Pitt is losing more than $40 million in state support this year through cuts to the University’s appropriation and a decrease in academic center funding.

Lawmakers in Harrisburg cut nearly $32 million from Pitt’s fiscal year 2012 appropriation, a decrease of 19 percent from the $168 million Pitt received in FY2011.

The University’s general appropriation of nearly $136.1 million for the fiscal year that began July 1 includes $13.9 million in general funding and $2.08 million in unrestricted sources of revenue. In addition, funding for Pitt’s medical school was halved, decreasing from approximately $16.9 million last year to $8.4 million this year, according to Charles McLaughlin, director for Commonwealth Relations.

Combined, the budget reductions represent an overall cut in state support of nearly 22 percent, he said.

John Fedele, Pitt associate director of News, said the decrease is the largest cut in memory for the University.

However, the cuts were not as deep as they could have been. In his initial state budget proposal, Gov. Tom Corbett proposed eliminating funding for the medical school and cutting Pitt’s appropriation in half.

Chancellor Mark A. Nordenberg responded to the budget news last week in a prepared statement. “Everyone who is a part of the Pitt community, or who depends on the important work being done on all five of our campuses, must be pleased that the cuts initially proposed for our appropriation have been substantially reduced. We are particularly grateful to the members of the legislature who emerged as such strong supporters,” he said. “At the same time, we face the stark reality that the remaining cuts are both deep and disproportionate. The state budget as a whole calls for total spending that is about 4 percent less. Reductions to state investments in Pitt, in contrast, are nearly 22 percent.”

The impact on Pitt employees and students remains to be seen.

Pitt’s Board of Trustees budget and executive committees are expected to set the University budget, including salary pool and tuition rates, at their July 8 meeting.

The State System of Higher Education last week announced a 7.5 percent tuition increase in the wake of a 18 percent cut in state funding. In-state tuition at the 14 state system schools will climb to $6,240, a $436 increase, for the upcoming academic year.

Temple University was the first of the state-related universities to set tuition for the fall term, announcing last week that in-state tuition will increase nearly 10 percent, to $13,006.

Penn State president Graham Spanier, in a message to university faculty and staff, said his administration would ask the Penn State board to approve an FY12 budget that includes “modest tuition increases” at its July 15 meeting. Penn State saw a $68 million cut in its appropriation, a decrease of nearly 22 percent.

Tuition at Pennsylvania’s state-related universities already is among the highest in the nation. Pitt ranked No. 2 on a U.S. Department of Education list (see http://collegedeg.ed.gov) of the nation’s most expensive public four-year institutions.

The Pittsburgh campus’s $14,154 average tuition for in-state students in 2009-10 was more than double the national average of $6,397 and second only to Penn State’s, which averaged $14,416. In-state tuition at state-related Temple University is $12,424 and Lincoln University charges $8,472.

Pitt-Titusville topped the list of highest-tuition public two-year schools at $10,830, roughly four times the national average of $2,527.

Cuts to the state appropriation disproportionately affect the education and general (E&G) budget because many other sources of revenue, such as research grants or designated gifts, must be used for their designated purposes, not to fill other budget gaps.

Tuition dollars and the state appropriation are the two unrestricted sources of revenue to fund a university, Pittsburgh chancellor Mark A. Nordenberg said.

“This is one of those cases that are going to have a very real impact on the levels of funding we are able to provide for our students,” he said. “And what that will mean depends on how we respond to this challenge.”

The recent U.S. Supreme Court decision that threw out a class action lawsuit on behalf of more than 1 million women against Walmart will have major implications for future employment discrimination suits, but what those implications will be are unknown at this point, according to a Pitt law professor who teaches civil procedure law.

“This is one of those cases that almost surely is going to have a very big impact, but it’s very hard to say what that impact will be,” said Jesse Allen, referring to the June 20 decision rendered in the Wal-Mart Stores Inc. v. Dukes, et al. employment discrimination case. (Walmart has changed its corporate name from Wal-Mart to Wal-Mart Stores, Inc. since the case initially was filed.)

“A decision like this can be interpreted narrowly or broadly and can be pushed in one direction or another by subsequent cases in the federal courts, and really at all levels.”

Walmart’s new corporate name, Wal-Mart Stores Inc., was announced by the company June 20. The change was made in order to align the company’s brand with its products and services.

