



The Restriction Digest

GSA Newsletter

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What's Inside?

Sneak peak @ 929 Graduate student house

by Joshua Wang
p.1-2

Latin Dance with Hopkins Dance

by Kate Flores
p.1-2

Restaurant Review: Great Sage

by Teraneh Zarififar
p.3

GSA's concised Summary of the new student Health plan through EPH

p.4-5

The Real Santa Claus

by Arvin Gouw
p.6

Suicide prevention

p.7

GSA Events you can look forward to in 2011

Skiing with school of public health in February

Party in magic box, magic club at Federal hill in March

Pirate Booze Cruise in May

SNEAK PEAK @ 929 GRADUATE STUDENT HOUSING

by Joshua Wang



An Artist impression of what the new student accommodation will be [Courtesy of Marks, Thomas Architects]

Reed Hall in the eyes of most graduate students at Johns Hopkins is no stranger to controversy. Typical responses towards this student accommodation range from courteous ones such as "what-you-pay-is-what-you-get" to slightly more expressive ones that Mel Gibson would be proud of. Other comments are simply beyond the PG-13 rating and thus are un-publishable.

The inexpensive yet out-dated dorm has been around since 1956 and still is the only student accommodation situated at the Johns Hopkins East Baltimore campus. It has 300 rooms and the cur-

LATIN DANCE WITH HOPKINS DANCE

by Kate Flores

Hopkins Dance is an organization for Johns Hopkins affiliates who love--surprise--dancing. Last year, we held a successful free beginner dance lesson series in Fall 2009 that sampled various dance styles.

This year, in the Fall of 2010, we followed with another free beginner dance lesson series- Beginner Latin dance lessons. Niss Albaig and Mike Fok of Salsa Now guided over 100 lesson attendees each week through the Latin dance styles of cha cha cha, bachata, salsa, and rueda at the third floor Daily Grind in Ross Research Buildings on Wednesday evenings. Following the end of the lesson series, we gave people the chance to use their newfound Latin dance knowledge at a salsa dance outing to Mustang Alley's.



continued on page 2

continued on page 2

New graduate housing, continued from page 1

rent monthly rent is approximately \$475 for a single and \$515 for a suite. However, it is known that very few graduate students are willing to stay at Reed Hall. From a student's perspective, the main reason for Reed Hall's unpopularity is clearly due to its antiquated and out-dated facilities which cannot compare to modern, attractive, multifunctional facilities other building developers can offer. As a result of this, the vast majority of occupants whom are living there are either international students or temporary visiting students.

Since 2007, The Restriction Digest team understands that there has been on-going table talk about new student housing at the East Baltimore campus. Upon further investigation to determine if this is indeed fact or fiction, it was officially found that there are indeed plans as well as on-going construction works since last November 2010 to provide new housing for medical students and graduate students from the three campus schools-Medicine, Nursing and Public Health- as well as interns, residents and fellows.

According to Professor Peter Maloney, associate dean for graduate student affairs, as well as other sources such as DOME, a publication for the Johns Hopkins Medicine family, the new student housing tower is known as "929" and will be located at North Wolfe Street. Costing \$60.7 million, the building will offer 321 one- and two-bedroom units as well as other premium amenities such as wood-flooring, stainless steel appliances and granite countertops. Other exciting features include personal parking space, a roof top terrace, a fitness centre and 8300 sq feet of ground floor retail. The facility is expected to be completed by the summer of 2012 and tenancy applications are expected to be received by this summer of 2011.



However, a key question remains: How much will this new accommodation cost? At present, given the luxurious amenities promised, students are guessing that the monthly rentals will range from \$800-\$1100 approximately for a single room. "My understanding is that we will be looking into current market valuations before deciding on a suitable price" says Professor Maloney during a recent dean-student luncheon when asked about this issue.

Latin dance, continued from page 1

Hopkins Dance's plans for the Spring 2011 semester include free open salsa dancing at the Homewood campus on the first and third Sundays of the month, starting on January 16. To receive e-mail reminders about this next round of dancing and other events, please send an e-mail to hopkinsdance@gmail.com and request to be added to our mailing list. In addition, you can visit our website--which is regularly updated--at

<http://sites.google.com/site/hopkinsdance>.



We'd like to thank the GSA for funding our major initiative of Fall 2010--the beginner Latin dance lesson series--and hope that whoever had the chance to attend the lessons enjoyed them! Whether you're a new or returning face to Hopkins Dance events, we invite you to join us for plenty of dancing in Spring 2011.



