THEOLOGY SCHOOL

Richey to step down as dean in 2006

BY MICHAEL TERRAZAS

Dean Russell Richey of the Candler School of Theology announced recently that he will step down as dean following the 2005–06 academic year to return to his teaching and scholarship.

Richey has served as Candler dean since July 2000, when he left his post as professor of church history at Duke Divinity School. From 1986–97 he served as associate dean for academic programs at Duke, and for 17 years before that he taught at Drew University’s theological and graduate schools.

“Under Russ’ leadership, Candler has made several strong new faculty appointments, has launched creative programs that build on important partnerships in Atlanta, has strengthened collaborations across the campus, has enhanced relationships with the United Methodist Church, and has laid the groundwork for major expansion and long-overdue upgrade of its facilities,” Provost Earl Lewis said.

“These advances have positioned Candler well, and we are confident that the school will continue to build on its strengths under new leadership,” Richey pointed to several of the accomplishments Lewis listed as those of which he is most proud during his tenure as dean. In addition, he mentioned a number ofhirings and promotions of women and persons of color, as well as strengthening relationships between Candler and various religious denominations. Richey arrived just a few years after relationships between Emory and those denominations, particularly the United Methodist Church, were strained by controversies over extending benefits to same-sex partners of University employees and use of Emory chapels for same-sex commitment ceremonies.

“There were quite a number of persons who misconstrued those decisions, and my efforts have been focused on interpreting Candler and Emory more accurately and indicating that we will continue to be a school that welcomes persons of a range of theological perspectives,” Richey said. “Our evangelical constituents need to know Candler is place the continues to have space for them.”

He added that he was proud of managing the school at a time of severe economic strain. In one sense, Candler is a “wealthy” school with a large institutional endowment, but in times of poor stock-market performance, dependency on endowment income can be a hindrance.

“We’ve been able to tighten our belt and live within a much tighter financial picture,” Richey said. “And we’ve been able to retain most of our top faculty and staff. In particular, Harvard, Princeton and Yale have looked again at our community, and for the most part we’ve been able to hold on to people.”

Lewis announced that Emory College Dean Bobby Paul will chair a search advisory committee to locate Richey’s successor, and that committee will include:

• Michael Brown, associate professor of New Testament;
• Nancy Eiesland, associate professor of sociology of religion;
• Thomas Frank, professor of church administration;
• Larry Gooldpaeter, United Methodist bishop and Emory trustee;
• Susan Henry Crowe, dean of the chapel and religious life;
• Jeannine Hunter, Candler student;
• Wendell Reilly, Emory trustee.

Russell Richey has served five years as dean of the Candler School of Theology, and next year he will step down to teaching and his scholarly work in Methodist studies. He said he is most proud of diversifying Candler by hiring and promoting women and persons of color.
TE honors Miller with playwriting award

Theater Emory (TE) has honored its former longtime director, Pat Miller, by establishing the Pat Miller Playmaker Award, to be given annually to “an innovating and innovative playwright, dramaturg, director or administrator who has worked in playwriting and has helped create great new work.”

Inaugural recipients of the award, which carries a grant of $2,000, include Michael Dixon, literary manager of the Guthrie Theatre in Minneapolis, and Atlanta-based Whitefire and The Shakespeare Theatre Inc., an up-and-coming local company composed significant of recent Emory theater alumni.

Vinnie Murphy, TE artistic producing director, said the award’s creation was a small tribute to the person who launched the company for so long. “We are all aware of the enormous amount of talent that Pat brought.”

She has bravely inspired and taught in a program for students, professional actors and theater lovers that is unparalleled in the community.

Miller, lecturer in theater studies, served as TE managing director from 1996 until he stepped down last year to focus on his teaching and research.

Women faculty invited to receive Knapp Sept. 6

On Tuesday, Sept. 6, the Center for Women will hold its annual reception for new women faculty in the Manuscript, Archives and Rare Book Library (formerly Special Collections) on the 10th floor of Woodruff Library.

The event offers an opportunity for women faculty to honor their colleagues and show their appreciation for women in academia. For more information, contact Laurel Floren at 404-727-2090.

Devin Stewart's work is in both Arabic and Middle Eastern studies.

Religions, like nationalisms, often are influenced by their surroundings and can be interpreted in indigenous despite abundant evidence to the contrary. Christians, for example, regularly forget that Jesus was actually Jewish, that the Last Supper was a Passover Seder, and that reindeer are exceedingly rare in the Middle East. Similar blind spots are observable in the Islamic tradition.

While the Qur'an portrays Islam as an authentic continuation of Judaism and Christianity, a number of Islamic doctrines stress its uniqueness (and therefore superiority) of God’s will, serving to bolster an Islamic theory of native origin.

The Prophet Muhammad’s claimed illiteracy obviates the accusation that the Qur’an is drawn directly on Biblical material. The assertion of infallibility, the idea that the exact scriptures of the Jews and Christians have been significantly altered or doctored, has been adopted even from their basic validity for Muslims. Yet another key element of this ideology is the special status assigned to Arabic, considered the sacred language par excellence. Yet all of these standard articles of Islamic doctrine should be recognized as later constructs with limited support in the Qur’an.