Impact of ruling on future cases is unclear, prof says

Greener & greener

The July 2 issue of the University Times will be the last issue of the summer term. The deadline for calendar listings for that issue is July 14. Publication will resume Sept. 1.

In this issue

Trauma is the nation’s No. 1 health care cost, and it’s a problem we all have a role in preventing, a Pitt surgeon says.............4

Michael Haywood, who was Pitt football coach for 16 days last year, wants an investigation into his firing.................................5

The Walmart case was brought on behalf of some 1.5 million women currently or formerly employed by the chain of 3,400 national stores since 1998. The plaintiffs claimed that Walmart’s corporate culture led to gender discrimination by favoring men disproportionately for promotions and raises in violation of Title VII of the Civil Rights Act of 1964, the law that governs employment discrimination. The plaintiffs sought

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Impact of ruling unclear, prof says

The majority opinion, with- out a presumption in favor of such practices are motivated by discriminatory intent but when they produce results.”

Ginsburg is maintaining that the evidence presented by the plaintiffs adequately demonstrat- ed that resolving their gender discrimination claim was necessary to maintain the employers’ unconsciplined system of subjective decision-making was an employ- er’s duty to maintain the employ- ment practices that may be ana- lized under the disparate impact approach,” Allen said.

“Then Ginsburg adds, ‘Aware of the problem of subconscious stereotypes and prejudices, and we held that the employee’s unequal ness is not fitting well under the The unanimous decision has to do with the fact that the lawyers brought the suit under the wrong part of Rule 23,” Allen said.

“So it’s not surprising to me that the decision was 9-0, saying that this individual back pay busi- ness is not fitting well under the class action umbrella that’s aimed at a ‘Thou shalt not’ injunction rather than a ‘This is how much you’re owed’ judgment,” she said.

“The bottom line is that even with that unanimous opinion, the case still had to go forward. They would have had to try to re- .

But by overturning an earlier decision by the U.S. District Court, the 5-4 majority decision, authored by Justice Antonin Scalia, said that class action lawsuits, effectively making it more difficult to bring future class action employment discrimination suits in federal court, she maintained.

“The majority’s decision ended the employment action at all levels, although individuals are free to pursue their own lawsuits against Walmart, Allen said.

“You must understand: Theo- retically, this is not a Title VII de- crease in discrimination law, they’re interpreting procedural law,” Allen said.

“Lots of people have a lot of dif- ferent theories about how this is going to play out. ‘No to company wide. We’re going to launch all of those defenses and they’re often successful in terms of being able to do whatever the kind of defense would be that would show that it’s a company wide policy that gives rise to some kind of laissez-faire atmosphere within a discriminatory culture,” she said.

“In the dissent, Justice Gins- burg talks about how the major- ity decision to narrow the class in this kind of case,” Allen pointed out. “She says, ‘We’ve tried to get a large en- gagement practices can give rise to Title VII claims, not only when

Medical records? For UPMC patients, there’s an app for that

UPMC’s patients now have access to key parts of their medical records through their iPhones and iPads. The mobile HealthTrak application allows patients to see test results, review medical his- tories and medications, communicate securely with their doctors and view upcoming appointments.

G. Daniel Martich, chief medical information officer at UPMC, said, “We know that our patients need and want secure access to their medical records, even when they are on the go. With this mobile version of UPMC’s HealthTrak, we are giving 62,000 patients, we can offer them a convenient and free way to manage their care.”

“Before using the mobile app, patients must create a HealthTrak account online at UPMCHealthTrak.com, or by requesting an access code from their physicians. This web-based portal provides patients with a way to access their health, many of which are included in the mobile version.

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State cuts Pitt almost 22%

CONTINUED FROM PAGE 1

injunctive relief and back pay on behalf of current and former female applicants.

Two separate decisions were rendered in the case: a side issue on filing procedure was decided unanimously by the court; the main issue was decided by a 5-4 vote, Allen said.

In the unanimous lesser deci- sion, the court held that respon- dents’ back pay claims were improperly certified under Rule 23(b)(2), which governs injunctive relief procedures but does not cover claims for monetary relief.

“The unanimous decision has to do with the fact that the lawyers brought the suit under the wrong part of Rule 23,” Allen said.