GREAT SAGE- RESTAURANT REVIEW

by Teraneh Zarififar

Locating a restaurant catering to vegetarians can be tough, especially around Baltimore. Of course, many vegetarians know of One World Café and Liquid Earth, which are both good options for casual dining, but for more formal occasions, a suitable vegetarian/vegan restaurant can be difficult to find. After an Internet search, I located a vegan restaurant called Great Sage in Clarksville, which is about 30 minutes away from Baltimore City.

Great Sage offered a unique dining experience as variation is a main theme. The menu features different dishes according to the season and examples include creative menu choices such as Seitan Wellington Crisp and Saffron Masoor Daal. In terms of opening hours, Great Sage is open for both lunch and dinner, as well as offers a Sunday brunch menu. From 3-6PM weekdays, they have \$6 Happy Hour specials for appetizers and drinks.

Prior to our arrival, we informed the restaurant manager that we would be coming with aims of writing a restaurant review. When we arrived, we were greeted courteously and seated at a table. Our first impression was that the restaurant was of a casual nature; the brightly colored walls and nature-centric decorations seemed fitting of a vegan restaurant. We were informed that for the holiday season, Great Sage would offer a Thanksgiving 3-course dinner featuring soup, salad and an entrée. With the fall menu at our fingertips, we decided we would order mainly entrees, as they would not be found at other restaurants. We also ordered the Thanksgiving dinner, as well as the entrees: Seitan Wellington Crisp, and Autumn Squash and Mushroom Risotto.

Once our order was finalized, our waiter came with a small bowl of sliced bread with a dish of herbed oil. The bread was reminiscent of sourdough, and while I would have preferred the bread warm, I was quite satisfied with the breads' taste and fluffiness. Next, our server brought us the first two courses of the Thanksgiving dinner- the cranberry watercress salad and the butternut squash- ancho chili soup. I was quite surprised at the appearance of the salad; this was my first experience with watercress. Overall, I would have to say the cranberry watercress salad was my favorite dish in the entire dinner. However, my one criticism is that the watercress was quite difficult to eat; the dish would benefit from some chopping of the watercress. The butternut squash- ancho chili soup was also delicious, creamy and smooth in taste and texture.

Our waiter then brought out the main entree dishes. From the three entrees, I would have to say the Autumn Squash and Mushroom Risotto was my favorite. Unfortunately, all the entrees tasted somewhat bland to me. The Autumn Squash and Mushroom Risotto, while my favorite of all the entrees, still benefited from a sprinkle of black pepper. The Seitan

Wellington Crisp was, in my opinion, horrible. The dish consisted of seitan (a meat substitute) and mushrooms baked in phyllo dough. While it sounded good on paper, I found the actual dish to be a pale imitation of the taste of meat. Meat substitutes that intend to taste like meat are usually found lacking, and such was the case with the Seitan Wellington Crisp. Maybe if the dish had contained more gravy, it would have been able to mask the inferior, unsavory flavor. Lastly, we tried the tofurkey (tofu-turkey) entree from the Thanksgiving dinner. Similar to the Seitan Wellington Crisp, the tofurkey came baked in phyllo dough. I greatly preferred the tofurkey over the seitan. While the tofurkey entree was not bad, it was nothing special either. It too would have benefited from the addition of more gravy.

Overall, I would have to say I enjoyed our experience at Great Sage. As mentioned in the beginning, an all-vegetarian/vegan restaurant is hard to find, so I would say it is worth experiencing at least once. While the prices are heavily inflated, the portion size is honestly not that bad. While I expected a more formal ambiance, I was surprised at the relaxed, laid-back vibe of the restaurant. Our waiter was friendly, and timely with refills of our beverages. The entrees, when they arrived, were very hot, which is a plus in my eyes. I believe their salads are probably best feature, and I know I would be tempted to try out their Happy Hour menu another time.

Great Sage Restaurant: Organic Green Cuisine
5809 Clarksville Square Drive
Clarksville, MD 21029
[Http://www.greatsage.com](http://www.greatsage.com)

The next newsletter submission deadline is February 18th!

If you would like to have your work published in *The Restriction Digest*, please contact an editor:

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We welcome any submissions - articles, interviews, restaurant reviews, cartoons, pictures, whatever you can think of!

