

A Note from the President

As I come to the end of my term as President, I am honored to be associated with such a professional group of diverse members. HeSCA has long provided me the opportunity to gain experience and introduce me to the latest technologies and trends in the field of biocommunications. We have the means of communicating with each other throughout the year via the listserv and the website to share ideas and gain information. But most important is taking the opportunity to meet your fellow members. As I have said before, the experience of attending the Annual Meeting provides that occasion to meet colleagues face-to-face and develop friendships that become invaluable to you both personally and professionally.

Here we are just around the corner to our annual meeting in Boston, and it promises to be exciting and informative. From Keynote speakers who are leaders in their fields, to Workshops and many opportunities for networking. I look forward to seeing old friends and meeting new ones.

HeSCA depends on its members to keep it a vital and current organization. As the saying goes you get out of it what you put into it. Please make the effort to get involved. We are in the planning stages for next year's meeting and there will be many ways for you to participate.

In closing, I would like to acknowledge the planning committee and chairs from ABCD, BCA and HeSCA, who have worked very hard to make this joint meeting something for everyone. I would personally like to thank Arlyn Bonfield for her efforts in bringing this meeting to life. Boston 2010 "Revolutionary Ideas in Biocommunications", here we come!



LYNN POVANDA, HeSCA President



Boston
JUNE 2-5
2010

**REVOLUTIONARY IDEAS
IN BIOCOMMUNICATIONS**

Important information for conference attendees

Boston 2010: Revolutionary Ideas in BioCommunications is just around the corner.

Location:

Registration and most sessions are in the 6th floor Conference Center of the Radisson Hotel. So head there when you arrive to pick up your program book and other materials.

IMPORTANT difference from past years:

HeSCA's Silver and Bronze Media Festival Awards will be presented on Wednesday evening, 6:00 – 8:00 pm during the opening reception. The Gold, Elmer Friman Best of Show, and Holly Harrington Creative Design awards will be presented at the Saturday night banquet, as is our usual tradition.

Auction items:

Be sure to drop off your auction items at the registration desk on Wednesday or early Thursday so they can be readied for Thursday evening's Auction.

Workshops:

If you plan to take any of the Adobe workshops, bring your own laptop if you would like to follow along. Trial versions of the software are available at www.adobe.com.

Safe travels! See you in Boston!

www.bioconf.org



My Journey into Haiti with WHO (World Health Organization)

by Jamie Guth

I arrive in Miami in hot sun, but almost immediately after landing, the rain begins to fall and the next leg of the flight that should have left for Haiti at 2:30pm is delayed because of lightning. Rosanna Peeling, the scientist who is in charge of diagnostic research at TDR, meets me. Once we take off, the flight is smooth and easy, but as we begin our descent at 8.00pm into Port au Prince, rain is falling once again and the pilot tells us that the rain is too heavy for him to see the runway lights. Another developing country airport with low lighting. We make it the second time and a metal stairway is pushed over to the doorway. But the rain is still pounding down and they keep us in the airplane for another 20 minutes. In the end, we walk across the puddled tarmac under clear skies -- a typical tropical rainfall that begins and ends suddenly but leaves a drenched earth. The night is hot and dripping with humidity and I smell wood fires from afar. I am beginning to see the patterns arriving at an airport of a developing country, no matter which country or continent.

We are taken in a WHO white SUV for an hour's drive through the streets of Port au Prince, a vast city of several million (no one knows for sure because there is no official census). The streets are heavily rutted and potholed, there are heaps of rotting and wet garbage everywhere, people walk in and out of the traffic, there are motorcycles, carts, donkeys, pigs, scrawny dogs, charcoal fires - a cacophony of sounds and smells.

We finally arrive at the top of a steep driveway at an oasis of a hotel called the Montana. It is clear this is the main hotel for UN staff. There are stone terraces throughout. A pool is situated next to an open air bar, which is next to an open air restaurant. My room and bathroom have the feeling of old world, worn elegance. I am exhausted by the day, but go to the bar to see if our crew is still around.