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“I just said the policy of open discretion doesn’t seem pre- sumptively reasonable to me, but neither does it seem to me to be presumptively discriminatory. So I’ve got to think that there’s something about the culture that’s causing the dis- crimination and don’t know how easy it is. It’s very hard to show the intent,” she said.

In addition, previous gender discrimination cases show that the defendants typically will counter with arguments that it’s just asking the company to give rise to some kind of laissez-faire atmosphere within a discriminatory culture,” she said.

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State cuts Pitt almost 22%
TRAUMA: The neglected disease

We'll have a role in preventing it, provost lecturer says

T

rauma represents the nation’s No. 1 health care cost — estimated at $700 billion annually, injuries are the leading cause of death in people age 46 and younger.

Still, “trauma remains a neglected disease in our society,” said Andrew B. Peitzman, a surgeon who specializes in trauma surgery and is the Mark M. Ravitch Endowed Chair in Surgery.

“I think it’s sad, and I think it’s frightening that there are things unavoidable — they’re not there. And they think these things won’t happen to themselves or the people they care about. That’s not true. They will happen to people you know and love and care about,” he said.

“All of us have a role in preventing these injuries,” he said, citing gun safety, avoidance of driving and drinking, wearing seatbelts, ensuring safety in the home for the elderly and teaching kids to swim as just some of the ways to reduce trauma injuries.

Peitzman, a highly acclaimed trauma surgeon, noted that it is intentional that “trauma,” rather than “accident,” is the medical term used, “because the injury is generally avoidable.”

“We know that in general heart disease and cancer kill more people, but what trauma does is destroy the very life that it is trying to save,” he said.

And trauma remains a germane issue as the American population ages, Peitzman said, noting that falls have surpassed motor vehicle crashes as the chief cause of injury in recent years.

A broader issue is that emergency care, “especially emergency surgical care, is in crisis mode in this country right now,” due in part to overcrowded emergency rooms and a shortage of surgeons, he said.

A 2006 Institute of Medicine report recommended regionalizing on-call specialty services — a model similar to the system in place locally in which the UPMC Presbyterian trauma center serves as the “hub” for most major trauma cases in the third of the state of Pennsylvania.

Peitzman described a “perfect storm” brewing in light of an aging population that likely will be accompanied by an increased number of older people with fewer surgeons — especially general surgeons, whose numbers have declined 25 percent over the last quarter century.

“We’re really not producing general surgeons anywhere near the rate that we were before and as the baby boomers get older, we’re certainly not replacing all the general surgeons that are currently in practice.”

In spite of the growing need, the number of general surgeons trained each year has remained for decades at 1,000, he said, adding that even that figure is misleading because 70-80 percent of them go on to specialize rather than practice as general surgeons.

Globally, the problems are even more severe, Peitzman said, explaining that there are “perhaps 15 to 20 million deaths per year that are preventable.”

He said most motor vehicle crashes and homicides occur in low and middle-income countries, and that the incidence of unintentional injury in children differs significantly from that of adults, occurring in the first 10 years of life.

“It’s a huge problem,” he said.

Personal violence also is much more common globally, with rates in Latin America roughly six times greater than in the United States. “You really can’t appreciate the magnitude of the violence that you have there and see it,” said Peitzman, who has been involved in working in Latin America for 20 years.

An even larger issue than preventing injury, he said, is that some people have no access to surgical care.

For example, hernias is the top cause of bowel obstruction in rural Africa, he said. “If you have a strangulated hernia in Africa, you die from it. It’s a lethal disease because people can’t get the operations that they need.”

Similarly, “pregnancy is a dangerous disease,” with half a million women worldwide dying each year for lack of surgical care, he added.

“The surgeon really has to be part of a public health initiative. It is extending beyond treating injuries,” he said.

The International Association for Trauma Surgery and Intensive Care, the International Society for Surgery and the World Health Organization (WHO) have taken aim at the problem through their essential trauma care project, which outlines the basic surgical needs and the resources needed to construct a trauma system.

“The essential needs are simple and inexpensive — for instance, teaching basic first aid and inserting chest tubes “are the things we need to promote in the one-third of the world that has no access to basic surgical services,” he asserted.

Urging local colleagues to cooperate with their international colleagues, he said, “It really is something that we need to pay attention to and we’re all part of the solution.”