Please visit us on the web at:
<http://www.hopkins-medicine.org/gsa/newsletter/index.shtml>

Summary of Student Health Plan through EHP

Graduate student health insurance through the Student Health Plan changed dramatically on July 1, 2010. This information sheet was designed to help you easily understand why you will pay more for health care this academic year. **Please consider your coverage carefully to prevent being surprised about medical bills you will receive for the same treatment that may have been fully covered in the past.**

What will I have to pay for?

- Two-party or family insurance plans, subsidized by your employer
- Office visits and procedures are covered at 70-90% (see below); this is in effect once a \$100 deductible is met.
 - For example, if a visit to a specialist is billed at \$250, you will be responsible for \$100 + 10% of the bill. If a second visit is billed at \$250, you will be responsible for 10% since the deductible has already been met.
 - If your total bill is less than \$100, you will be responsible for its entirety. This will be the case until you meet \$100. For example, a visit to UHS and the blood draw at the phlebotomist is billed at \$65. You are responsible for the entire bill. If you then visit the specialist in the above example, you will be responsible for \$35 to complete your deductible and then 10% of the bill.
- The follow list includes the most common services; **NOT ALL BENEFITS ARE INCLUDED HERE.** Please refer to your Summary of Health Benefits for the complete list. You can get one at the Registrar's office.
 - You have the option of going to a Hopkins-related physician (in-network; see option 1 below) or going out-of-network (option 2 below). What a physician bills for a given service and what the insurance company deems "Reasonable and Customary" may be different. The insurance company has negotiated this price with in-network physicians and so you are not responsible for any discrepancy. However, the entire cost of the visit must be paid to out-of-network physicians, so you must pay any amount of the bill that is above the R&C charges in its entirety. Additionally, the patient will be responsible for the remaining percentage of R&C not covered by the insurance company (see below). Therefore, patients will almost always pay more out of pocket to see out-of-network providers than in-network providers.
 - All in-network physicians can be found at http://www.hopkinsmedicine.org/employer_health_programs. You also covered to see physicians in other states; those included in your plan can be found at www.multipian.com.

Services and Supplies	Option 1: In-Network		Option 2: Out-of-Network	
	Now Covered	Previously Covered	Now Covered	Previously Covered
Primary Care Office Visit and Adult General Physical Exam (1)	80%	Not covered	70% of R&C	Not covered
Adult Immunizations and Inoculations (2)	80%		70% of R&C	
Laboratory Tests and Imaging Exams	90%	100%	70% of R&C	100%
Adult Specialty Care Office Visit	90%		70% of R&C	80%
Annual Pap (pathology; once per 12 month period)	90%		70% of R&C	
Annual GYN Exam (once per 12 month period) (1)	80%		70% of R&C	
Professional Services for Inpatient and Outpatient Surgery	80% (3)	Same coverage	70% of R&C (3)	Same coverage
Physical/Occupational Therapy (excludes maintenance therapy)	80%		80% of R&C	
Urgent Care Physician Visit	100%		80% of R&C	
Emergency Care (facility and professional fees)	100% for services within 72 hours after onset of emergency, then 80%		100% for services within 72 hours after onset of emergency, then 80%	
Mental Health (professional fees for outpatient care) (4)	90%	50-52%	90% of R&C	50-52%
Mental Health (professional fees for inpatient care)	90%	80%	90% of R&C	80%

- (1) These office visits are free of charge at UHS. Please note that labs and inoculations performed at UHS will be billed as noted above.
- (2) Gardasil covered for the FDA-approved age range of 9-26 years of age.
- (3) Failure to obtain pre-certification may result in a penalty or possible denial of benefits.
- (4) Office visits to University Mental Health are always free.

- One comprehensive **eye exam/contact lens evaluation** per calendar year is provided by the Wilmer Institute Comprehensive Eye Service at no cost.
 - Contact lenses and eyeglasses are not covered by the SHP or the UHS Benefits Office, but Wilmer offers a 25% off the regular retail price for all prescription eyewear frames, lenses, and lens treatments to Hopkins students. However, many students find purchasing eyewear and contacts to be cheaper through other retailers, even with the discount.
- Maximum out-of-pocket per year is \$3000 for an individual and \$9000 for a family.
- Prescriptions are always covered under a three-tier system:

Tier	In-Network Retail Pharmacy (30 day supply)	In-Network Retail Pharmacy (90 day supply for maintenance drugs)	Mail Order (90 day supply)
I Generic	\$10	\$30	\$20
II Preferred Brand	\$20	\$60	\$40
III Non-preferred brand	\$35	\$105	\$70

Important Telephone Numbers

Student Health Program (SHP) (insurance component) **410-424-4485** or **1-888-400-0091**

University Health Services Health Center (UHS)
 401 N. Caroline Street
<http://www.hopkinsmedicine.org/uhs>
 Regular hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
 Extended hours: currently Thursdays 5:00 p.m. to 7:00 p.m.