The Qur’an insists it is a text “plain Arabic.” Theologians and jurists since Muhammad bin Idris al-Shafi’i (A.D. 767–820) have identified particular passages as unambiguous references to Arabic’s status as a sacred language, its superiority to other languages and the privileged access to knowledge of God’s will that native speakers of Arabic enjoy.

In extreme form, this ideology asserts that Arabic is the language spoken in paradise, the perfect linguistic system—in effect, God’s chosen tongue. Medieval Islamic scholarship did take into consideration the appearance of words of Hebrew, Aramaic, Syriac, Greek, Persian and Ethiopean origin in the Qur’an itself. Even so, while correctly identifying the non-Arabic origins of many Qur’anic terms, traditional Islamic scholarship on the whole did not question Arabic’s special status as a sacred language. Those terms, it was argued, had been fully assimilated into Arabic before the Qur’an was revealed.

Though the Qur’an presents itself as miraculous and wondrous, it is positioned as one member in a class of sacred texts revealed by God—the same biblical God who parted the Red Sea—through the mediation of prophets. The label for this literary category is simply Kitaab, “book, scripture.” The category also includes the Torah, revealed to Moses; the Gospel, revealed to Jesus; the Psalms of David; and a text called the Scrolls of Abraham. Not a category of holy books in general, it is limited to the biblical tradition. While some biblical references to these earlier scriptures do not include explicit statements about language, it is likely they were, and by large, imagined as being written primarily in Hebrew.

Three major traditions provide the main characters and narrative material of the Qur’an: the Hebrew Bible and Jewish tradition, the New Testament and Christian tradition, and pre-Islamic pagan traditions. Of these, the Hebrew Bible and its Jewish commentaries dominate. Moses is, after a fashion, the hero of the Qur’an. The single character mentioned most frequently is Adam and Eve, Noah, Abraham, Isaac and Ishmael, Lot, Jacob, Joseph, Saul, David, Goliath, Solomon, the Queen of Sheba, Job, Ezekiel, Joseph and other figures also appear prominently in the text.

Many biblical concepts appear, often in terms that clearly derive from Hebrew or Aramaic. The number and usage of these lexical borrowings from Hebrew suggest not only a general familiarity with biblical religious concepts but also close textual links between the Qur’an and earlier biblical literature.

The Arabic Jahannam, one of the most frequent terms for Hell in the Qur’an, derives from Hebrew Gehinnom, “the Valley of (the Sons of) Hinnom,” originally an area south of Jerusalem that was the site of a dump and/or human sacrifice (both associated with fire) that came to represent Hell.

The Arabic asbaaT, the term for the tribes of Israel, derives from Hebrew shavun; the Arabic sakina, “God’s presence;” from Hebrew shekhaT, ha-Taur, “Mount (Sinai),” from Har, “mountain,” and Arabic jabal, “mountain.”

Pun in the Qur’an used by Jews and Israelites contemporary with biblical history appear to be based on underlying Hebrew terms. One example is the phrase ru’s ina, literally, “Pay attention to us” (2:104; 4:46). The 12th century Muslim commentat- or Zamakhshari, for example, states that ru’s ina is a word from Hebrew ru’u’na ya’na or Aramaic/Syriac rū’na yānū—a word used by the Jews in several other situations. In 1833, Abraham Geiger connected this expression with the Hebrew ru’u’na, “evil, bad.” Apparently, some Jewish oppo- nents of the Prophet would call for the Prophet’s attention while sputteringly addressing him as “[our] evil one.”

In one verse, God instructs the Prophet, “Thus have We inspired in you as an Arabic Qur’an so that you warn the Mother of [Mecca] and those around you this Day of Reckoning. There is no doubt about that [day]: one group will be in Paradise, and one group will be in Hell—[7:27].” According to this passage, the primary audience of the Prophet Muhammad are the indigenous Arabs and the surrounding region in Western Arabia. The Qur’an is thus a biblical text presented exceptionally in the Arabic tongue in order to make God’s message accessible to Arabic-speaking Arabs.

While the Qur’anic theory of prophecy envisages a multiplicity of languages being used to deliver God’s message, the languages already evident in the biblical tradition hold a privileged position. Hebrew, however, is the word Hebrew appears, but there are unequivocal references to Hebrew writing and theological learning in the text. Verse 16.103 remarks on an accusation that has been leveled against the Prophet: “We well know that they say: he is being taught by a human being. But the speech of the one whom they incorrectly point out is foreign, while this is clear Arabic speech.”

Some opponents of the Prophet have obviously identified a specific person as the Prophet’s “teacher,” from whom he had derived the contents of the Qur’an. The material in question was described as doubtless biblical, and, while the identity of this person is disputed, he was most likely a Jew with some scholarly background. The response argues that the Qur’an could not derive from such teachings because the person in question has a foreign tongue, while the Qur’an has been delivered in clear Arabic. The linguistic origin of Arabic distinguishes the Qur’an from previous biblical scriptures, which the Prophet does not follow or confirm. Given that the primary example of an earlier biblical text is the scripture of the Jews, one must conclude that—according to the Qur’an—Hebrew (and not Arabic) is the default sacred language.

