so time-intensive and the progression of the disease is so long. We tell caregivers to get every possible scrap of help you can, killing yourself doesn't make the family member's life any better. So be sure to take care of yourself, too."

Carolyn Rickard, ADRC physician assistant, said, "Caregivers don't know what their own breaking point is, or how the pressure is affecting their own health. That's why we have to sometimes push people to use day care or assisted living. This disease is 24/7. I see such a relief for caregivers who have their patient in day care for even one day a week."

Often caregivers are resistant to such suggestions, she acknowledged.

"I hear so much from families, 'Well, my father wasn't want to go. That's not him, that's not his personality.' But once patients get there, they generally enjoy it. Some participate in activities and some just go and watch, but they enjoy it," Rickard said.

"I tell people it's like taking a child to kindergarten. Sometimes you have to be firm. They don't want to go that first day. They cry," she said. "We typically have spent our whole life not bossing our parents around, but at some point it's that whole parent-child reversal that we have to work through."

For people with dementia, routine is very comforting, Rickard said. "Once you establish the day care as part of the routine, it goes well."

However, the concept of routine should not be overplayed, she cautioned.

For example, caregivers of patients who refuse to move into smaller, more manageable accommodations should not take no for an answer. "Patients often will take routine to an extreme, when legitimate practical concerns are involved or especially when routines compromise their safety," Rickard said.

The Pittsburgh area is blessed with a high concentration of resources for caregivers, which rural communities often don’t have, Rickard noted. Adult day care programs, in-home nursing care and assisted living facilities can be lifesavers for family caregivers. Often adult children live at a distance, and providing the proper care for the parents becomes problematic.

"Caregivers also face psychological difficulties as family members’ health declines. Watching the change is painful. Mrs. Reagan, referring to President Reagan’s Alzheimer’s, called it the ‘long, good-bye.’ A spouse or family member can linger for several years without recognizing you. That takes its toll," Rickard said.

Kunk said, "The point is as a caregiver you have to prevent wearing down yourself."

He estimated that half of the people in their 50s have cared for an aging parent or older relative.

Rickard said, "We get a lot of families here where the caregiver is in the sandwich generation — that's big stress. You're pulled in so many directions. Whatever type of dementia it is, the family becomes the bad guy. You become the target of the patient’s anger, when they’re losing independence and showing the frustration of their life changing."

"It's a tremendous, widespread problem," Klunk added. "And it's getting worse as the population ages. I often remind myself that without a cure, many of us now in our 40s and 50s are going to Alzheimer’s."

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ADRC: Educating physicians as well as the community

In addition to being an outpatient facility for memory assessments, Pitt’s Alzheimer Disease Research Center (ADRC) hosts a number of other Alzheimer’s disease-related programs and clinical trials. Among the center’s outreach programs is the Alzheimer Outreach Center, a community satellite that aims to increase the awareness of Alzheimer’s disease in the African-American community, said MaryAnn Oakley, ADRC education and information coordinator.

“That’s part of what we do here, educating the community and educating physicians,” Oakley said. “We’re not here to take their patient away from them. If a patient comes here, they still go back to their PCP, and we very much want to communicate back and forth to their PCP.”

ADRC also educates health care professionals by allowing them to observe the diagnostic evaluations, Oakley said. Professionals such as nurses, social workers, physician assistants, health care administrators, physical therapists, occupational therapists, medical students, graduate students and postdoctoral fellows are eligible. The goal is to improve clinical, research and advisory skills through an increased understanding of a multidisciplinary approach to patient care.

In another educational effort, individuals in St. Margaret’s geri- atrics program spend a week at ADRC, learning about Alzheimer’s in a hands-on environment.

Recently, ADRC collaborated with the Warhol Museum on two unusual programs. The collaboration was inspired by the artwork of Brazilian artist Jose Rufino, whose work focuses on loss, specifically loss affecting victims of political repression in Brazil.

“Rufino expanded this idea in a different way, looking at loss of a person’s memory, or the loss of a person with AD,” Oakley explained. The result was an exhibit at the Warhol created by Rufino from documents and drawings by ADRC patients.

In another program, museum curators show ADRC patients different works and discuss them. Afterwards, patients go into the museum’s studio and create a piece of art themselves.