We are here to shoot a BBC documentary on the research TDR funded to evaluate diagnostic tools for syphilis. HIV is the disease that gets the most attention in countries like these, but patients often have syphilis too, which has no symptoms and can be passed from pregnant woman to the unborn baby. The men often have multiple partners and spread the infection. One third of the babies are stillborn, another third die within the first couple months and the last third can have severe, lifelong problems. But amazingly, if the syphilis is diagnosed early in the pregnancy, it can be cured with one simple injection of penicillin - a 50 cent treatment. The problem is that the standard diagnostic test requires electricity to spin and separate the blood, and electricity to refrigerate the samples. Mothers who walk for hours to the clinic have to come back the next day to get the results, which means that few do. So Rosanna Peeling's group has evaluated rapid tests that are simple and require no electricity, and then gotten those that work onto the WHO procurement list so governments can purchase them at low cost. It is saving 1,000 babies a year in Haiti, and if the program is implemented in sub Saharan Africa, an additional half a million babies could be saved each year.

We spend the first day making the rounds of protocol visits to the research sites and to the WHO office in Port au Prince where we get our security briefing. Their lecture works - it has scared the hell out of me and I am willing to do whatever they say. Then it's off to the UNICEF office and to the UNAID office where it is always surprising to find out how little coordination there can be between programs and agencies, each doing their own focus.

The real work begins the following day at the Geshkio clinic next to a large ghetto where the poor line up each morning in a second floor waiting room in stifling 95 degree heat with no breeze, squeezed arm to arm, waiting hours to be seen by a doctor. Creole, a version of French, is the spoken language here. Dr. Dan Fitzgerald, a Yale medical school graduate

/cont. page 6

HeSCA Elections

For President – Jim Huff



As I reflect on my association with HeSCA there are several memories that stand out; BIO 76, my first meeting; BIO 79, my first professional responsibility on the Publications Committee; Columbus, my first award; Rancho Mirage, my first presentation; my first meeting chairmanship in Denver, my first leadership role on the Board of Directors, my first international responsibility as the IMI/HESCA Exchange representative and now as a candidate for President. But of all the memories, the most meaningful are the relationships and experiences I have had with each of you. And this is the essence of HeSCA. As professionals we are constantly bombarded with conferences, trade shows, equipment demonstrations, and other continuing education opportunities. And while all of these are necessary and beneficial for the advancement of our careers, isn't it the relationships that we establish and share that gives our professional lives their true meaning? Early in my career an old documentary producer told me to make sure I enjoyed the journey for it provided much more satisfaction than reaching the destination. It is you, the members of this unique association that I have the opportunity to share the journey with.

As I looked back over the directions outlined by past candidates I see themes that are still current and critical; recruit new members, sustain them, interact with them, evolve the organization to meet changing needs, preserve the uniqueness of HeSCA. Professional organizations are continuing to fight for their very existence. Members' limited time faces many competitors. It is our responsibility to validate the benefit of the long term relationship with the organization and its members. We need to continue to better understand what our members need as well as what they want. Today we are recognized as professionals, in part because of the quality of what we do, but also because of the work and service others have done before us. Through our joint determination we can continue to fulfill our mission, to promote excellence in health and science communication.

My Journey:

- 1973-1976 Medical Photographer, College of Veterinary Medicine, University of Illinois
- 1976-1982 Assistant Professor, Biocommunications Arts, University of Illinois
- 1982-1992 Director of Video Production, Annenberg Center, Eisenhower Medical Center
- 1992-1996 President International Healthcare Inc.
- 1996-present Director, Educational Support Services, University of Colorado Denver

For Board of Directors – Cliff Pollack

I look forward to serving the Association at this time in its history. I am convinced that we have two basic goals for the future. First, we need to make sure we retain our membership by offering more substantial information sharing to our members. We can do this by utilizing some of the distant learning technologies at our fingertips. I would suggest that we stream all meeting programs to those who could not attend our Annual Meetings. This can be provided by our sponsors in the distant learning sector.