In this case and in others, Islamic ideologies focusing on the Qur’an and the origins of the faith pay a form of lip-service to biblical tradition, tending to minimize the extent and/or the relevance of this connection while necessarily admitting that it exists. This is no accident. It is to say that the focus on the Qur’an would not surprise us; signs of cultural hybridity are often selectively overlooked or interpreted away in defense of ideologies of purity and originality. Nevertheless, there remains a distinguishable—often quite blatant, once one scratches the surface—invite us to appreciate the deep affinities, whether factual or metaphorical, between Arabic and Jewish religious cultures as they have developed in the Middle East.
Mark Rosenberg, executive director of the Task Force for Child Survival and Development as modest as to underscore the situation. It's not that it's run down; many nonprofits would be perfectly content with a suite on the fourth floor of the Chamber of Commerce building in downtown Decatur. That the brick building on Commerce Drive is about as nondescript as they come, actually plays into the task force's advantage, according to its executive director, Mark Rosenberg.

"The task force focuses on putting large-scale, global health programs together and helping implement them," said Rosenberg, an adjunct professor in the Rollins School of Public Health (SPH) and the School of Medicine. The task force, an Emory affiliate since 1984, is involved in a variety of programs that bring together governments, international companies and foundations to tackle issues of global health. Rosenberg now is seeking international support to improve traffic safety worldwide.

A long road taken

BY ERIC RANGUS

To describe the home of the Task Force for Child Survival and Development as modest is to understate the situation. It's not that it's run down; many nonprofits would be perfectly content with a suite on the fourth floor of the Chamber of Commerce building in downtown Decatur. That the brick building on Commerce Drive is about as nondescript as they come, actually plays into the task force's advantage, according to its executive director, Mark Rosenberg.

"The task force focuses on putting large-scale, global health programs together and helping implement them," said Rosenberg, an adjunct professor in the Rollins School of Public Health (SPH) and the School of Medicine (SOM) (as well as the Morehouse School of Medicine). "So we're very small, we're nonbureaucratic, we're flexible and agile, and we can do things that larger bureaucracies could never get done."

An Emory affiliate since its founding in 1984, the task force's mission is to help public and private organizations promote health and human development by building coalitions, forging consensus and leveraging scarce resources.

It ties to Emory have been strong since the beginning. In addition to Rosenberg, task force staff teach in the SPH, the SOM and the Nell Hodgson Woodruff School of Nursing; the task force has ties with Goizueta Business School; and task force staff (who number about 95) have mentored students from a variety of schools, served as dissertation advisers and employed students so they could gain real-world work experience. All of this is accomplished without a lot of flash.

"The way you can help people collaborate effectively is by giving credit to those organizations that you bring together and not taking the credit for yourself or trying to feather your own nest," Rosenberg said.

That low-key approach is how an organization can remain relatively anonymous with a Board of Directors that includes former Emory President Jim Laney, former Surgeon General and Morehouse School of Medicine faculty member David Satcher, and Carter Center Executive Director John Hardman, and a partners list that includes national governments on several counts (Peru, Kenya, the United States), international pharmaceutical companies (GlaxoSmithKline and others), global nonprofit organizations (WHO, UNICEF), and multibillion-dollar foundations (Gates, Rockefeller).

Rosenberg came to the task force in 1999 after serving as assistant surgeon general under former President Bill Clinton. He previously had served 20 years with the CDC and was the first permanent director of the National Center for Injury Prevention and Control. The task force's goal is to meld perfectly with Rosenberg's background in infectious disease prevention, global health, child well-being and injury and violence prevention.

The task force's eightactive programs include efforts focused on polio eradication, fighting AIDS around the globe, and drug donations to battle river blindness. Rosenberg is in charge of three efforts: a collaboration in global health, tuberculosis control and global road safety. Perhaps surprisingly, it is that last program that could be the center's most important.

According to World Health Organization (WHO) statistics, an estimated 1.2 million people—more than 200,000 of them children—have killed every year in road traffic crashes worldwide. About 96 percent of these deaths take place in developing countries, and those deaths are going up.

Rosenberg said the trends mirror those from HIV/AIDS in the early 1980s—a pattern that was missed in the developed world, and the planet continues to pay for that error. Part of the reason global road safety has not raised any alarms in the United States is that roads in this country are remarkably safe. "If you look at the United States, for every 10,000 cars, very few people are killed," Rosenberg said. The numbers are 66 deaths per 10,000 crashes. Statistics are frighteningly different in the developing world, he said. In Kenya, 1,786 deaths occur for every 10,000 crashes. In Vietnam, it's 3,181 per 10,000—in other words, if you are involved in a car crash in Vietnam, there is a 30 percent chance you will die. If those numbers appeared in the United States, the problem would move up the list quite quickly.

"There are the dots, but no one is connecting them," Rosenberg said. "People still think of these things as 'accidents.' They happen one at a time; they are unpredictable. If you can't predict it, you can't prevent it. People have this sense of fatalism that this is a cost of development. What the task force is trying to do is change that notion and generate the political will to treat this as the serious problem it is."

Some very important people are taking notice. In 2004 the task force, led by Rosenberg, made a presentation to the United Nations General Assembly about road safety. Secretary General Kofi Annan's response appears on the cover of all the task force's materials related to the project: "We need to do more," he said.

The traffic problem in the developing world is a perfect storm of bad cars, bad roads and bad drivers. Roads in Cairo look just like those in Atlanta, Rosenberg said, but drivers in the Egyptian capital have no problem driving onto the sidewalk to pass. Pedestrians walk down the middle of the street in the developing world. Until they learn how to protect themselves, they will continue to become statistics.