In closing, Peitzman offered advice to medical students and residents: “I think as a physician you are obligated to fulfill three needs. First, the need to provide the best care you possibly can. Second, do the studies that make a difference — for the sick patients, and recognize we are a global village. Embrace that and change the solutions globally,” he said.

“I can tell you that the satisfaction and reward is immeasurable.”

— Kimberly K. Barlow

Andrew B. Peitzman

Pitt food drive ranks 3rd

Pitt's recently completed Partnership for Food Drive collected 483,120 units of food, the most the Greater Pittsburgh Community Food Bank, placing Pitt third regionally behind PPG and U.S. Steel.

Pitt’s total comprises donations from all sources including the annual food drive, local and regional food sources, departments, student and staff food drives, as well as the Chancellor’s Office, which matches donations that the Chancellor’s office matched the value of all donations.

Steve Zupicic, director of Community Relations, who coordinates the food drive, noted: “Of particular importance to many residents of our University community is the fact that the proceeds of the food drive from the Annual Food Drive Challenge are directed through the Food Bank primarily to the Oakland Food Pantry and the East Pittsburgh Food Pantry.”

For more information on volunteering, contact Zupicic at 412/624-7099 or stevezp@pitt.edu.

Zupicic noted that the University continues to sponsor, in partnership with Animal Friends’ Chug Wagon program, the newly launched Pitt’s People for Pitt Food drive, which runs through July. (See June 9 University Times.)

— Peter Hart

Michael Haywood

Haywood wants review of Pitt firing

F

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Pitt researchers have undertaken a $4.3 million project supported by the National Science Foundation to create a single online source that astronomers worldwide can use to organize and share their latest celestial observations.

In the absence of an agreed-upon, single online source that researchers readily create data sets with a wide variety of parameters and names for celestial bodies. In addition, small, potentially important projects that lack the communication of their efforts for their planned efforts can become lost in the din.

A publicly available tool called AstroSphere would allow researchers to add new measurements about astronomical objects, report findings in real time and work with one another’s data, explained principal investigator Alexandros Labrinidis, a faculty member in computer science. Labrinidis leads the project with Pitt computer science professors Panos Chrysanthis and Liz Maraz, as well as with Pitt physics and astronomy faculty member Jefrey Newman, Michael Wood-Vasey and Arthur Kosowsky.

“The two of them will create a computational framework that will let astronomers interact with one another for specific experiments, models or other observations. Labrinidis and Chrysanthis will develop a way of an annotation framework to create these links along with an automated workflow system that will streamline many of the tasks astronomers currently perform manually, such as coding data in follow-up observations. Maraz will develop a visual interface allowing astronomers to work with images of the sky as they construct and test computational models of the universe. Together, the three of them will create software to interactively analyze experimental results, as well as to construct and test hypotheses. AstroSphere also will allow images obtained using different types of light — such as infrared or X-rays — to be correlated with ease. A team will explore the details of distant galaxies and black holes. AstroSphere will enable links between researchers as coordinating preliminary results of their analyses, Labrinidis said. This capability would be particularly valuable for studying such transient events as supernovae, gamma rays from Earth for only a short time and often require multi-institutional coordination to observe fully.

Past bias affects patient relations

Many African-American patients who have experienced racial or classism in health care settings have less positive doctor-patient communication during future visits with other health care providers, according to a study conducted by School of Medicine researchers. The study, which appears in the July issue of the Journal of Medical Care, also showed that past experiences with discrimination do not have the same impact on subsequent doctor-patient communication for white patients.

“Leahidat Lebana, a fourth-year medical student in internal medicine and a research health scientist at the University of Pittsburgh Healthcare System Center for Health Equity Research and Practice, explained that the risk of discrimination on patient disenfranchisement in the health care system can be seen at the level of doctor-patient interactions, and it offers an avenue toward intervention.”

Hausmann surveyed 100 African-American and 253 white patients being treated for osteoarthritis at two Veterans Affairs clinics. Patients were surveyed about experiences with racism and classism in health care settings before their visit to the VA clinics. Their clinic appointments were then audiotaped and coded by the researchers for informational content and emotional tone. After going to the clinics, patients also evaluated the visits, including whether they felt informed during the visit, whether the provider was warm and respectful, and whether it was easy to communicate with the provider.