Secondly, we need to continue to seek partners in the information management arena that we can share our expertise in the health sciences area. Along with seeking new partners, new members are a priority.

We need to work together to make our current membership and new members understand the many benefits of our association, and what we offer as the premiere association in the Health Sciences Communication.



/cont. page 5

BOSTON AUCTION 2010

“Going, Going...GONE!” are the words you will hear at this year’s AUCTION 2010!

ABCD, BCA and HeSCA will participate in a fun-filled evening in the quest for the best, the coolest, the most unusual, the most original...

Thursday evening, beginning at 5:30pm, join us for a Silent and Live Auction to benefit your association. Members, attending or not, are asked to donate items to be auctioned. The most popular price range for items is in the \$2-50 range with higher-end or “desirable” items being reserved for the live portion. This can get to be a contest of will and winning as members bid for that perfect item! Add a cash bar and light refreshments with colleagues and friends making for a good time.....priceless!

Suggested Items to bring with you:

Signed Books

Signed prints or posters

Unusual teeshirts – all sizes

Your own original art

Hand-crafted jewelry

Anything you make - wood carvings, hand tied fishing flies, holiday ornaments, bookmarks, etc

Golf balls/tees/towels from signature golf courses

Local/Regional Cookbooks

New Orleans stuff - Yeah Saints!

Medical Media Memorabilia - with signatures of major medical/nursing thought leaders at your institutions

Aprons

Cool sox

International items from our international members

If you are interested in donating a tax-deductible item for the cause, you can contact either of the Co-Chairs or visit the meeting site on the web for more information.

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For Board of Directors – Lori Klein

Lori J. Klein is a senior member of the Reference & Web Services Section at the National Library of Medicine and a long time HeSCA member. Lori regularly helps consumers, health professionals, and researchers find information or sources to meet their needs. Besides using NLM’s Web resources herself to help people, she also has a small hand in some of the content found on NLM’s Web sites.



introduces us around. Dan worked at this clinic for 4 years, and before that, at the Albert Schweitzer Hospital in a remote village we are going to the following day. But he is now at Cornell in New York and travels back and forth monthly to check on his research projects. We have a hot, exhausting day, always behind schedule, not eating lunch until 3.00pm that afternoon.

We get back to the hotel and immediately head for the showers and pool and then meet outside for dinner. I'm too tired to eat but the others have local dishes. We sit under a towering tree, high over the city and review the day's footage and stills. It is a good start, but the producer is worried that we have a lot to cover yet before the week is over.

The next day we meet in the lobby but I find Rosanna is really sick. The photographer, comes down next and has reports of diarrhoea. The producer looks white and sweaty and his stomach is unsettled. I do a mental check that I have taken my malaria pills, brushed my teeth in bottled water and avoided fresh vegetables

Eight of us take off in 2 UN vehicles and head north along the Caribbean ocean for the Albert Schweitzer Hospital, only about 20 kilometres away but a 4 hour drive. We are less than an hour out when suddenly the first car blows out the back tire and we steer off the road. It's about 9:30am, the sun is starting to heat up and there's a strong sea wind.

The drivers get out the spare and find that it, too, is flat. One of the team, who lived in Haiti for 7 years, knows that every few miles there is someone who can fix a tire. So the driver takes the tire up the road in search of a repair.

Within an hour, we're back on the road and we pass small villages with missions of Jesus of Nazarene and Jehovah Witnesses and 2 UN security posts with men in full combat fatigues situated atop 20 foot concrete towers in the hot sun. The local voodoo hut is star shaped and painted white with pale green trim.

