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C O M M U N I T Y

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After a life of drugs, she's helping others

Before "coming clean" from drugs four years ago, Alicia Austin, 35, spent nearly two decades of her life getting high. Back when she started shooting heroin and sharing dirty needles as a teenager, little was known about AIDS, much less about how it was transmitted. Today, given the fact that 20 percent of all AIDS deaths are among I.V. drug users, Austin is lucky to be alive and enjoying good health.

"When I was using, I'd ask myself why I was alive," says Austin. "Now, I know why God wanted me to not test positive for AIDS and to not die of addiction....He

wanted me to educate myself and others."

By participating in the HIV/AIDS and Substance Abuse Education Program offered at Boston University School of Public Health, that is precisely what Austin has done. The information she's gained there has been particularly useful in her role as a counselor at Project Trust, a local independent AIDS testing site. "People used to ask me questions about HIV and AIDS, and I'd say, 'I don't know; let me get back to you,'" she says. "I felt badly saying that....They were confused and I was confused. I'm not confused anymore."

The six-week certificate

program, directed by Daniel Merrigan, Ed.D., M.P.H., an associate professor of social and behavioral sciences at the School of Public Health, provides training and career opportunities for currently employed health-care workers. "HIV, AIDS and substance abuse are not going away," he says. "This program represents one way in which we can respond to the immediate and growing need to equip health-care workers, particularly those from communities of color, with the skills to provide appropriate education and counseling in these areas," he says.

And nowhere is that need for education more

evident than in the streets of Boston, says Merrigan. A recent study of HIV-infected outpatients at Boston City Hospital showed that more than half continued to be sexually active—despite the threat of spreading the virus to their partners.

"Competency in HIV, AIDS and substance-abuse education requires extensive knowledge about, and sensitivity to, diversities within populations infected and affected by HIV," says Merrigan. "It also requires an understanding of the social and political context in which HIV, AIDS and substance-abuse education

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An enriched 'brand name':

BOSTON UNIVERSITY MEDICAL CENTER/THE UNIVERSITY HOSPITAL

On July 1, 1962, a new force in Boston academic medicine, called "Boston University Medical Center," was created by The University Hospital and Boston University, reflecting the institutions' joint commitment to improved patient care, medical education and medical research.

To celebrate and build upon the effectiveness of that 30-year collaboration, a new identity for the Hospital, Boston University Medical Center/The University Hospital, took effect on July 1.

Although the Hospital and Boston University School of Medicine had been closely associated for nearly a century prior to 1962, creation of the Medical Center enriched the existing relationship by permitting greater collaborations and attracting talented clinicians, researchers and academic leaders in medicine, and with them, an outstanding support staff.



According to Donald R. Giller, director of marketing and public affairs at BUMC, the Hospital has "sharpened its image" by including Boston University Medical Center in its identity. "We have adopted a new public identity that is intended to support improved public and professional awareness of the Hospital's staff, employees and programs. The new identity builds upon our 30-year partnership with BUMC," says Giller.

"Measurable evidence points to the fact that Boston University's medical programs enjoy widespread positive recognition," he notes. "By identifying our institution as Boston University Medical Center/The University Hospital, we are aligning ourselves with a 'brand name' that will better clarify our identity internally as well as externally," he concludes.

FRANKLIN SQ. CONCERTS CELEBRATE PARKS

In a demonstration of its commitment to green space, Boston University Medical Center has pledged \$25,000 annually to help restore Blackstone, Franklin and Worcester squares to their former elegance.

This past July, BUMC kicked off this commitment by playing host to a series of free summer concerts in Franklin Square. The first concert featured a July 1 lunchtime performance by the South End rhythm and blues band "Groovasaurus" (shown below), and was followed up by the New Black Eagle Jazz Band on July 22. The third and final concert of the season is set for Sunday, August 30, at 2 p.m., and will feature the sounds of the Palm Court Orchestra.

"It's wonderful that we've been given this opportunity to enjoy these parks," says West Newton Street resident Brian Davidson. "Blackstone and Franklin squares, alone, represent five acres of passive green space—the largest single amount of green space in the South End," he says.