Some control subjects have been with ADRC for more than 10 years. "The center itself is a part of a larger research study. Once people enroll, they’re in the study for life,” Oakley said. “We have longitudinal data on all of our patients.”

Clinical trials are a major focus of ADRC, matching patients and their family members with additional AD-related research studies.

“One of the goals of the Pitt-Harvard grant will allow us to focus on the distribution (incidence and prevalence), behavioral symptoms, risk and long-term outcomes of dementia, especially Alzheimer’s disease,” Oakley said. "He has attempted to identify clinical or genetic factors that modify the natural history of dementia illnesses, and has published widely on the patterns of progression of all clinical forms of AD. He also has demonstrated the effects of psychiatric drugs and dementia medications on the progression of AD.”

Recently, Lopez, who also is a professor of neurology and psychiatry, is conducting a large-scale investigation on the clinical diagnosis of mild cognitive impairment, using a principal or co-principal investigator of seven National Institutes of Health-funded dementia-related grants. For example, Lopez, professor of psychiatry and director of the Laboratory of Molecular Neuropharmacology at Western Psychiatric Institute and Clinic, is a pioneer in the field of amyloid imaging.

"Klunk and fellow Pitt researcher Chester Mathis discovered and developed an imaging agent, known as Pittsburgh Compound-B (PiB), that binds to the tefatide-amyloid deposits found in the brains of AD patients. PiB is a radioactive compound that, when coupled with positron emission tomography imaging, can be injected into the bloodstream to enable researchers to identify with some specificity the beta-amyloid plaque deposits associated with Alzheimer’s.”

ADRC co-director William Klunk, left, and director Oscar Lopez

The finding, reported in the journal Brain in 2008, is a significant step toward enabling clinicians to provide a definitive diagnosis of Alzheimer’s disease in living patients, can help clinicians monitor the progression of the disease and may further the development of potential treatments.

Klunk’s research group’s 2004 paper, “Imaging Brain Amyloid in Alzheimer’s Disease With Pittsburgh Compound-B,” was named by Nature Medicine as the most highly cited research paper published on AD since 2004. The efforts of Klunk and Mathis have resulted in the 2004 Potamkin Prize for Research in Pidk’s Alzheimer’s and Related Diseases, and the 2009 Ronald and Nancy Reagan Research Institute Award for outstanding contributions to the research, care and advocacy of AD patients and their caregivers.

Klunk also recently received a $400,000 grant from the Cure Alzheimer’s Fund for a joint Pitt-Harvard project to search for new drugs to slow AD. The Pitt-Harvard grant will allow Klunk to produce new compounds and then have co-investigator Ralph Taieb of Harvard test the compounds for viability.

For some time, Klunk has been creating markers to track the accumulation of amyloid beta, which forms the plaque that builds up in the brain of people with AD.

Curburnicin, commonly known as the spice turmeric, has been shown to have anti-inflammatory effects and reduce inflammation. Unfortunately, nearly 100 percent of the spice is broken down by the body before it gets to the brain, Klunk said. A person would have to consume more than 20 pounds daily to have any meaningful effect.

“Where we’re trying to do is find that 0.001 percent of curcumin that would get to the brain ... from taking one little pill. So that’s the whole idea here to make a curcumin derivative that’s stable in the body but still does the same job,” Klunk explained when he accepted the research grant last fall.

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While there is no cure for Alzheimer’s disease, science has made strides in slowing its progression, so early diagnosis is helpful, Alzheimer Disease Research Center (ADRC) experts said.

According to the National Institute on Aging, several medications approved by the U.S. Food and Drug Administration may delay memory decline temporarily and slow AD symptoms for some individuals for a limited period of time.

Donepezil (Aricept), rivastig- mine (Exelon), and galantamine (Razadyne) are used to treat mild to moderate Alzheimer’s, memantine (Namenda) is used to treat moderate to severe Alzheimer’s.

Scientists currently are inves- tigating associations between cognitive decline and vascular and metabolic conditions such as heart disease, stroke, high blood pressure, diabetes and obesity. By understanding these relationship and testing them in clinical trials, researchers hope to discover whether reducing risk factors for these diseases may help with Alzheimer’s as well.

According to the Alzheimer’s Association, preliminary evidence suggests that strategies for general healthy aging may help reduce the risk of developing Alzheimer’s.

These measures include controlling blood pressure, weight and cholesterol levels; exercising, including mental exercises; eating a diet that is low in fat and includes fruits and vegetables, and staying socially active.