Hausmann also found that 70 percent of African-American patients reported that they had experienced racism in a health care setting in comparison with just 2 percent of whites. Also, African-American patients who had experienced discrimination in the past displayed less positive emotion during the visit and reported that they felt their health care providers were less warm and respectful and more difficult to communicate with, although there was no information exchanged between patients and providers during visits was not affected by patients’ past experiences with discrimination. For white patients, neither the informational content nor emotional tone of visits was affected by past experiences of discrimination.

Past studies have shown that patients who feel discriminated against in health care settings tend to miss more appointments and are less likely to take medication as prescribed, among other things that can affect their health negatively.

“There may be a cycle where patients experience discrimination, the effects of which carry over and make future health care interactions less positive, which further reduces patient satisfaction, and so on. Over time, this cycle can lead to patients disengaging from the health care system altogether. It is important to find ways to break that cycle,” Hausmann said. “This study suggests that focusing on doctor-patient interactions may be useful in that regard. Educating providers about how their patients’ past experiences may affect how they communicate, and training providers on how to maintain positive emotional tone while communicating with patients are good ways to start.”

Pitt collaborators were Michael J. Hannon and C. Kent Kwoh of medicine. The study was funded by the Veterans Health Administration.

Outpatient care cost for some PE patients

A multi-center study has found that outpatient care can be used safely and effectively in some low-risk patients with pulmonary embolism (PE). The findings, recently published online in The Lancet, support current practice guidelines that are largely followed in the United States.

Pulmonary embolism is a blockage of the main artery of the lung. The blocked blood clot or clot is due to pelvic and upper leg blood clots that grow in the vein and travel to the lungs. The most common symptoms include unexplained shortness of breath or pain in the chest. On average, 650,000 PEs occur annually, it is the third-leading cause of death in the United States.

Study senior author Donald M. Huycke, chair of Medicine’s Department of Emergency Medicine, said, “Our findings support a shift in clinical practice that is aimed at preserving the essential portion of low-risk patients, which may reduce hospitalizations and costs.”

Researchers looked at more than 150,000 patients at 19 emergency departments in Switzerland, Belgium, France and the United States who had been assigned randomly to outpatient or inpatient care between February 2007 and June 2010. Patients were judged to have a low risk of death, based on a validated clinical prognostic model. Of those screened, 30 percent met the eligibility criteria, suggesting that a shift in the clinical management of such patients may have a broad effect.

Patients assigned to outpatient treatment received teaching from a nurse about self-injection with enoxaparin, a drug that helps prevent blood clots from being discharged from the emergency department within 24 hours. Patients assigned to inpatient treatment were admitted to the hospital and received the same enoxaparin regimen. In both groups, the study protocol recommended early initiation of oral anticoagulant medications and continuation for a minimum of 90 days.

Outcome for outpatient care showed that it was as safe and effective as inpatient care. For instance, researchers found that 171 outpatients developed recurrent venous thromboembolism, or blood clots forming within the veins, within 90 days compared with none of 168 inpatients. One patient in each group died within 90 days. Two of the outpatients and no inpatients had major bleeding within 14 days.

Patient satisfaction regarding care exceeded 90 percent for both groups. Researchers had essentially the same numbers of hospital readmissions, emergency department return visits and outpatient visits to a doctor’s office within 90 days. But researchers found that cost savings from reduced hospitalizations...
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) 624-8579

Diabetes research presented

Pitt researchers presented their findings from a study recently at the American Diabetes Association scientific sessions meeting in San Diego.

PCP training increases goal-setting

Most diabetes care is provided in primary care practices that are not structured for management of those with chronic diseases such as diabetes. Substantial evidence demonstrates the usefulness of collaborative goal setting with patients; however, physicians are not trained routinely to engage in this process.

Linda Sinimino, executive director of Pitt Diabetes Institute, and colleagues trained physicians in primary care to set self-management goals with diabetic patients. In this study, practices documented monthly percent- ages of diabetes patients who had established a health-related goal with their physician. During the reported period, there was a dramatic increase in goal setting with patients, suggesting the process can serve as a model for patient-centered approaches in other regions to transform health care.

Better care through HTP

Hypoglycemia is a barrier to intensification of insulin therapy in the hospital. Use of standard- ized protocols is particularly important in military hospitals with frequent staff turnover related to deployments. To address this, Neil Hukriede and col- leagues compared hypoglyce- mic events using nurse-directed hypoglycemia treatment protocol (HTP) versus no HTP at Wilford Hall Medical Center, Lackland Air Force Base, Texas.