"There are lots of ways to improve the situation," Rosenberg said. "Create an agency in charge of road safety that coordinates health, law enforcement, transportation and education; enforce the laws you have; and collect data on what is happening to people.

"There are five other simple steps," he continued, counting them off on his fingers. "Pay attention to safe roadway design, wear seatbelts, wear helmets, control speed, and control drunk and impaired driving." The next step is getting governmental buy-in, which is what he is working on now.

Rosenberg augments his medical work in a number of thought-provoking ways. For instance, he is an avid and gifted photographer. An author of many scientific books and articles, he cites one of his most memorable works as Preventing the Experience of Illness. In the book, Rosenberg uses photographs to tell the story of several medical patients as they go through treatment for a variety of illnesses including cancer and open-heart surgery. The stark, black-and-white photos are jarring in their rawness. A medically inclined reader might not be phased seeing the torso of middle-aged man sewn up navel to neck following open-heart surgery, but such a photo—common in the book—would give many a layperson pause.

The captions describe the patients' health, often following them from procedure to procedure. Perhaps, Rosenberg said, "this deified it (their pictures are displayed by a relative in one Rosenberg photo), but others have defecated it—and the maiming and killing in one photograph are proof of that."

The first photo in the set is a contrast. It shows two women, one named Patricia, in her mid-20s—she appears at least 10 years older—but a close study of her pensive face (she is not looking at the photographer) shows that she retains some of her youth. The second woman, in the background, is her mother.

Rosenberg's text, which is printed below the photo, reads:

"Patricia was 26 years old and had MDR-TB [multidrug-resistant tuberculosis]. She had been sick with cough and fever for several years. When she finally started on treatment for MDR-TB, she was so weak that her arms were like sticks, her eyes deeply sunken and her face ethereal. Her medical name for TB was phthisis or "consumption" from the Greek word for "wasting.

"Her lungs had been so damaged by the TB that she was extremely short of breath, even just sitting absolutely still. She could not work for several months after this picture was taken."

It's an immediacy that brings Rosenberg's work home, and— as is clearly his intent—it is not easily forgotten.
FOCUS: HUMAN RESOURCES

Search progressing for new HR vice president

Under the leadership of Edie Murphree, vice president for finance, the search committee has finalized the resume review of qualified applicants for the position of vice president for Human Resources.

The pool from which the search committee has selected candidates is both extensive and impressive. Four candidates have been invited to campus for the first round of interviews with the search committee, and a fifth candidate is scheduled to interview in the next week. These individuals have extensive experience in academia and health care and have been identified as potential finalists to move forward in the search process.

“Since the VP role is critical to Emory’s ability to attain its vision, we want to ensure that Emory selects the right person for the job,” said Mike Mandl, executive vice president for finance and administration. “We are working diligently to fill the position and hope to have someone in place during the fall semester.”

Learning Services

HR’s Department of Learning Services is committed to forwarding Emory’s mission by offering relevant courses, seminars, workshops and other learning opportunities. Visit the Learning Services website at http://emory.hr.emory.edu/training.nsf to learn about current course offerings and how to register.

Benefits

The benefits department would like to remind employees that they can enroll in the 403(b) retirement plan at any time during the year. Additionally, for employees who have completed 1,000 hours of work over 12 consecutive months, are 21 years old and have attained one year of service, Emory will contribute 6 percent of regular salary for eligible employees.

To learn more about the resources of the FSAP (including wellness courses, health clinics, fitness programs, lunch & learn, infostops, fitness facilities or wellness partners), visit http://emory.hr.emory.edu/fsap/health.htm.

Faculty Staff Assistance Program (FSAP)

The Faculty Staff Assistance Program is committed to help faculty and staff pursue wellness as a way of life. They promote healthy ways of enhancing the quality of life at work and at home. There are a variety of wellness activities available to assist you with making healthy lifestyle changes.

To learn more about the resources of the FSAP (including wellness courses, health clinics, fitness programs, lunch & learn, infostops, fitness facilities or wellness partners), visit http://emory.hr.emory.edu/fsap/health.htm.

For more information about these and other HR departments, visit the main website at http://emory.hr.emory.edu or call 404-727-7611.

Katherine Hinson is director of HR communications.

CARLOS MUSEUM

Egyptologist tells story of commoner pyramid builders

BY ERIC RANGUS

While they under-standably receive the most publicity, not every excavation of ancient Egyptian historical sites is of a royal nature. Often the best stories come from the most common people.

Such a story was told in the Carlos Museum reception hall, Tuesday night, Aug. 23, by Mansour Boraik, chief inspector for Egypt’s Supreme Council of Antiquities, who delivered an hour-long presentation, illustrated by more than a hundred slides.

The discovery of the pyramid builders in Giza, just outside of Cairo, was uncovered in 1990. “We were allowed to excavate for one month,” Boraik said. “That month turned into 13 years—now 15 years.”

About 40 percent of the cemetery, which lies in the shadow of the pyramids—the only remaining wonder of the ancient world—has been excavated and 65 main tombs and 900 individual graves of common people (the workers who built the pyramids and the overseers who led the project) have been uncovered.

The discovery has provided a wealth of information about the men and women who built the pyramids. While some have theorized the laborers were slaves or unskilled, Boraik said this is not the case.