One of the great mysteries of late-onset Alzheimer’s disease, the most common form of AD, is why it occurs in older adults almost exclusively.

Research on how the brain changes normally with age may be shedding light on this question. Scientists are learning how age-related changes in the brain may harm neurons and contribute to Alzheimer’s disease. These age-related changes include shrink- ing of certain parts of the brain, inflammation and the production of unstable molecules called free radicals.

Several studies have linked a gene called APOE to late-onset Alzheimer’s. One form of the gene, APOE-ε4, increases a person’s risk of getting the disease. About 40 percent of all people who develop late-onset Alzheimer’s carry this form of the gene.

However, carrying APOE-ε4 does not necessarily mean that a person will develop Alzheimer’s disease; conversely, people without APOE-ε4 can develop the disease.

Most experts believe that additional genes may influence the development of late-onset Alzheimer’s in some way. Scientists around the world are search- ing for these genes.

Both ADRC’s director, Oscar Lopez, and co-director, William Klunk, are at the forefront of Alzheimer’s research.

Lopez’s primary research has focused on the distribution (inci- dence and prevalence), behavioral symptoms, risks and long-term outcomes of dementia, especially Alzheimer’s disease. He has attempted to identify clinical or genetic factors that modify the natural history of dementia illnesses, and has published widely on the patterns of progression of all clinical forms of AD. He also has demonstrated the effects of psychiatric drugs and dementia medications on the progression of AD.

Currently, Lopez, who also is a professor of neurology and psychiatry, is conducting a large-scale investigation on the clinical diagnosis of mild cognitive impair- ment, and is the principal or co-principal investigator of seven National Institutes of Health-funded dementia-related grants.

Klunk, professor of psychiatry and director of the Laboratory of Molecular Neuropharmacology at Western Psychiatric Institute and Clinic, is a pioneer in the field of amyloid imaging.

"What we’re trying to do is find that 0.001 percent of curcumin that would get to the brain ... from taking one little pill. So that’s the whole idea here to make a curcumin derivative that’s stable in the body but still does the same job,” Klunk explained when he accepted the research grant last fall.

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Pitt experts examine the issues of Alzheimer’s

by Peter Hart

CONTINUED FROM PAGE 9
Aeroscopic pump up seniors' memory centers
A new study shows that a year of moderate physical exercise can increase the size of the brain's hippocampus in older adults, leading to an improvement in spatial memory.

The project — conducted by researchers at Pitt, the University of Illinois, Rice University and Ohio State University — was the first study of its kind focusing on older adults who already are experiencing atrophy of the hippocampus, a brain structure involved in all forms of memory formation.

The study, funded through the National Institute on Aging, appeared in the June 30 Proceedings of the National Academy of Sciences.

Researchers divided 120 sedentary older people without dementia into two exercise groups. One group spent 32 hours doing stretching and toning exercises. The other group spent 32 hours doing an endurance activity, and received 32 hours of occupational therapy.

Magnetic resonance imaging and spatial memory tests were conducted before the intervention, after six months and at the end of the one-year study.

They found that the exercise group showed an increase in volume of the left and right hippocampus of 2.12 percent and 1.97 percent, respectively. The same regions of the brain in those who did stretching exercises decreased in volume by 1.40 and 1.43 percent.

The aerobic exercise group also showed an increase in membrane function, an improvement associated with an increased size of the hippocampus.

The authors also examined several biomarkers associated with brain health, including brain-derived neurotrophic factor (BDNF), a small molecule that is involved in learning and memory. They found that the increases in hippocampal size were associated with increased amounts of BDNF.

Connie Tompkins, to study behavioral treatment for adults who have damaged or diminished function of the brain and who have difficulty understanding conversations, was awarded NIH SHRS faculty grant.

Kirk Erickson, a neuroscience doctoral faculty member in neuroscience, showed an increase in volume of 2.12 percent and 1.97 percent, respectively, at the end of the one-year study.

The brain at that stage remains modifiable.

Teen brain explained?
Neuroscience researchers have recorded neuron activity in adolescent rat brains that could reveal the biological root of the teenage propensity to consider rewards over consequences and explain why adolescents are more vulnerable to drug addiction, behavioral disorders and other logical reasoning.