Patients treated with HTP reached target blood glucose range in 72 minutes as opposed to 79 minutes for those treated with non-HTP. In addition, the mean length of stay for those treated with HTP was 8.02 hospital days versus 12.08 days for non-HTP treatment. The findings support use of HPT for improved patient care and safety in a military hos- pital setting.

Hpt genotype, coronary artery disease linked

Haptoglobin (Hp) is a plasma protein that binds free hemoglo- bin, thereby inhibiting hemoglobin-induced oxidative damage. There are three major Hp geno- types in human: Hp 1-1, Hp 2-1, and Hp 2-2, and it has been shown that people with type 1 diabetes and either the Hp 2-1 or 2-2 genotypes are more likely to have coronary artery disease than those with type 1 diabetes and the Hp 1-1 genotype.

Trevor J. Orchard, a faculty member in epidemiology, pediat- rics and medicine, and colleagues examined whether hemoglobin relates to coronary artery disease and, if so, whether this association differs by Hp genotype.

Over 18 years of study, 15.1 percent of individuals with Hp 1-1, versus 43.5 percent of those with the Hp 2-1 or Hp 2-2 genotype developed coronary artery disease. Hemoglobin levels were similar between the three genotypes, but higher with Hp 2-1 or Hp 2-2 compared to Hp 1-1. Further, the incidence of coronary artery disease cases among those with the Hp 2-1 or Hp 2-2 genotype was higher. In this cohort with childhood- onset diabetes, a strong correlation interaction was observed between hemoglobin and the Hp genotype in terms of coronary artery disease incidence, which researchers say merits further exploration.

Choice aids weight loss

In two separate studies, Gretchen Platt of medicine and colleagues assessed group lifestyle balance programs, which are inter- active and designed to educate those at high risk for developing diabetes on how to make healthy changes. Participants diagnosed with type 1 diabetes were randomly assigned to a control group or to participate in the group lifestyle balance program face-to-face, by DVD or online. The fourth group made their own selection.

The first study assessed par- ticipants’ reported well-being and function. Researchers found that those in the self-selection group had the most improvement in physical and mental function- ing when compared to the other groups. These results support giving patients an option for the type of intervention they would like to participate in, which may allow them to reach their goals more effectively.

In the second study, research- ers compared the effectiveness of each group by participant level (face-to-face, by DVD or online). The fourth group made their own selection.

Diabetic life expectancy rising

The study was funded by the National Institutes of Health.

Orthopaedic research published

The Department of Ortho- paedics Surgery announced that one of its members’ research recently was published.

Concussion evaluation and prognost

A study by faculty member Michael W. Collins and adjacent faculty member Mark R. Lovell took the first steps to show that concussion prognosis may be better predicted by evaluating symp- tom clusters and neurocognitive testing. It also cautioned against returning any athlete to play when symptomatic even if neurocogni- tive testing yields normal results.


Collins is chief of the sports medicine concussion program and director of the UPMC sports medicine concussion program.

Knee repairs examined


Harner is the director of the West- ern Pennsylvania Professor and medical director of the UPMC Center for Sports Medicine.

Neurological research funded

Neurological surgery faculty members Hiroko Yano and Robert M. Friedlander have received more than $395,000 from the American Heart Association national scientific grant funding through March 2014 for their project, “Polycythemias Causing Cerebrovascular Disease,” recently published in Neurodegenerative and Aging Brain.

The researchers have been studying neuronal death in Hunt- ington’s disease, one of several progressive and fatal neurodegen- erative diseases. Selective neuronal loss is demonstrated and environment- al factors exacerbated by advancing age.

Evidence suggests that the expression of certain genes is central to many neurodegenerative diseases — Huntington’s disease among them — and to normal aging.

Their studies have demon- strated a central role for the serine/threonine kinase Rip2 in Huntington’s disease pathogenesis as well as in neuronal death from other causes. They found that Rip2 directly binds EED, a com- mon cellular regulator for many major epigenetic regulator PRC2. This activity of EED suggests that Rip2 may affect epigenetic mechanisms — altering an epigenetic pathway and causing cell death.
Linda Siminerio, executive director of the University of Pittsburgh Diabetes Institute, recently received the American Diabetes Association’s (ADA) Outstanding Educator in Diabetes Award. The award is presented to an individual who demonstrates significant contributions to the understanding of diabetes education, has spent many years in the field of education, and has benefited recipients of education.