The market villages cram together fragile looking stands of wooden poles supporting woven caned roofs, under which sit huge metal bowls over charcoal fires, boiling broth with red scaled fish and bright green, round chilis. The highway is paved, but there are frequent and large sections of washed out chalky, white limestone. The land changes into stony, pebbly sides with cactus and then the hills get higher, reaching 1,000 meters. There are cows and goats and scrawny dogs attached to no one and wandering along the roads and miles of banana trees.

We zigzag between potholes at ten miles an hour.



All the vehicles have to dodge the potholes

We arrive at the hospital around noon, driving up a dusty, gravel road past vendors and I immediately sense a change in tone and feel. We arrive at an elegant guesthouse with a wrought iron gate marking a cactus hedge. We move through a garden space to a broad veranda where there is an airy living and dining space where we will spend the next few days, with a large open kitchen in the back. Two Haitian women will cook and clean for us, and they have the table set for family style lunch. But it is now clear that two other members of the team are as sick as Rosanna. All three go to bed and the rest of us have a quiet lunch. Afterward, we meet the medical director, Dr. Chandon Chattopadhyay, a trim man in his mid 30s who is German and Indian, and who came to this hospital a year and a half ago to help figure out how to keep it going.

Inspired by Dr. Albert Schweitzer's work in Africa, Larry and Gwen Mellon built this institution on a decommissioned banana plantation 50 years ago. But the funding ended after the couple's death, and the hospital is struggling to find new sources. It provides primary care for about 100,000 people in the lower part of the Artibonite valley of central Haiti, and specialty care for a larger geographic area of 300,000 people. I am told it has one of the best operating suites in the country.

The building is a series of interconnected, high ceilinged rectangles arranged around open courtyards. Wards are separated by cinder block walls that go three quarters of the way to the ceiling, so babies' cries, the moans of a woman, the screech of door hinges soaked with the humidity of the tropics - all hammer away. There is no air conditioning or natural breezes and I feel the sweat slowly drip down in places I have never experienced sweat before. The patient beds are rigid metal frames with plastic covered mattresses - no bedding. Someone in the children's ward has attempted creative touches of childhood images painted along the top of the wall. I can't imagine how anyone can heal in a place like this and I think of the multi-million dollar children's hospital at Dartmouth, with the commissioned artwork and calm

surroundings, and I take a deep breath to acknowledge the huge disparity that I have understood intellectually but did not understand in my heart and gut until now.

A 22-year-old woman has syphilis which has passed to her infant son. He is now one and a half and has a 4 inch extension coming out of where his belly button should be - a sign of his severe malnourishment. A blood test also reveals anaemia. His eyes are widely spaced and don't always focus clearly. He's listless but has spunk, attempting a weak slap toward the camera lens, over and over. He doesn't give up, insisting on control around him. I feel a surge of optimism at this move. Will he be a survivor? Another young woman tells me that her husband will not be tested for syphilis even though they know that he could re-infect her and her unborn baby. So she is in for testing and treatment.

In another ward, I see several families infected with HIV and tuberculosis. Their skin is covered with scabies and looks like it is peeling off, they are incredibly thin, their eyes are hollow and they breathe shallowly. Further down, a doctor is drilling a needle into the bone of a very young baby who doesn't even cry out. She is so dehydrated they can't get an IV into her veins to give her fluids, so this is one way to rehydrate her and she's too sick to react to any pain. In the courtyard, mothers are taught how to feed and wash their babies, and others do their laundry in large vats of open water.



