

## **Alphonsian Academy of the Pontifical Lateran University (Italy)**

**Alphonse Twimann'ye, *Abortion in Tanzania Today: A Challenge to the African Concept of the Value of Life*. Rev. Edmund Kowalski, adviser. 2005.**

This five-chapter study begins with a working hypothesis that abortion tendencies in Africa in general and in Tanzania in particular pose a real challenge to the traditional African concept of life, and that this situation can be addressed and the tendencies reversed. The study investigates the factors that predispose to abortion tendencies in Tanzania. It identifies factors such as poverty, sex-oriented environments and ideologies, and the marriage crisis. However, of all factors, depreciation of African traditional values stands out as the major one. The study seeks to look at and propose ways to curb this tendency. It concludes that by integrating the positive African traditional values into the Christian values of life, the Church in Tanzania, in cooperation with all political, social, and cultural bodies, can address the problem and overcome it.—Abstract from the Alphonsian Academy, at <http://www.alfonsiana.edu/>.

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## **The Catholic University of America**

**John A. Koziol, *A Spiritual Formation Program for Parish Ministers of the Sick*. Francis W. Danella, adviser. 2005.**

In the forty years since Vatican Council II, the involvement of laymen and laywomen in ecclesial ministries has increased signifi-

cantly. Preparation of the laity for ministry has become a critical and necessary part of diocesan and parish formation programs. One aspect of formation for ministry which is often neglected is the spiritual formation of lay ministers. This project in ministry was designed and implemented for laymen and laywomen who serve as parish ministers of the sick. The program took place over a four-month period and engaged participants in prayer, study, theological reflection, and journal writing. The goal of the program was personal spiritual growth. A key element of the program was theological reflection on ministerial experiences focused on how the pastoral encounter affects one's relationship with God and one's understanding of the connection between ministry and spirituality. Chapter 1 grounds the project in a solid understanding of the vocation of the laity and a theology of lay ministry. Chapter 2 presents an overview of spiritual formation and describes the stages of spiritual growth. It also highlights the connection between spiritual growth and human maturity. Seven core principles for a spiritual formation program are set forth. Chapter 3 defines and expounds upon the practice of theological reflection and promotes its use in the spiritual formation of lay ministers. A model designed specifically for that purpose is given. Chapter 4 takes up the topic of sickness and suffering and illustrates how sickness and suffering provide opportunities for spiritual growth and maturity on the part of those who suffer and those who minister to the suffering. Chapter 5 describes the purpose of the program, its design, and the instruments and evaluative tools used. Chapter 6 describes the implementation of the project, and Chapter 7 provides an analysis of the data collected throughout the project. Chapter 8 offers the director's evaluation and recommendations.

The program confirms the need for spiritual formation of lay ministers of the sick and demonstrates the benefits of such a program. The results of the evaluations, both quantitative and qualitative, attest to the value of this program. The program provides a model that can be used to develop similar programs for other lay ecclesial ministries.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3169860, DAI-A 66/03 (September 2005): 1043.

**Charles C. McCarthy, *Gabriel Marcel's Reflections on Ethics and Human Flourishing*. Riccardo Pozzo, adviser. 2006.**

Soon after his famous Gifford Lectures in 1955, a steady stream of articles, books, and dissertations appeared on virtually every aspect of Gabriel Marcel's thought. Surprisingly little attention, however, has been paid to his thought on ethics. Yet ethical themes pervade his work, and he is a significant figure in the emergence of the contemporary school of ethics known as personalist or dialogical ethics. This dissertation is an attempt to fill this lacuna in present-day scholarship. It is composed of five essays that deal with different aspects of Marcel's ethical thought. The first essay explores the central place of the encounter with the other in Marcel's ethical thought. The relation between Marcel and Emmanuel Lévinas is considered here in detail. The second essay takes up the link between love and justice in Marcel's thought. Only a justice that is based on authentic love, he argues, can lead to a true peace in which the person is no longer at war with himself and no longer at war with others. The third essay delves into the distinctive notion of virtue that emerges in Marcel's thought, and the fourth investigates the relation between ethics and the spiritual life. For Marcel, all three theological virtues—faith, hope, and love—act as essential conditions or grounds for ethical action. The fifth essay turns to consider the many insights, peppered throughout his work, into the connection between ethics and human flourishing. The dissertation concludes with a discussion of the relation between Marcel's ethical thought and that of a contemporary personalist philosopher, Robert

Spaemann.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3198187, DAI-A 66/12 (June 2006): 4408.

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## Cornell University

**Aryn Martin, *"I Contain Multitudes": Chimeras, Cells and the Materialization of Identities*. Michael E. Lynch, adviser. 2006.**

This dissertation traces the biomedical networks through which human chimeras are clinically constituted. Chimeras are organisms in which two or more genetically distinct cell populations coexist. Unlike their experimentally produced counterparts (often interspecies mixtures), human chimeras arise spontaneously when fraternal twin embryos fuse in the womb. While undoubtedly a rare occurrence, the true incidence is unknown, because many chimeras have no visible signs of their composite being. Hence, chimeras are produced in an inadvertent encounter with the laboratory, during blood donation or tissue typing, for example. A subtype of chimerism, called microchimerism, occurs when the second cell population is tiny. The main context in which microchimerism is discussed in biomedical research is cell exchange between women and their fetuses, now thought to be a normal event during pregnancy. Human chimerism has existed since the 1950s, and microchimerism has become a research theme only in the last decade. Like multiple personality disorder, conjoined twinning, and organ transplantation, human chimerism troubles the connection between the individual and the body. Bodies in these cases are not neatly contained, which calls into question the inevitability and naturalness of singular embodiment. Chimerism, in particular, offers an analytical vantage point for the examination of genetics and identity in contemporary biomedicine. Using historical and ethnographic methods, and analytical tools from science and technology studies, this dissertation explores human chimerism and microchimerism. Interviews with scientists and careful analyses of published and unpublished literature reveal that biomedical