Siminerio, who also holds faculty appointments in the School of Medicine and the School of Nursing, is one of the first pediatric diabetes educators in the United States and has helped establish 46 ADA-recognized diabetes self-management programs in Pennsylvania. She also has served on the Pennsylvania Chronic Care Commission, whose efforts are aimed at improving services to people with diabetes.

Siminerio is the author of the National Standards for Diabetes Education and the International Diabetes Standards and Curriculum. She has served as senior vice president for the International Diabetes Federation (IDF) and as chair of the IDF World Congress in 2009. She was the editor-in-chief of Diabetes Forecast and is a past president of Health Care and Education for the American Diabetes Association.

Stephen C. Cook has been named director of the Adult Congenital Heart Disease (ACHD) Center at Children’s Hospital and UPMC Heart and Vascular Institute (HVI).

Cook comes to Children’s Hospital and HVI from Nationwide Children’s Hospital in Columbus, Ohio, where he served as assistant professor of pediatrics and internal medicine and director of non-invasive imaging and research for the adolescent and young adult congenital heart disease program.

Cook brings to the center extensive experience in serving adolescents and adults with congenital heart disease as a board-certified physician in four specialties: adult and pediatric cardiology, internal medicine and pediatrics. He is an expert in the transition of care of patients with congenital heart disease from adolescence to adulthood.

His other areas of expertise are non-invasive cardiac imaging, including echocardiography, cardiovascular magnetic resonance imaging and cardiac computed tomography in adults with congenital heart disease.

Cook serves on many national committees to help define best practices for this population of heart patients. He is co-chair for the adult congenital heart association research committee and a member of the Alliance for Adult Research in Congenital Cardiology, a multicenter collaboration to promote relationships between adult congenital heart disease programs, to support research efforts and to improve outcomes of adults with congenital heart disease program.

Pramod Bonde, a faculty member in the Department of Cardiothoracic Surgery, Division of Cardiothoracic Transplantation, was recognized for his research by the American Society for Artificial Internal Organs with the Willem J. Kolff/Don B. Olsen Award.

Bonde’s winning research is titled “Innovative Free-Range Resonant Electrical Energy Delivery System (Free-D System) for a Ventricular Assist Device Using Wireless Power.”

The American Society for Biochemistry and Molecular Biology has elected Jeremy M. Berg as the next president of the nonprofit. His term begins Jan. 1, 2012.

Last December Berg was named the inaugural associate senior vice chancellor for science, technology and health and chief operating officer for the Schools of the Health Sciences, a leadership role that aims to foster the University’s position on the forefront of biomedical research.

Berg had directed the National Institute of General Medical Sciences (NIGMS) at the National Institutes of Health since 2003. He left that position last month to join the Pitt administration. He also holds a faculty appointment in the Department of Computational and Systems Biology, School of Medicine.

At NIGMS, Berg oversaw a $2 billion budget that funded research in the areas of biology, biophysics, general developmental biology, pharmacology, physiology, biological chemistry, bioinformatics and computational biology.

Before serving at NIH, Berg was a professor and the director of the Department of Biophysics and Biophysical Chemistry at Johns Hopkins University School of Medicine for 13 years. He is well known for his research on the role of zinc in nucleic-acid binding proteins.

Elias Aizenman, a faculty member in the medical school’s Department of Neurobiology, has been elected chair of the International Society for Zinc Biology, 2011-13.

The society is an international, nonprofit organization whose goal is to bring together scientists from a diversity of fields who have a common interest in the structural, biochemical, genetic and physiologic aspects of zinc biology.

Research in Aizenman’s laboratory is directed toward understanding cellular signaling processes leading to neuronal cell death, including zinc-mediated neurotoxicity.

Lisa Nelson, a faculty member in the Graduate School of Public and International Affairs, has been appointed to the Department of Homeland Security’s data privacy and integrity advisory committee. DPIAC works with the DHS privacy office, providing advice on the department’s implementation of privacy protections in DHS operations ranging from counterterrorism and cybersecurity to immigration.