Young child with TB

We spend another exhausting afternoon in the heat, interviewing, taping, listening to cries, buying drinks and crackers for the babies who gulp and chew greedily. We finish about 6:30 and walk slowly up to our guesthouse, slide out of our greasy clothes and head for the pool. Yes, there is a pool in the midst of the courtyard of staff housing for this poor, remote hospital. It is a simple, long oval and was the first thing built here, even before the hospital. We quickly understand why. It is a critical source of renewal, cleaning off the day's sweat and cooling the inner core. And it is the only way to clean up. The bathroom all of us share is in terrible shape. There is a toilet that does not flush and needs to have water poured into it to empty it out, but the water slides onto the floor creating grey puddles of dirt and water that you have stand in. And this for 3 people who now have severe diarrhea plus the other 5 people here. The water in the shower only runs sporadically and it never runs when someone needs a shower and the shower curtain is covered with black mold. There is no water in the sink and no soap. There are 2 bedrooms - 3 cots in one and 6 in the other. So Rosanna and I, the only women, offer the third bed to one of the men. Three of the men including the two drivers take the other room. Whilst the remaining two take the sofas in the living room. There are mosquito nets over the beds, but there is no air conditioning and they keep breezes from flowing, so I give up and the next morning find myself covered in mosquito bites.

On our third day, we drive up a mountain to a remote community center. It is a gruelling one hour drive at 10 mile an hour. The hills are covered with fig and mango trees and rough fields of corn. Dark young children, naked, run around the building to wave at us, their eyes lighting up with anticipation. It's clear not many vehicles come past very often and we offer exotic possibilities. But clouds of white dust are our only gifts as we continue climbing, winding around and around. We then plunge down steep ravines, crossing a wide rivulet that becomes a stream during heavy rains. We watch a steady stream of women, often carrying babies under colourful umbrellas to protect them from the hot sun, walk down the dusty limestone road, cross the water, curve up past a corn field and through the iron gate to the mobile clinic run by the Schweitzer hospital.

About 50 people, mostly women, sit patiently on cool smooth slabs of concrete under a tin roof and open sides. The sun is high at 10:30 but the large trees and metal roof provide welcome shade. A young medical officer provides group prenatal classes on the front porch, and the young mothers line up with their babies for immunizations. We ask whether any women have lost a baby to syphilis, and hear of a woman living down the path about a 15 minute walk away, so we hike over to see her. It is about 1 in the afternoon and the sun is beating down We come across a mondo

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New Members

A very warm welcome to our newest members

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Voodoo priestess house marked by tall, colourful flags. Half a dozen young women, either pregnant or nursing, plus a dozen young boys, greet us, offering us broken down wooden chairs. They live in a community of 4 separate, small, one-room structures built of mud and stone along a hard packed hillside. We find a young woman whose baby died last winter and who is pregnant again, so we offer to test her for syphilis, ending up spending the afternoon there. Nearby, men hoed the corn fields under the hot sun. They eat organic (although not enough or in enough variety), they live peacefully and companionably, but their lack of education leads to myths. The young pregnant woman tells us that an argument with an aunt made her curse her baby, which caused the baby to be born dead on Christmas Day. They didn't have any money for a funeral so they wrapped her up and buried her near the house

After the long, hot hours, we were happy to come back to the guest house and the pool, spending an hour swimming, soaking, drinking beer, sharing our impressions of the day before we were ready to go in for dinner. Then more reviewing of the stills of the day.

We return the next day, stopping along the way to watch a community use a stream bank as a toilet, a bath, a laundry and drinking water source -- all within a few hundred yards. An hour later, we are stopped by the beauty of a pure slice of the ocean on a slim crescent of a rocky, white beach.

We get back to Port au Prince and race to our rooms, eager for the first shower and shampoo in 3 days. We have our last meal at the top of the city in the home of Karoline Fonck, a woman with an MD, Masters of Public Health, and a PhD, who is in charge of research for WHO in Haiti.

I leave the next morning having made new friends and gaining an appreciation for a country I may never visit again. It was challenging and frightening and horrific and uplifting and, in the end, I experienced a renewal - of the power of the human spirit, and of the power that each of us has to make a positive change. I saw it when one of the team held a drink to the lips of the one year old boy with syphilis, who drank from it deeply, not stopping until the cup was empty. I looked at another member of the team, who suggested buying the drink and another who went out to collect it, and we knew we had accomplished something that was beyond what we expected. It was all we needed to keep us going...

Jamie Guth

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