More than 5,000 workers constructed the Pyramids at Giza, he said. They worked in shifts of perhaps three or four hours at a time. Judging from the remains, the workers were between 30–35 years old (officials were believed to be 60 and 80) and all the workers—male and female—had indications of stress on the lower spine (a telltale sign of heavy lifting).

The common images of Egyptian burial sites are of mummies encased in sarcophagi. This is not what Boraik found at Giza. Workers were buried in the fetal position in small graves. Only the overseers were buried in tombs—frequently of their own design.

The golden riches of Egyptian kings and queens was absent, but because so many of the workers were skilled artisans, the sculpture and relief decoration of the tombs was often particularly beautiful. Several examples elicited gasps from the audience when they flashed up on the screen at the front of the reception hall.

Boraik told compelling stories about individual finds. There was the skeleton of a woman with dwarfism; she was pregnant and the remains of a fetus were found with her. Boraik said he believed she died due to the pregnancy because people of that time would not know how to deliver the baby of a mother with dwarfism.

Boraik also discussed a more recent project in Egypt’s western desert about 235 miles from Cairo. Started in 1999, the ancient cemetery in Bahariya has been marked by creative approaches, said Boraik, and his team purchased 10 houses in downtown Bahariya, just so they could tear them down to get access to the graves below. But even after those houses were demolished, things didn’t get much easier.

“People used the tombs as Septic tanks. To find a tomb, you had to go to the toilet.” —Mansour Boraik, chief inspector for Egypt’s Supreme Council of Antiquities

The men and women who built the Pyramids at Giza were skilled artisans, said Mansour Boraik, shown here speaking casually to Emory members following his Aug. 23 address in the Carlos Museum. The Egyptologist uncovered this and many more facts after his team found the workers’ cemetery in 1990.
Strategic Sourcing Project pays off for second time

BY MICHAEL TERRAZAS

The first phase of Emory’s Strategic Sourcing Project, which capitalizes on economies of scale to negotiate the most cost-effective contracts with university vendors, yielded about $2.5 million in annual savings. Rewards from the project’s second phase could be even greater.

Estimated for Phase II savings, spread over a number of commodity and service areas, range as high as $3.1 million annually, according to the project’s steering committee. Launched in summer 2004 by Mike Mandl, executive vice president for finance and administration, Strategic Sourcing has resulted in competitive, preferred vendor contracts on everything from office furniture to lab equipment, from courier to telecommunication services. And, with a little help from the Emory community, the savings still have room to grow.

For example, one of the vendors involved in Phase II is Federal Express, with which Emory has a long-standing relationship. According to Mandl, annual University expenditures with FedEx exceed $800,000, and the university, from savings from the preferred vendor arrangement will be roughly $150,000. But more than half of that total annual expenditure (about $500,000) is spent on expedited shipping; if Emory managers and supervisors determine more judiciously which packages truly require expedited shipping, the University will save more.

“This is one of many purchasing areas where we can do business differently,” Mandl said in a memo to managers.

Another commodity area that could see a significant change is computer hardware. Emory is negotiating with vendors of national and annual, University-wide product licensing agreement that could yield savings of $500,000 in savings per year. But perhaps just as important, according to John Ellis, co-director of academic technologies for the Information Technology Division, is the fact that Emory’s compliance with product licensing is ensured.

“It has three main benefits,” Ellis said. “It’s so structured and almost always already there are tight controls in place, so you seldom see huge opportunities, but when you combine [EHC] with the University, the volume opportunities become greater,” said Gary Teal, senior associate vice president for Woodruff Health Sciences Center administration and a steering committee member. “It’s nice to have a group like Huron that can be aggressive with vendors.”

Teal said there is no Phase III in the house of Emory Strategic Sourcing, but that could change depending on how successful are the arrangements worked out in the future.

“I’ve been involved with projects like this before, but this is the best one I’ve done; it set a standard,” Teal said.

“In the past we may have seen things happen in a more compartmentalized way, but now it will be Emory-wide—and that is the way it should be.”

CAMPUSLIFE

Banquet celebrates 60 years

BY ERIE RANGUS

The Emory community, represented by 10,000 guests, gathered together Thursday, Aug. 11, in Cox Hall to pay tribute to a long-time food staff employee Helen Jenkins in the best way possible. They ate.

A luncheon banquet honored Jenkins, who officially retired on Aug. 1 after more than 60 years of service to Emory. Official records are incomplete, but it is believed that Jenkins is the longest serving employee in Emory history.

Having touched the lives of thousands throughout out those six decades, it was only appropriate that the guest list was a notable one, and everyone in attendance was unified in their appreciation for the guest of honor.

“Touche more devoted to Emory than you,” said John Temple, former executive vice president and chief operating officer. He retired in 2003 after 20 years at Emory—Jenkins was here for all of them, as well as for many years before.

Temples was one of several prominent members of Emory’s extended family (former President Jim Laney was another) in attendance. “We all benefited from knowing you,” Temple continued.