Teaming up for Boston's youngsters

When students at the Phillis Wheatley Middle School in Roxbury return to classes this fall, they'll be greeted by some new faces—those of employees from Boston University Medical Center/The University Hospital. Under a partnership forged earlier this year, the two institutions have teamed up to expand the educational horizons of the school's 250 students.

Employees from throughout the Hospital are gearing up to get involved in the program, which will be launched at the start of the 1992-93 academic year. One of the primary aims of the partnership is to en-

hance the level at which the students perform both academically and socially. To achieve this goal, some employees will act as tutors and mentors, while others will assist in the implementation of an academic awards program and an after-school activities program. In the latter program, employees will lead students in special crafts projects or a hobby of their choice.

Another major focus of the partnership is to prompt an early interest in health-care careers among students. Through career exploration and mentor programs, students will be matched with role models in the Hospital. For instance, a student who is interested in learning

about laboratory medicine may be coupled with a laboratory technician or physician and spend a day at the Hospital working alongside the employee, making observations and asking questions. A rotating speakers bureau, in which employees will address school assemblies, also will lend students an opportunity to learn about the diversity of the health-care profession. Yet another component of the program, a patient-support program, is designed for students to interact on a

one-on-one basis with patients, for instance, distributing library books or delivering flowers.

"This relationship reinforces the Hospital's commitment to the City of Boston and to the education of young minds in the field of health care," says Hospital President J. Scott Abercrombie Jr., M.D. Wheatley School Princi-

pal Michael Elio Anderson shares that enthusiasm, "We look forward to the upcoming academic year and to working with the employees and patients of The University Hospital. I think that everyone who participates in this program stands to benefit."



SENDING A STRONG MESSAGE: The Hospital has teamed up with students of the Phillis Wheatley School in Roxbury.

A VISION SHARED: City coalitions come together for a 'Healthy Boston'

A South End/Lower Roxbury coalition has joined forces with other neighborhood and business groups across the city in the hopes of making Boston a healthier place. "Healthy Boston," an enterprise of the Department of Health and Hospitals (DHH), is aimed at enhancing the quality of life for Boston residents and their neighborhoods by integrating health care, human services, education, housing and economic development. It is based on the adage that "it takes a whole village to raise a child."

"Healthy people and healthy communities require more than medical care," says DHH Commissioner Judith Kurland. "They require jobs that can support a family with dignity, decent housing and enough food to eat. They require quality education that opens the door to opportunity. They require safe, thriving neighborhoods, where people help each other."

The coalitions united under "Healthy Boston"



TIMOTHY CRELLIN of St. Stephen's Episcopal Church, third from left, makes a point at a recent meeting of the South End/Lower Roxbury "Healthy Boston" coalition held at the Hospital.

represent small local businesses, large institutions and individuals that share a common goal of rebuilding their communities. To accomplish this goal, grants will be awarded to each of the community coalitions so that they may design plans to integrate their services and to develop innovative approaches to improving their communities.

The South End/Lower Roxbury coalition recently received a partial grant of up to \$15,000, but will be eligible at a later date for

additional funding of up to \$100,000, according to Joannie Jaxtmer, a coalition member representing Boston University Medical Center/The University Hospital. In recent months, members of the local coalition have come together to define what they believe to be a healthy neighborhood. Here's what they have come up with:

- is one that is joined together to create an atmosphere of trust and respect, which encourages participation and the sharing of talents by a broad spectrum of residents in all areas of community life;
- is one where young and old can walk up and down the clean, open streets and have fun without fear for personal safety or fear of being coerced into negative activity, and is
- one where all community members are entitled to

structured and positive activities, which will foster a sense of self-contribution to society.

ARE DRUGS A PROBLEM?

If drugs are a problem in your life, Narcotics Anonymous can help you on your way to recovery. Meetings are held each Wednesday, from 7:30 to 9 p.m., in the Hospital's Preston Family Building, Conference Room 118 (F-118). The free sessions are held in both English and Spanish, and are open to the community. For further details, contact Kee O'Toole at 638-5362.

BUMC: WORKING TOGETHER, WALKING TOGETHER

Boston University Medical Center made great strides this past spring to battle hunger and AIDS: Some 300 members of the Medical Center and their families raised \$17,000 during Project Bread's annual Walk for Hunger on May 3. Three weeks later on May 31, some 125 members of the BUMC community were at it again, raising \$7,700 during the Boston AIDS Action Committee fund raiser "From All Walks of Life."