Appointments/Information
 Main UHS Health Center number **410-955-3250**
 UHS Physician On-Call (for **410-955-4331**)

University Mental Health (UMH) **410-955-1892**
 For appointments call Weza Cotman, Clinical Coordinator **410-955-1892**
 Student Assistance Program (SAP) **443-287-7000** or **443-997-7000**

Psychiatric Emergencies **410-955-1892** (for University Mental Health Psychiatrist on-call)

Billing/Benefits Questions **410-955-3872**
 School of Medicine Registrar's Office **410-614-3301**

How can I keep my medical costs as low as possible?

- Visit UHS for common care (physicals, referrals, inoculations).
- Avoid getting blood work done at hospital locations since they charge higher fees. Blood work done at the 550 Building is a good choice since it is considered a non-hospital clinic, as opposed to the OPC. Additionally, there are 23 other Baltimore-area, non-Hopkins locations that are in-network. Contact one of your representatives for locations.
- Get imaging done at non-hospital locations, such as Greenspring or White Marsh, as these locations are in-network and non-hospital clinics.
- Buy monthly medications by mail order. Sign on to www.caremark.com and register with information found on your insurance card to get signed up.

Questions can be directed to Kim Doering (kdoerin2@jhmi.edu) or David Huberdeau (dhuberd1@jhu.edu).

THE REAL SANTA CLAUS

By Arvin Gouw

Everyone knows Santa as a jolly, good-natured guy. But what if I told you the real Santa went to jail for assaulting a bishop?

Each Christmas we're bombarded with images of the fat, white-bearded man wearing a red suit and a red hat with a white furry ball hanging at its end. Children spend the holiday season in anticipation of the coming of Santa through the chimney, bearing much longed-for gifts. But what's the history behind this treasured symbol of Christmas? Was he really a chubby, jolly, guy who laughs "Ho? Ho! Ho!"?

The man from which the legend of Santa has arisen was the bishop of Myra in the fourth century, named Nicholas. Tradition holds that Nicholas was born in Parara, Asia Minor. He traveled to Egypt, Palestine, and finally settled in Myra, a city in modern day Turkey, then being appointed as bishop.

How does Nicholas end up becoming Santa Claus?

Tradition tells us about how Nicholas helped three very poor girls. Back in those days, young women's family must have dowry to offer prospective bridegrooms. Without dowry, these girls were unlikely to marry. Since their family was very poor, without dowries they were destined to be sold into slavery, or worse. When Nicholas heard about this, he secretly dropped bags of gold to their house, which they then used as dowry. This is the most popular legend regarding Nicholas which then developed into the legend of Santa Claus.

However, let's look at other stories which show Nicholas' rarely known strong character. In the fourth century, Christians were still widely persecuted by the Roman leadership, and Nicholas was actually jailed by the Roman Emperor Diocletian for his persistence. He was then released by Emperor Constantine the Great who supported Christianity. In his later life, Nicholas was invited, along with more than three hundred other bishops, to attend the Council of Nicea in 325 C.E. At this meeting, he slapped another bishop, Arius. Slapping your fellow bishop was not considered a courteous behavior. Imagine your PI slapping another PI at an international conference! Afterwards, Nicholas was returned to jail for 'assault.'

But ... why is the Council of Nicea interesting? Well, assuming that you had time to read Dan Brown's *The Da Vinci Code* while waiting for your western blot, you might remember that one of its main characters talks about Emperor Constantine and the Council of Nicea. The Oxford professor, Sir Teabing, explains that in 325 C.E., Rome suffered from religious turmoil between paganism and Christianity. Emperor Constantine intended to unify Rome under a single religion, Christianity, due to the rapid expansion of Christianity amongst the population. However at the time, elements of the faith which are central to Christianity today were still the subject of great controversy. Constantine called a conference of bishops from around the world, including Nicholas, so that a unified agreement on the basic tenants of Christianity could be reached.