At the age of 42 and fresh out of college, Jenkins began her Emory career in March 1955, as assistant director of food services. She was promoted to director in 1955, and when food service was contracted to an outside vendor in 1984, she became food service liaison, a position she held until her retirement. While she has been reired for nearly a month, Jenkins hasn’t stayed away from campus. She is helping train the new food service liaison and will continue to serve as a consultant in the near future. The celebrations to honor her contributions, she has not retired, either—the most recent was a modest dessert reception in the Dobbs Center, Aug. 16. The Aug. 11 banquet menu was pure Jenkins—in more ways than one. It consisted of some of her favorite Emory-centric dishes. They included Depot Chicken Salad and Helen’s Lemon Meringue Pie and Emory Potato Salad. The menu, which was attached to an envelope recipe holder so diners could take it home, also listed some asides that each dish in its historical perspective.

The nanocaloric flavoring for the intriguingly named Tipsy Cheesecake was ground jalapenos kept under Jenkins’ desk. The meringue pies once baked 50 at a time to feed hungry Sunday crowds (the pies on the banquet afternoon were prepared by two people, remarkably tasty). The twin Salers also gave some insight into the preparation of Emory Potato Salad. The potatoes were sliced with paring knives: “Back then you couldn’t cook without a paring knife,” read a Jenkins quote, reprinted on the menus.

She also told the story of the vegetable ladies,” whose responsibility was, as the title implies, to prepare vegetables for the dinners. “For example, mustard or turnip greens would have seven washes prior to cooking with the wash containing salt to kill any snails. I didn’t know I had so many people who knew me,” said Jenkins, modestly surveying the area which contained some of her favorite menu items. “I have my children here, so maybe they’ll listen to me now.” At the head table were her two children, Ron Jenkins and Barbara Riddle, and one of Jenkins’ five grandchildren, Beth Riddle.

With an assist from her granddaughter, Jenkins opened a gift box presented to her by Senior Vice President and Dean for Campus Life John Ford. It contained a gold watch emblazoned with the Emory shield.

HEALTHSCIENCE

Pediatrician receives award for gene work

BY TIA MCCOLLORS

E mory geneticist and developmental pediatrician Jeanne Visootsak recently was recognized for researching and raising awareness of Klinefelter syndrome, the most common sex chromosomal aneuploidy in humans.

Visootsak received the American Association for Klinefelter Syndrome Information and Support’s (AAKSIS) Achievement Award at the organization’s sixth national conference on July 20-22, Sonny Purdue also declared the day as Klinefelter Syndrome Awareness Day in the state of Georgia.

“I appreciate the award tremendously since it came from the parents of children with Klinefelter syndrome,” said Visootsak, assistant professor of developmental pediatrics in the School of Medicine. “We’ve worked together for many years to increase awareness of the condition, and it’s important that we continue to conduct research in this area in order to find meaningful intervention to optimize the lives of boys with Klinefelter syndrome.”

“Touche that 65 percent of those with Klinefelter Syndrome who are not men do not produce enough testosterone and will need testosterone treatment for the rest of their lives, Visootsak said.

Males affected by Klinefelter Syndrome are also at an increased risk for conditions such as autoimmune disorders, type II diabetes, hypothyroidism, osteoporosis, depression and dental problems. According to one study, it is estimated that 1 in 500 men have been identified. Persons with Klinefelter Syndrome who are not diagnosed commonly receive the medical care needed to offset related medical problems and health risks.

“It’s important that we conduct longitudinal prospective studies on these boys to gain a better understanding of their cognitive behavior and learning profiles,” Visootsak said. Since these boys develop slowly, delays are important, that they receive early speech therapy so as not to risk further academic and behavioral challenges and genetic problems.”

Visootsak joined the Emory faculty in 2004 and currently directs the Down Syndrome, Fragile X Syndrome and Genetic Management clinics. She is one of the few physicians in the United States with expertise in Klinefelter syndrome.
Race, sex differences persist in cardiac care, study shows

BY HOLLY KORSCHUN

Despite a decade of initiatives to remedy health disparities in cardiovascular medicine, at least some aspects of the treatment of U.S. patients hospitalized for heart attacks continue to vary according to sex and race, according to a study by Emory researchers in collaboration with Yale University and other centers. The results, reported in the New England Journal of Medicine, found a pattern of less-intensive treatment offered to women and black heart-attack patients.

“When a patient has a heart attack, clearing blocked arteries and restoring blood flow as quickly as possible can mean the difference between life and death. While heart-attack care improved over the past decade, the study found that disparities in the use of medications and diagnostic procedures remained consistent.”

Investigators studied the records of 598,911 white and black patients treated for heart attacks between 1994 and 2002 at 658 hospitals participating in the National Registry of Myocardial Infarction, sponsored by the Genentech Corp. They examined differences by sex and race in the use of reperfusion therapy (the use of a drug or invasive catheter procedure to open an artery blocked by a clot), coronary angiography (a diagnostic procedure used to identify blockages in the heart’s circulation), aspirin and beta-blocker therapy. In order to eliminate differences attributable to other patient illnesses, they included only patients who were ideal candidates for therapy.

“Although observed differences in the use of medications (such as aspirin and beta-blockers) among white, black, male and female patients decreased after accounting for other characteristics associated with sex and race, the study found that rates of reperfusion therapy, coronary angiography and in-hospital death after heart attack varied according to race and sex.”

“The rate of treatments went progressively down in white women, black men and black women compared with white men, with black women found to have the lowest use of interventions. For example, black women with the approximate average age had 10 percent lower rates of reperfusion therapy and 24 percent lower rates of angiography compared to white men. Black women also had the highest in-hospital mortality rates—11 percent higher than white men—among the four sex and race groups. In contrast, differences in treatment and mortality between white women and white men were generally smaller.”