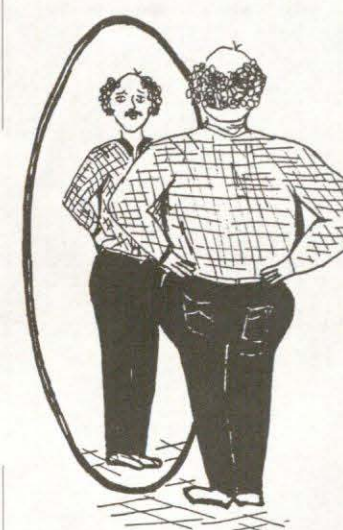
The Battle of the Bulge: More than a matter of vanity for some

HEALTH CORNER

Good nutrition has been identified as a cornerstone to good health. For some people, eating right comes naturally and requires little, if any, discipline. For others, maintaining healthy nutritional habits is a constant struggle, and the failure to achieve them often causes serious, and even life-threatening, health complications.

The Evans Nutrition Group of Boston University Medical Center/The University Hospital focuses on helping individuals make positive and permanent lifestyle changes. The majority of the clinic's work is devoted to weight loss and weight management. Virtually all of its patients have pre-existing medical conditions that can be overcome through proper nutrition counseling. And while with

weight loss comes the beneficial effect of having a better physical appearance, the patients actually are there for health reasons. One former patient, a diabetic, was given a seven-year reprieve from insulin after shedding 40 pounds on a very low



calorie diet. Yet another patient, who at age 33 suffered a heart attack and at age 41 developed sleep apnea, lost 100 pounds and now enjoys good general health and the freedom to exercise and eat comfortably. Located in newly renovated

and spacious quarters in the Hospital's Doctors Office Building, the clinic offers several medically supervised diets: low and very low calorie liquid diets developed by Health Management Resources (HMR) and a protein-sparing modified fast, as well. Balanced-calorie deficit diets requiring less medical supervision also are available.

Using techniques developed by HMR, many of the clinic's patients have achieved considerable success. "Patients using the low and very low calorie liquid diets lose more than 50 pounds on average and nearly 56 percent of the weight is kept off for two years," says Robert H. Lerman, M.D., Ph.D., the program's medical director. "Those numbers are very good in comparison to many of the well-advertised diet programs."

Patients enrolled in the Hospital's weight-management program are closely monitored on a weekly basis and are required to attend weekly nutrition-education classes. The classes, held in small groups, help patients to identify problem areas

in their eating patterns, to learn a system of calorie balancing and to make healthy overall food choices. "Our goal is to give our patients self-management skills; essentially, to provide them with the tools they need to break out of the 'fail cycle,' and step into the 'success cycle,'" says Jean Carr, M.S., R.D., one of the clinic's three registered dietitians.

While dieting will take weight off, it is known that dieting alone will not keep the unwanted pounds from coming back. Therefore, a major emphasis of the program is exercise, and patients are advised to expend a minimum of 2,100 exercise calories per week. Under the

Evans Nutrition Group's weight-loss plans, patients are afforded the convenience of exercising at the Hospital in an ultra-modern Cardiovascular Exercise Center. "By way of human nature, people always look for a 'magic bullet,'" concludes Carr, "but, in weight loss, there really is no easy way out. It requires hard work to make permanent changes."

Free orientations on the Hospital's weight programs are held on Wednesdays at 1 p.m., or by appointment, in Suite 607 of the Doctors Office Building, 720 Harrison Avenue. The clinic also provides consultative service for a wide range of nutrition-related disorders. Those who are interested in receiving further information may contact Joanne Penezic, clinic coordinator, at 638-5980.

NAMES & FACES

Daniel Merrigan, S.J., Ed.D., M.P.H., is an associate professor of social and behavioral sciences at Boston University School of Public Health (BUSPH), and an ordained Jesuit priest. He has expertise in health-promotion and disease-prevention strategies, and teaches a number of graduate courses at BUSPH.