Nelson specializes in the areas of science, technology and society. She recently was co-principal investigator on a National Science Foundation grant to explore the societal perceptions of biometric technology, those findings are published in her 2010 book, “America Identified: Biometric Technology and Society.”

Sandra Mitchell, chair of the Department of History and Philosophy of Science, has been elected to serve as member-at-large for the history and philosophy of science section of the American Association for the Advancement of Science, the world’s largest society for general science.

Mitchell’s research focuses on epistemological and metaphysical issues in the philosophy of science, centered on scientific explanations of complex behavior.

A team of Pitt police officers finished fifth overall in the slow ride skills category at the Steel City Police Motor Unit Skills Competition last month.

Hosted by the Pittsburgh Bureau of Police, the three-day competition raised more than $10,000 in support of the Wounded Warriors Project.

The Pitt team participants were Jim Kenna, Sam Salvio, Brian Kopp and Brian Turack.

In addition, Salvio placed third in the individual slow ride skills category and Kopp finished second in the overall category, novice division.

The following Department of Anesthesiology faculty members recently were invited to serve on American Society of Anesthesiologists (ASA) committees:

• Shawn T. Beaman, associate professor and fellowship program director, was named to a three-year term on the committee on residents and medical students and the committee on trauma and emergency preparedness.

• Barbara W. Brandon, director of the North American Malignant Hyperthermia Registry, was named to a one-year term on the abstract review subcommittee on anesthetic action and biochemistry.

• Doris K. Cope, vice chair for pain medicine, was appointed to the American Pain Society, American Dental Association and American Academy of Oral and Maxillofacial Surgeons and the American Dental Society of Anesthesiology.
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GSPIA Johnson Inst. Leadership Luncheon
Audrey Murrell, David Berg Ctr. for Ethics & Leadership, Rivers Club, 301 Grant St., Downtown, noon

Wednesday 13
GSPIA Workshop
"Intermediate Stable Phase of Nuclear Respiratory Factor 1 (NRF1)”, Jan Paakkunainen; July 19, 1001B Parran, 10 am

Thursday 14
GIL Workshop
"Complications of Cirrhosis: Evaluation, Management & Patient Education (Part II)", Kapil Chopra, M2 conf. rm. Prebly, 7:30 am

CIDDDE Workshop
"Introduction to CourseWeb II", B23 Alumni, 10 am & noon (registration: www.cidde.pitt.edu/workshop-registration-form)

PhD Defense
Nursing
"A Study of Anxiety & Agitation Events in Mechanically Ventilated Patients", Rachel Swanson, M2 conf. rm. Prebly, 7:30 am

Wednesday 20
GSPIA Workshop
"Locked Solutions in Neural Ethics: Skepticism, Agency & Spiritual Disamenities", Lin Cui; July 19, A115 Parran, 1 pm

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Monday 18
CIDDDE Workshop
"Enhancing Communication Through Discussion Boards, Wikis, Journals & Blogs", B23 Alumni, 10-11 am & noon (registration: www.ciddde.pitt.edu/workshop-registration-form)

Thursday 21
GSPIA Workshop
"Microarray Data Analysis", Uma Chandran; Falk Library classrm. 1, 1-3 pm

GSPIA Workshop
"Hierarchical Likelihood Inference on Clustered Competing Risk Data", Nicholas Christian; July 19, A115 Parran, 1 pm

CIDDDE Workshop
"CourseWeb Level I", B23 Alumni, 10 am-noon (registration: www.ciddde.pitt.edu/workshop-registration-form)

GSPIA Workshop
"Essays on Structural Modeling of Life Cycle Behavior", Natalia Khromzchina; July 12, 4716 Posvar, 10 am

GSPH/Biostatistics
"Biometric Meta-analysis Combining Microarray Studies With Confounding Clinical Variables: Application to Depression Analysis", Xianjun Wang; July 13, 308 Parran, 10 am

CIDDDE Workshop
"Introduction to CourseWeb II prostitutes, B23 Alumni, 10 am & noon (registration: www.cidde.pitt.edu/workshop-registration-form)

PhD Defense
Medicine/Cell Biology & Human Genome
"Dissecting the Registration & Apoptotic Morphology: Theory, Practice & Research", Benjamin Slivka; July 19, A115 Parran, 1 pm

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