The team reported in the Journal of Neuroscience that electrode recordings of adolescent rat brain-cell activity during the performance of a reward-driven task show how adolescent brains react to rewards with far greater excitement than adult brains.

This frenzy of stimulation occurred with varying intensity throughout the study along with a greater degree of disorganization in adolescent rat brains. The brains of adult rats, on the other hand, processed their prizes with a consistent balance of excitation and inhibition.

Adult and adolescent rats — which exhibit behavioral and biological similarities to adult and teenage humans — were presented with three holes to poke their noses through and received a sugar pellet when they chose the center hole.

Brain activity in the adolescents was similar to that of the adults most of the time but strikingly different in the young rats. The younger rats retrieved rewards.

As each of the adult rats collected a sugar pellet, the orbitofrontal cortex neurons showed the normal increase in both excitation and inhibition, with consistent levels throughout the study.

Adolescents, on the other hand, exhibited surges of excitation that ranged from twice to four times the levels in adults. At the same time, the inhibitory impulses in the adolescents' brains barely changed from the low levels they experienced before receiving the sugar pellet.

The extreme difference in brain activity provides a possible physiological explanation as to why teenagers make different decisions than adults. Reward and other stimuli are perceived differently, Moghadam said. “This could interfere with the effect of reward on decision making and answer several questions regarding adolescent behavior from their greater susceptibility to substance abuse to their more extreme reactions to pleasurable and upsetting experiences.”

In addition, malfunctions in the orbitofrontal cortex have been observed in cases of schizophrenia, mood disorders and other psychological disturbances, Moghadam said.

The type of erratic activity in the cortex that she and Sturman observed could aggravate these conditions when the maturing brain is vulnerable.

“The symptoms of these illnesses generally begin to appear during adolescence,” Moghadam said. “Adolescence is a period of behavioral and psychological vulnerabilities, so the disorganized brain activity and excess excitation could push a brain already predisposed to mental disorders too far, triggering the onset of symptoms.”

Antimicrobial research funded
Ian Nettleship, a faculty member in biological engineering and materials science in the Swanson School of Engineering, has received a nearly $1 million grant from the National Science Foundation for “Nanoparticle Control of Microbial Development on Ceramic Surfaces.”

Nettleship and co-investigator Anil Ojha, with the Department of Microbiology and Infectious Diseases in the Graduate School of Public Health will study the effect of silver nanoparticles on the attachment of bacteria to the surfaces of ceramics used in water filters and medical devices in order to develop ceramic materials that are resistant to biofilm formation and fouling.

The study also will provide technical help to organizations that make low-cost ceramic water filters for poor communities in the less-developed world.

Talk aids and decisions
Family caregivers who had not discussed life support measures with critically ill patients took nearly two weeks longer to decide to forgo further medical intervention than those who had prior conversations about the issues, according to researchers from the University of Medicine and the Graduate School of Public Health (GSPH).

They recently presented their findings at the Society of Critical Care Medicine congress in San Diego.

A patient’s loved ones were more confident about acting as surrogate decision-makers when they perceived their communication with intensive care physicians as less of high quality, said senior investigator Douglas B. White, a faculty member in critical care medicine and director of its program on ethics and decision-making in critical illness.

“This is the first evidence to suggest that how a doctor guides family members through the decision-making process can influence their ability to act as a surrogate,” he noted. “Teaching doctors to be better communicators may be an important step in improving end-of-life decisions for patients. The study also reinforces the value of patients, families and friends having prior conversations about the end of life so that they can feel comfortable with the decisions about medical care.”

For the study, conducted at four intensive care units at the University of California-San Francisco Medical Center between 2005 and 2008, the researchers surveyed 230 caregivers who were making decisions on behalf of incapacitated patients on ventilators with greater than a 50 percent chance of dying from their illnesses.

The team found caregivers who hadn’t had a prior conversation with patients about treatment preferences were less confident about making decisions and it took them 40 percent longer — 33 days versus 21 days — to decide to discontinue life support.

“This prolongation of the dying process may not be in the best interest of patients and it places an enormous burden on the health care system,” White said.

“Health care reform will provide incentives for formal advance care planning between physicians and patients, such as the completion of advance directives and living wills. Our findings indicate that informal conversations between patients and their families may be very important for both patient-centered decisions and the family’s comfort with the huge responsibility of being a surrogate.”