DANIEL MERRIGAN

He also serves as the director of a BUSPH training program in HIV/AIDS and substance abuse education (see story, page 1). Recently, he was honored with a special leadership award by the Kellogg National Fellowship Program. Merrigan is the associate editor of the "American Journal of Health Promotion" and serves on the editorial board of the Jesuit publication, "Human Development."

Maureen Flaherty serves as the transportation coordinator for the Interinstitutional Transportation Management Association (ITMA) of Boston University Medical Center and Boston City Hospital (see story, this page). In her position, she is responsible for addressing transportation issues and concerns within



MAUREEN FLAHERTY

the medical area, and for promoting public transit and ridesharing. Prior to joining ITMA, she was the regional transportation coordinator for CARAVAN for Commuters, Inc.

EMPLOYMENT OPPORTUNITIES

If you're looking for a job, why not look at Boston University Medical Center? To obtain job information, call or visit the Medical Campus' Office of Personnel, 80 East Concord Street, Talbot Building, second floor, 638-4610; or The University Hospital's Department of Human Resources, 88 East Newton Street, Old Evans Building, second floor, 638-8585. Both offices are open Monday through Friday, during regular business hours.

Making strides in cancer care

Until recently, the diagnosis of cancer was a grim prospect. With the extraordinary strides in cancer research during the last decade, however, the outlook is much brighter. Physicians and researchers at Boston University Medical Center are working hard to advance medical knowledge about cancer, and to develop treatments to combat it. Among the work being done there are several specific initiatives:

- The Hospital was selected this past spring as one of 100 sites in the United States and Canada to participate in a clinical trial of tamoxifen, which is considered a potential drug to prevent breast cancer. The two-year study, led by the National Cancer Institute, will involve some 16,000 women who are considered to be at high risk for developing breast cancer. Serving as principal investigators at

the Hospital are Maureen Kavanah, M.D., and Marianne Prout, M.D., codirectors of the Breast Health Center. In addition to studying tamoxifen's efficacy as a preventive measure for breast cancer, the researchers also will examine its potential benefit for cardiovascular disease and osteoporosis.

Other cancer-care research efforts under way at the Hospital include the following programs: a study of a naturally occurring virus that may hold promise for treating colon cancer; another level of study of a therapy with the potential to treat malignant melanoma that has spread to the brain; and continued work with creating fusion toxins (genetically engineered drugs that target specific cancers).

- A group of Hospital physicians is focusing on one area of cancer care that historically has been neglected—cancer pain. The

newly formed Cancer Pain and Palliative Care Program, directed by James A.D. Otis, M.D., offers patients a multidisciplinary approach to pain control. Treatment is based on an individual's needs and can range from pharmacologic therapy using opiates for malignant cancer to rehabilitation and counseling for non-malignant cancer pain. The program is fast becoming a vital supplement to the Hospital's cancer-care regimen.

- The Hospital is taking part in a statewide campaign to deter children from smoking and to encourage adults to quit. The Massachusetts Coalition for a Healthy Future, backed by the local chapter of the American Cancer Society (ACS), is trying to place a question on the November 1992 ballot that would ask voters to approve a 25-cent-per-pack excise tax on cigarettes. The money generated by the tax, an estimated \$130 million,

would be used to educate children about the danger of smoking and to fund smoking-cessation and other health programs for both children and adults. Leading the effort for the Hospital is Howard K. Koh, M.D., chairperson of the Massachusetts ACS's Professional Education Committee.

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HELPING OTHERS continued from page 1

occurs."

In the past decade, the AIDS epidemic has claimed the lives of more than 136,000 Americans, while over one million people across the country have been infected with the HIV virus. It is estimated that 365,000 AIDS cases will have been diagnosed globally by the end of 1992.

From I.V. drug user to HIV/AIDS counselor, Austin has come full circle in both her professional and personal lives. "The program has helped me tremendously in what I do," she says. "It really has brought together all the bits and pieces."

"The students are really the teachers," observes Merrigan. "They bring with them so much of life's experiences. They're the ones we need to educate, because the assumption is that people in the community are going to get their education in the street, rather than in the classroom."