What fundamental disagreements needed to be resolved at the Council of Nicea? Some of them centered on the dating of various Christian holidays such as Easter and Christmas. The bishops also discussed more central theological issues, most importantly, the divinity of Jesus. Wait ... do you mean to say that bishops voted on whether Jesus is God or not? In *The Da Vinci Code*, Sir Teabing alleges that before the council of Nicea, Jesus was considered a prophet, but there was no consensus on whether he was the Son of God. Teabing goes on to explain that the vote was very close, but Emperor Constantine then overruled the voting procedure and officially endorsed Jesus as God, in order to provide a justification as to why Christianity was superior to other pagan religions. What does this have to do with Nicholas? Nicholas slapped Arius at the meeting, because Arius kept insisting that Jesus is not really God.

Dan Brown tends to use some artistic license with his retelling of history, which is perfectly fine. But then, what really happened at the Council?

Even though the Council of Nicea was indeed convened by Constantine in 325 C.E., Emperor Constantine did not have enough philosophical and theological background to be involved in the decision-making process at the meeting. Moreover, the main question was not so much about whether Jesus was God, or just another prophet. Rather, it was about the degree of how similar to God Jesus was. Bart Ehrman, an Early Christianity scholar, further points out that 200 out of 250 bishops argued for the complete identification of Jesus as God. So, Nicholas would have been with a clear majority had he slapped Arius for it.

But did he really slap Arius at all? We can't know for sure he was even there, according to Carole Burnett, a Church History scholar. The earliest source that we have concerning Nicholas of Myra and his presence at the Council was written in the tenth century by Metaphrastes. The fifth-century historians who wrote about the Council of Nicea, such as Socrates and Sozomen did not even list him among the bishops who attended the meeting.

Regardless of what Nicholas really did, there is certainly an interesting disparity between historical accounts, which show him as a hot-tempered bishop persecuted for his beliefs, and our current depiction of Nicholas today as a jolly guy dressed in a red suit who gives presents to children. Somehow the legends which depict Nicholas as a devout, strict, rigorous person got selected against, while the legends which tell his charity not only survived but evolved to become the Santa Claus we have today.

Suicide Prevention



Suicide is the eleventh most common cause of death in the United States. People may consider suicide when they feel hopeless and can't see any other solution to their problems. Often it is related to serious depression, alcohol or substance abuse, recent loss or a stressful life situation.

An important thing to remember about suicide is that it is an undoable action to a temporary problem. Issues underlying suicidal thoughts, such as depression or substance abuse, can be treated successfully. And stressful life events can be helped through a supportive network and or counseling.

Suicide occurs across ethnic, economic, social and age boundaries, but some groups are at higher risk than others. Men are about 4 times more likely than women to die from suicide. However, 3 times more women than men report attempting suicide. In addition, suicide rates are high among middle aged and older adults.

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die; they are just unable to see alternatives to their problems. Definite warning signals of suicidal intentions are often present but family, friends and coworkers may be unaware of the significance of these warnings or unsure what to do about them. Warning signs may include the following:

- History of depression or other mental illness
- Alcohol and/or substance abuse
- History of past suicide attempts
- Family history of suicide or violence
- Isolation or lack of social support
- Financial or social loss
- Access to lethal means
- Hopelessness
- Rage, uncontrollable anger, seeking revenge
- Feeling trapped – like there is no way out
- Withdrawing from friends, family and society
- Feeling alone
- Chronic physical illness
- Preoccupation with death and dying

(Note: having one or more of the above risk factors does not mean that suicide will occur.)

What to do if you suspect someone may be contemplating suicide

Being aware of the warning signs of suicidal ideation is the first step to prevention. It is also important to recognize that raising the issue and talking about suicide will not cause someone to become suicidal. If you suspect someone is contemplating suicide, you should:

- Listen and allow the expression of feelings
- Offer empathy
- Be non-judgmental
- Discuss your concerns directly and honestly
- Express that you genuinely care what happens to this person
- Show calm confidence
- Provide crisis intervention contact information

Seek Assistance

The Johns Hopkins Student Assistance Program (JHSAP) provides support to students in dealing with personal, academic and relationship problems. If you are personally feeling distressed or are having thoughts of suicide, or are concerned that a friend or loved one may be considering suicide, help is available. Contact JHSAP at 443-287-7000 or visit our website for more information: www.jhsap.org.

American Association of Suicidology, <http://www.suicidology.org/web/guest/about-aas/history>

Center for Disease Control and Prevention, Injury Prevention & Control: Violence Prevention, <http://www.cdc.gov/violenceprevention/suicide/>