The research team included Sea Hong and Lisa Weissfeld of GSPH and Alyssa Majesko of UPMC.

The project was funded by the National Institutes of Health.


doesn’t it seem that your body is out of balance? does it seem to you that your body is ignoring the signals you’re sending it? are you ready to push a brain already predisposed to drug addiction, behavioral disorders and other logical reasoning?

We are recruiting women with hot flashes for a University of Pittsburgh research study using weight loss interventions to manage menstrual hot flashes. If you are 40 to 65 years old, have not had a menstrual period in the past three months, and are currently having hot flashes, you may qualify. Study procedures include a telephone and in-person interview and a 6-month weight loss program. Laboratory procedures take place at the UPMC in Oakland, and home monitoring occurs at your home or workplace. Participants receive $30 for completing study procedures and reimbursement for parking.

For more information call 412-648-9186


talk aids and decisions
Smokers Wanted
The University of Pittsburgh’s Alcohol & Smoking Research Lab is looking for current smokers to participate in a research project. You must:

• Be 30-70 years old, in good health, and a Native English speaker
• Be willing to fill out questionnaires
• Be willing not to smoke for 5 hours before the session

Earn $60 for participating in this study

For more information, call (412) 624-4579 or email us at Research@UPMC.edu.
Pitt's endowment ranking 28th largest in NACUBO study

Pitt's endowment ranked 28th largest among 842 institutions surveyed in the 2010 National Association of College and University Business Officers (NACUBO)-Commonfund Study of Endowments, released last week. The endowment increased slightly, up from $3.6 billion in the last annual report, and is seventh among public universities.

The survey reported an average return of 10.6 percent compared with nearly $1.94 billion at the end of the previous fiscal year. Although Pitt’s FY09 endowment value fell by $2.33 billion at the end of last year, ranked 32nd largest among the 842 institutions surveyed in the 2009 study.

Factors contributing to the size of the endowment include investment gains or losses as well as contributions and disbursements, withdrawals and expenses.

Pitt’s endowment value is recovering after declining 21.3 percent in fiscal year 2009. According to the survey, the endowment fell to $3.6 billion (for the year ended June 30, 2010), stood at more than $2.01 billion. That was up from an increase of 3.4 percent, to $3.6 billion (for the year ended June 30, 2009), a $1.94 billion at the end of the previous fiscal year. Although Pitt’s FY09 endowment value fell by $2.33 billion at the end of last year, ranked 32nd largest among the 842 institutions.

Despite the drop, Pitt’s endowment return of 4.3 percent, up from 4.4 percent in the previous year. The survey found that the average public university endowment spending rate rose to 4.3 percent, up from 3.7 percent in FY09. Pitt’s spending rate represents the percentage of the beginning market value of the endowment that is withdrawn to cover institutional expenditures, net of investment fees or any management expenses.

We welcome submissions from all areas of the University. Send information via email to PittTimes@pitt.edu, or by phone to 412-624-4579 or by campus mail to 308 Bellefield Hall.

For submission guidelines, visit www.universitytimes.pitt.edu/page_id=5007.

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A lot of philanthropy has not worked,” the Walmart Foundation said bluntly in a recent Forum Phoenix lecture.

Margaret McKenna, who took the reins of the Walmart Foundation in 2007 after more than 20 years as president of Lesley University in Cambridge, Mass., spoke on “Corporate Philanthropy: Tackling Tough Problems with New Approaches,” in a Jan. 27 lecture at the University Club.

McKenna said her current position has been her most challenging job. As a university presi- dent, “I felt incredibly responsible for students at Lesley University,” she said. “But I feel even more responsible for corporations in terms of influence and such a responsibility.” McKenna commented on several trends in corporate phi- lanthropy.

McKenna said Walmart’sphil- anthropy helps a cause, “It isn’t just good in economic terms, but in terms of influence on the company, to make the right choices, involve the right people, have the right impact,” she said.

“Having to say no, having to eliminate programs that don’t work, giving up even if you’ve done it for 20 years,” she said. “We’ve had such a precious com- modity in terms of money and influence and such a responsibility facing the challenges that exist today. We need to be hardheaded and look at the bottom line in terms of the difference we’re making. And that’s a hard job.”