The next training session will be held at the School of Public Health this fall. Classes are held on Mondays and Wednesdays from 3 to 6 p.m., on Tuesdays and Thursdays from 6 to 9 p.m., and on Saturdays from 9 a.m. to noon. The cost of the program is \$500. Some financial assistance is available. Those interested may contact Mary C. Bevis, program coordinator, at 638-5160.

HEALTH NOTES

LAPAROSCOPY = LESS PAIN AND A FASTER RECOVERY

Q. I have a minor inguinal hernia, the most common type of hernia. My doctor says that I can have either traditional surgery, which would entail a long recovery, or a new surgery using a laparoscope. What is this new approach?

A. Laparoscopic repair of an inguinal hernia—a defect or weakness in muscle walls or other body tissue—is now being performed at major U.S. medical centers, including Boston University Medical Center. According to Leon Josephs, M.D., director of the Hospital's Center for Minimal Access Surgery, the laparoscopic approach requires only three half-inch incisions, requires significantly less recovery time and causes much less pain.

What makes this improvement possible is the laparoscope, a surgical scope that provides a view of the hernia with great clarity during surgery, says Joseph. The surgeon guides the laparoscope through one of the incisions and into the abdomen, where she can view the abdominal wall on a television monitor. The surgeon then repairs the hernia with instruments inserted through the two other half-inch incisions, either by closing the hernia or attaching a mesh prosthesis to it in order to strengthen it.

Besides being used to treat inguinal hernias, laparoscopic surgery is being used routinely and with great success by the center's surgeons as the preferred method of treatment for a number of conditions, including ulcers, gallstones and appendectomies. It also is being used to remove prostates and kidneys.

HEARING LOSS: COMMON YET TREATABLE

Q. I'm 67 years old and am finding it increasingly hard to hear. I know hearing loss is common for people my age, but is there anything that can be done to treat it? I've recently heard there was a new discovery related to deafness—can you tell me about it?

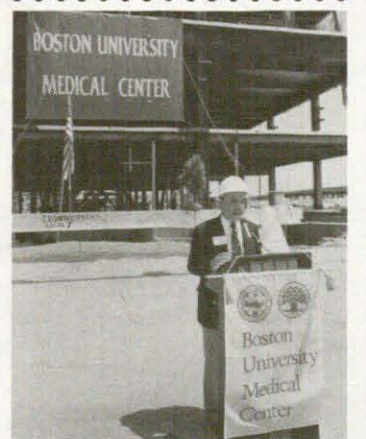
A. Hearing loss is the most common disability in the United States, affecting, to various degrees, an estimated 35 million Americans. A cumulative and insidious condition, hearing loss is not confined to the elderly, although it does affect 30 to 40 percent of people over the age of 65 and more than 50 percent over the age of 80, according to Clarke Cox, Ph.D., an audiologist in the Hospital's Department of Otolaryngology.

There are two types of hearing loss: sensorineural and conductive. Some people are born with sensorineural hearing loss,

which is caused either by damage to the sensitive hair cells of the inner ear or by damage to the auditory nerve. However, most people develop the condition as a result of aging or because of chronic and excessive noise exposure (starting at 85 decibels). Conductive hearing loss, a disruption in the transfer of sound waves from the outer to the inner ear, most often affects children, and treatment frequently results in restoration of hearing. Therapy for mild or moderate hearing loss typically comes in the form of "assistive listening devices" (ALDs) or hearing aids, both of which work by amplifying sound. Therapy for the most severe cases of hearing loss, when sounds at more than 120 decibels cannot be heard, requires a cochlear implant.

As for the recent discovery concerning hearing loss, a team of researchers from Boston University School of Medicine recently identified a key gene responsible for the most common type of inherited deafness—Wardenburg syndrome. The team was led by Aubrey Milunsky, M.B.B.Ch., head of BUMC's Center for Human Genetics.

If you or your family members or friends are suffering from health problems similar to those presented in these questions, and you would like to see a physician, please call 1-800-842-3648, during business hours.



TOPPING OFF: Boston University School of Medicine Dean Aram V. Chobanian welcomes local dignitaries, construction workers and members of the Medical Center to a "topping off" celebration this past spring, held to commemorate the completion of the structural steel placement for the Boston University Center for Advanced Biomedical Research. The building is the first under development in the planned University Associates medical complex on Albany Street, which is now being called BioSquare.