“Although a number of studies have shown disparities in cardiovascular treatment, this study was unique in that the researchers were looking for changes in disparities over time. They were surprised to discover that differences by sex and race were essentially unchanged between 1994 and 2002, indicating there was no lessening of treatment gaps in recent years.”

“Lower rates of treatment in patients who are clinically appropriate for treatment are troubling and raise obvious concerns about under-treatment,” said Viola Vaccarino, associate professor of medicine (cardiology) in the School of Medicine, associate professor of epidemiology in the Rollins School of Public Health and leader of the multi-institutional study. “These differences in treatment are particularly concerning for use of reperfusion therapy and cardiac catheterization because race and sex differences in treatment were not explained by patient age, risk factors or other clinical characteristics that might differ between patients.”

“Simply put,” Vaccarino continued, “we could not determine the reasons for these disparities.”

“The reasons for the persisting differences may reflect some unrecognized characteristic of the patients or of the health care system that have not changed over time, the authors report. For example, women and black patients with heart attacks may have less typical symptoms leading to delayed diagnosis and delayed treatment. Patients’ socioeconomic status may also play a role, perhaps leading to lower access to specialist care, or admission to centers of poorer quality.”

“Although race and sex differences in the use of drug therapy were attributable to other patient factors, race and sex differences in use of procedures persisted even after accounting for these factors, and the question is: Why?” —Nanette Wenger, professor of medicine

Clinical tool may help war veterans in dealing with PTSD

BY POUL OLSON

A new clinical tool for assessing post-traumatic stress disorder (PTSD) developed by the School of Medicine, the Center for Behavioral Neuroscience (CBN) and the VA Medical Center (VAMC), could enable researchers to develop better treatments for war veterans and others suffering from the disabling anxiety disorder. Pilot studies of the system are currently being conducted with Vietnam War veterans at Fort Bragg N.C., and Serbo-Croatian War veterans in Zagreb, Croatia.

PTSD, which affects an estimated 20 percent of veterans in recent conflicts, is a
dysfunction of the brain’s fear-control mechanisms resulting from a psychologi
cally traumatic experience, such as combat. One of the central features of the disorder is the inability of the brain to distinguish between safe and dangerous situations.

“The sound of a helicopter flying overhead can be enough to trigger anxiety or panic attacks in vets with PTSD; they know they are not back in combat, but they can’t suppress their fear,” said Tanja Jovanovic, an Emory and CBN postdoc
toral fellow in the laboratory of Erica Duncan, assistant professor of psychiatry and behavioral sciences.

The new PTSD testing system determines the extent of brain impairment. A patient is initially condi
tioned to fear a series of lights by pairing their appearance with an aversive air blast to the throat. A second set of safety lights is then presented without an air blast. Finally, the two sets of lights are displayed together without an air blast to test the patient’s ability to inhibit his or her fear of the lights. Electrodes attached under the eye measure fear responses based on blink control mechanisms.

Clinicians typically assess PTSD sufferers based on subjective accounts of their symptoms. “This new system will provide a new way to objectively test their fear-control mechanisms,” Jovanovic said. “Our hope is that it will lead to the development of more effective treatments for PTSD and other anxiety-related disorders.”

The researchers’ next step is to determine if specific genes are involved in fear inhibition. Other studies are using functional magnetic resonance imaging to examine brain activation patterns involved.
Cancer Genetics Program offers assessment, counseling services

by Stacey Jones

Because one out of every three Americans will develop some form of cancer in his or her lifetime, many wonder if they have inherited a greater lifetime risk from family members who are diagnosed with the disease. Patients with family histories of cancer can receive cancer risk assessment and counseling about options for testing and prevention from the comprehensive Cancer Genetics Program, based in the School of Medicine's Department of Human Genetics.

In the decade since scientists discovered altered genes that increase the risk of some cancers (such as breast, ovarian and colon), the field of cancer genetics has expanded tremendously. Statistically, only about 5–10 percent of cancers have a hereditary basis, but it is important to identify families with an increased risk so their members can reduce that risk or even keep cancer from developing.

The Cancer Genetics Program provides patients with the most current information about inherited risks for cancer and guidelines for screening. Usually referred through their physicians, patients can share their concerns with a genetic counselor at an initial individual session. Over about two hours, patients receive a personalized risk assessment and information about options for genetic testing. Should a patient decide to pursue genetic testing, the counselor schedules a follow-up visit. Genetic testing for cancer is typically performed on a blood sample, which is sent to a laboratory for analysis.

"A positive result doesn't necessarily mean cancer will develop in the future," said Kenneth Lout, co-director of the program and a certified genetic counselor. "But it predisposes people to a greater lifetime risk." For example, women who inherit a mutation in one of the breast cancer genes, BRCA1 or BRCA2, are three to seven times more likely to develop the disease than women without a mutation. Moreover, the risk for ovarian cancer in such women ranges from 15–60 percent, compared to less than 2 percent for women without a mutation. Studies have found that the risk for certain types of cancer may be increased depending on which gene is affected. The complexity surrounding the science of inherited cancer risk led to the development of a whole subspecialty of genetic counseling, according to Lout.