McKenna said she started as a volunteer with New Approaches,” in a Jan. 2010 report by the Giving USA Foundation showed individuals were the source of 75 percent of the contributions. McKenna said her current position has been her most challenging job. As a university president, “I felt incredibly responsible for students at Lesley University,” she said. “But I feel even more responsible for corporations in terms of influence and such a responsibility.” McKenna commented on several trends in corporate philanthropy.

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Philanthropy from a local perspective

CONTINUED FROM PAGE 13

such a feeling of being connected to partners, to Head Start, to the centers where they work, to parents who sit on parent councils," she said.

The company has benefited as well. "Companies want an engaged employee," Blum said, noting that in employee surveys, when asked how they felt about PNC's support of the Grow Up Great school readiness program, "A huge percentage of employees strongly agree," Blum said, adding that those respondents are nine times more likely to be engaged employees.

"We are very proud of what we're doing," Blum said. "We're always looking at how we can make it better. Corporate philanthropy is a very important part of every company and I think the best companies recognize that and really use the power they have as a company to help the communities in which they live."

Bill Strickland, who heads the Pittsburgh-based parent organization of the Manchester Craftsman's Guild and Bidwell Training Center, described his point of view in which he saw McKenna's approach "refreshing," he said he was encouraged to hear her talk about planning.

"One of the things she didn't talk about today was charity," Strickland said. "What she talked about was philanthropy. That's not just a play on words, that's a different way of thinking about this environment," he said.

Another refreshing perspective is the concept of return on investment, he said. "That takes us way down the road from the traditional charitable "do it because you feel sorry-for-someone" kind of mindset to looking at resources as opportunities to do good, and that these outcomes can be measured in some way."

"For those of us who are on the not-for-profit side, the more we can get into the process of thinking about return on investment, our lives are going to be a lot easier than they have been to this point." Strickland said he was part of a group of advisers called to the White House in December to discuss ways of identifying organizations and individuals who are doing exemplary things and determine what measures make those successful as a means of advising government on how to use public money more strategically.

"What fascinated me about the meeting was there was not one public official in the meeting," Strickland noted. "The president was among other things talking to the private sector to assist the White House to come up with a plan to get more of these results, particularly those that the nation's youth are facing," he said.

"I work in an environment where many of the young people who are poor — oftentimes minority — are out of schooling, are disengaged from learning and life by the time they're 5 years old. Basically what we've created is this sort of a welfare system that keeps them in this limbo state for life," he said. "That is some very bad way to use something called a human resource. That's just not smart business planning, it's not smart social planning and it certainly betrays a lack of conscience or morality about many of the citizens of this country who deserve a better fate," Strickland said.

"Unless we start employing some strategic thinking to get at this problem that appears to be intractable, I'm not sure we're going to recognize what this country looks like in 10 or 40 years. The way we're going is not sustainable." He decried the dropout rates of 50-60 percent in some major public school systems. "If Walmart or PNC put out 50 percent of their product as defective, the likelihood of having any kind of business would be pretty remote," he said. "We've come to accept this in the public environment."

"With strategic thinking, long-term planning and collaboration, a turnaround is possible," he maintained. "I don't think it was possible, I wouldn't be doing the things that I'm doing." He cited his own example of establishing an inner-city greenhouse in which students could train for horticulture careers.

"I realized that Alcoa made aluminum, PPG made glass and Bayer made plastic, so I got a chance to present my idea to these companies," he said. "We created a strategic opportunity, not using money but product to reconfigure our strategy about creating plant science and horticulture, and now agriculture, in one of the toughest neighborhoods in Pittsburgh." Strickland said he foresaw an exciting future when community-based organizations are seen as not-for-profit assets, rather than liabilities.

"There are examples where corporations and community-based organizations can think in terms of products that are available, reconfigure and expand your strategy and I have to think that's where the fresh air and the opportunities for this country have to be going." —Kimberly K. Barlow

UPB, Jamestown Community College make transfer pact

Pitt-Bradford has entered into transfer agreements with Jamestown (N.Y.) Community College to help students who plan to earn an associate’s degree at JCC and transfer into a bachelor’s degree program at the Bradford campus. The new agreements cover UPB programs in history/political science, human relations, interdisciplinary arts and writing.

Each agreement guarantees acceptance of JCC students who complete up to 75 transferable credits (with a minimum grade of C in each course), achieve a minimum cumulative grade point average of 2.5, meet UP-Bardford conduct standards and complete application and deposit requirements by May 1.

The agreements also guarantee junior standing to students who transfer a minimum of 60 credit hours and guarantee the opportunity to complete the bachelor’s degree in four semesters to students who complete courses specified in the agreement as part of their associate’s degree.

Pitt-Bradford and JCC also have updated prior transfer articulation agreements, and many of the changes give JCC students more latitude in choosing courses that will transfer.

The transfer agreements are detailed at www.upb.pitt.edu. —Kimberly K. Barlow
**Monday 14**

**Neurobiology of Brain Dysfunction**
- HSLS Film Screening “Harry Potter & the Order of the Phoenix,” Scanlon Lecture, UPJ, 6, 7 pm

**Trade Deadline**
- The next issue of the University Times will include a calendar of on-campus events of Feb. 17-March 3. Information for events during that period must be received by 5 pm on Feb. 10.
- For more information, visit www.omic.pitt.edu; or call 412-648-1353.

**Geology & Planetary Science Colloquium**
- “Evaluating the Ca Isotope Proxy,” Matthew Forte, Penn State, 11 Thaw, 4 pm
- Greenbrush Campus La Culinaire:
  - IFTAbdul Top, 10:00 pm
- **Sunday 13**

**Valentine’s Day Made Simple**
- **Visit Maggie & Stella’s to pick up a special Valentine’s Wistlist.**
- **Fill it out with your favorite things by February 8th.**
- **We will mail it to your sweetheart, mom, dad, sister or special friend so they can shop in time for Valentine’s Day.**
- **Receive a free gift with any purchase from your Valentine’s Day wishlist.**
  - while supplies last through February 14th.

**Valentine’s Gift Shop**
- Maggie & Stella’s, 209 Oakland Avenue, Sennott Square, Pittsburgh PA 15213
- 412-648-1353
- www.maggieandstellas.com

**HSLS Workshop**
- “PubMed Basics,” Linda Hartman, 1 sound Library classrm 2, 1-3 pm
- **Thursday 17**

**World History Workshop**
- “World History as Teaching Moments,” Tom Anderson, 1155 Fifth Ave.
- Asian Studies Lecture
  - “Audiible Traces: Documenting Indian Prisoners of War in World War 1 Europe,” Neepa Majumdar, English, 410 Posvar, noon (8-7170)

**Endocrine Research Conference**
- “Regulation of Mitochondrial Energy Metabolism by Lynx Aetiology,” Eric Costantini, 1195 Starlz St., noon

**Event Deadline**
- OMET: Teaching Surveys Request deadline is Feb. 14 for surveys to be given March 15-April 21.
- Log onto www.omet.pitt.edu; click on the direct link. (4-6134)
- Elizabeth Baranger Teaching Award
- Deadline for nominations is Feb. 11. To submit a nomination, go to www.as.pitt.edu/go/teachingaward.html.

**Voices Across Time Summer Inst.**
- Application deadline is March 1 for June 27-July 29 institute.
- For application, go to www.voicescrosstime.org & click on NEH Summer Institute. (info: 4-4100 or amerimus@pitt.edu)

**International Festival**
- “Beyond Funny,” Pitt Improv Committee Mtg.
- “Audible Traces: Documenting Indian Prisoners of War in World War 1 Europe,” Neepa Majumdar, English, 410 Posvar, noon (8-7170)

**Sunday 13**

**Heinz Chapel Choir Chamber Choir Festival**
- Heinz Chapel, 3 pm (4-4125)

**Monday 14**

**Neurobiology of Brain Dysfunction**
- HSLS Film Screening “Harry Potter & the Order of the Phoenix,” Scanlon Lecture, UPJ, 6, 7 pm

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**FEBRUARY 3, 2011**

**January 28**

**Heinz Chapel Choir Chamber Choir Festival**
- Heinz Chapel, 3 pm (4-4125)

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## C A L E N D A R

### Thursday 3

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td>Bradford Campus Free Flu Shot Clinic</td>
<td>Mukeayiana U Rm., Frame-Western Commons, UPB, 11 am-2 pm</td>
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<tr>
<td>Brain, Behavior &amp; Cancer Research Seminar</td>
<td>“Role of the Endocannabinoid System in Regulation of Nausea &amp; Vomiting”</td>
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<td>Linda Parker, Hillman Cancer Center Coop. conf. rm. C, noon</td>
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