"Colon cancer is an emerging area, with better genetic tests than there were five years ago to detect a risk of developing the disease," he said, adding he expects scientists will uncover additional "cancer genes," and that subsequent tests will be developed to assess other risks. The Cancer Genetics Program has an advantage through its association with the Winship Cancer Institute, where physicians and surgeons or medical therapists can reduce the risk of developing inherited cancer. Genetic screening and counseling is important even for those who have already been diagnosed with cancer, Lout said.

"An inherited genetic mutation puts patients at greater risk for cancer," he said. "With some mutations, their risk increases their risk for ovarian or prostate cancer in the future," he said. "With other mutations, there is a known mutation of a cancer susceptibility gene in an individual, family members who test negative for the mutation are not at increased risk and can follow general-population cancer-screening guidelines."

But because of the relatively low risk for inherited cancer and the potential negative impact of genetic testing, Lout emphasized the value of assessing one's risk before getting tested. People should probably consider a cancer genetics consultation if they:

• have two or more close relatives (parents, siblings, aunts, uncles, nieces, nephews, half siblings, grandparents and grandchildren) with the same or related types of cancer (for example, breast and ovarian; uterine and colon), especially if the cancer was diagnosed before age 50;

• have been diagnosed with cancer themselves before the age of 50;

• have had more than one type of cancer or bilateral cancers (cancer in both breasts, for example);

• have a rare form of cancer, such as male breast cancer;

• have a reason to be concerned about known hereditary syndrome; or

• possess a desire to learn more about hereditary susceptibility to cancer.

For more information about the Cancer Genetics Program, visit www.genetics.emory.edu/geneservices/cancer_genetics.html. The site features a referral form for genetic cancer risk and an extensive family history questionnaire.

• Neuroscience, Human Nature and Society
• Protective Health and Society
• Life Sciences
• All of the themes represent cross-cutting, intellectual bridges that will bring our campus together in ways that will have much more impact on society than if we worked individually and in isolation," said John Johns. "These are big questions, and it will take strength, determination and courage to look for big answers." Emory has all of those.

FOCUS:

Light from under a bushel

Emory University is one of those institutions that has a chance where I could save the most lives ... do the most good and also do something that I understood from my own experience—a passion for the public good," said the former president, referring to a study by Rollins School of Public Health professor and health policy chair Kenneth Thorpe. "Thorpe himself told the Sacramento Bee that week-long summer camps for kids, aimed at obesity prevention, may not be long enough to turn around diet and exercise routines permanently."

• John Beshal, an electrophysiologist in the Emory Heart Center, gave interviews to The New York Times and the AJC explaining the relationship between atrial fibrillation and stroke risk, after Emory faculty had seized the national bully pulpit just a few months after Dr. Michael S. Kass, a professor of neurology and neurosurgery, at Emory University, predicted that within the next few years, the risk of having a stroke would be reduced to a third of the present level by the widespread use of a blood-thinning drug.

In a very real sense, these medical correspondents are adjuts in our serious business of trying to educate the public and improve their own health status and that of their families. Our colleagues in Emory College and the other schools are similarly dedicated to the serious task of educating the public through the media. Recent examples include Jewish studies' Deborah Lipstadt on Darfur and the Holocaust; political scientists Raynard and the Sacramento Bee on the impact of cell phones on driving; and the Washington Post on the relationship between sexual assault, alcohol and intimate violence.

We are living in an electronic age. A 2002 Gallup poll found that most Americans get their health news through television, and a Pew survey in 2004 found that 80 percent of all Internet users have searched online for health information, including information about specific diseases, drugs, doctors and hospitals. In my role as the Woodruff Health Sciences Center, I must be part of this unceasing national conversation. My thanks to all our colleagues who understand that the walls of their classrooms and clinics must be expanded—and give their time and expertise accordingly.

Michael Johns is executive vice president for health affairs.

The latter two themes include academic content-specific initiatives that were developed through the Theme Development Brainstorming process. For “Confronting the Human Condition,” the initiatives are:

• Understanding Religions and the Human Spirit
• Understanding Race and Difference
• Implementing Pathways to Global Health

The initiatives involved in “Exploring New Frontiers in Science and Technology” include:

• Neuroscience, Human Nature and Society
• Protective Health and Society
• Life Sciences
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Focus: Healthy Emory
Nursing celebrates 100 years of caring with open house

It’s a time of anniversaries for several components of the Woodruff Health Sciences Center, and on Tuesday, Aug. 16, the Nell Hodgson Woodruff School of Nursing held an open house to commemorate its 100th birthday. On Aug. 16, 1905, the school first opened its doors as the Wesley Memorial Hospital Training School for Nursing; that school has come a long way, as just days before the open house, it announced that, for the second straight year, it had placed in the nation’s Top 20 (No. 19) nursing schools in National Institutes of Health funding. In 2004, the school attracted some $2.32 million in NIH funding. “[This] clearly demonstrates the success and commitment of our research faculty and staff; these scholars are a shining example of our school’s values of scholarship, leadership and social responsibility,” said Dean Marla Salmon, who stands in the picture at right between Berta Laney (left, wife of former Emory President Jim Laney) and former nursing Dean Edith Honeycutt. At left, nursing instructor Barbara Kaplan leads a tour of the school’s patient-simulation lab, which was featured in the open house. The event also offered free health screenings for attendees, giveaways—and a 100th birthday cake.