researchers speak and write as though cells and people are interchangeable; not only do people contain cells, cells contain people. This tendency is an instantiation of genetic reductionism (we are our genomes), but it also refers to much older Western traditions wherein the material of the body is one and the same as the person. In chimerism, though, ascribing personal identity to cells leads to a confusion of the boundaries by which individuals are normally separated. While the location of personhood in cells is no doubt a reductionist tendency, the result—the fragmentation and interspersing of selves—leads to a provocative anti-reductionist conclusion: we all contain multitudes.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3227182, DAI-A 67/07 (January 2007): 2728.

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## Duquesne University

**Nicholas J. Kockler**, *Courage for a Brave New World: Medical Genetics, Evolution, and a Roman Catholic Approach to Human Gene Transfer*. David Kelly, adviser. 2006.

This dissertation answers the question, How does one know what forms of human gene transfer are morally permissible from a Catholic perspective, within an evolutionary worldview, and in the context of genetic medicine? This is a study of moral methodology applied to a particular form of genetic engineering (i.e., human gene transfer, HGT) in the Catholic tradition. It includes a brief survey of the state of the art of HGT, a survey that concludes at the end of 2004. It defines HGT as well as identifying accomplishments and obstacles of the technology. The study also examines biological evolution and how this process relates biological information (e.g., genes) to a concept of normality. Here particular attention is paid to variation and adaptation. Next, the study places the normative question of HGT in the context of genetic medicine by exploring the philosophy of medicine. It connects interpretations of HGT to the goals of medicine by examining and expanding the four-quadrant division of

HGT (i.e., therapy, enhancement, somatic cell, and germ-line cell interventions). To formulate a Catholic perspective, this study examines the hermeneutic framework of theological anthropology by describing the five Christian themes of creation, sin, incarnation, redemption, and eschatology. Moreover, the Catholic perspective includes specific approaches of moral theology and Christian ethics. Here the study examines natural law ethical theory at the meta-ethical and normative levels, in particular proportionalism. The study concludes by identifying key ethical issues involved in making a moral judgment on HGT interventions. These are organized under deontological, axiological, and ethological issues. Deontological issues include issues of obedience to civil law and regulations, Church teaching, and professional codes and moratoria. Axiological issues include issues involved in determining the rightness or wrongness of actions by reference to value or disvalue (e.g., life, health, social justice). Finally, ethological issues include those associated with acting with integrity of conscience (responsibly forming a conscience) as well as integrity of character (acting in a manner consistent with virtue).—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3218081, DAI-A 67/04 (October 2006): 1392.

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## The Johns Hopkins University

**Sagri Singh**, *The Role of Premarital Exposure to Family Planning Information in Fertility and Contraceptive Use among Rural Women in India*. Laurie S. Zabin, adviser. 2006.

Despite a rapid decline in family size in developing countries, population growth is projected to increase because of the substantial proportion of young people in these regions. In addition to reducing the number of children, slowing population growth by increasing the intervals between generations would also require delaying marriage and the age at first birth and spacing births

more widely. Each of these factors requires deliberate planning, involving decisions early in the family building process, which may depend on exposure to these issues before marriage. Using panel data from three Indian states, this dissertation makes a significant contribution to the literature by identifying the role of women's premarital exposure to family planning information in fertility and contraceptive use within marriage. Paper 1 highlights the prevalence of premarital exposure to family formation information among rural women in Bihar/Jharkhand, Maharashtra, and Tamil Nadu. Variations exist in the prevalence of premarital exposure across these states. Results indicate that premarital exposure has a significant positive association with the likelihood of discussions early in marriage about the number of children to have, the spacing of births, and the use of a family planning method. In paper 2, the effect of premarital exposure to family formation information on first adoption of a modern contraceptive method by parity is assessed. Results from a discrete-time hazards model indicate that women who were exposed to information before marriage have a higher likelihood of adopting a modern method than those who were not exposed, at every parity level, controlling for background factors. Paper 3 examines the effect of premarital exposure to family formation information on the likelihood of pregnancy prevention during the inter-survey period among women who expressed a preference for no more children at baseline. Results from a probit model, accounting for sample selection, highlight a negative and significant association between premarital exposure and experience of a pregnancy, controlling for background factors. These results clearly illustrate that premarital exposure to family formation information has a significant effect on the family building process. The findings highlight the importance of incorporating a life-course perspective in studies on fertility and other behaviors related to sexual and reproductive health.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3213804, DAI-A 67/04 (October 2006): 1551.

## Northeastern University

**Susan H. Ventura, *A Middle-Range Theory to Guide the Promotion, Support, or Improvement of Spiritually Sensitive Care in Hospital Settings*. Donna Qualters, adviser. 2005.**

In spite of a significant body of scholarship and numerous policy recommendations to promote spiritually sensitive health care, many factors block the full realization of this goal. Barriers include inadequate administrative support of professional chaplaincy services, discomfort and uncertainty among licensed medical practitioners, and conflicting public policies. The purpose of this study was to develop a middle-range theory to elucidate the potentially helpful and feasible actions related to law, policy, and society that can be implemented to promote, support, or improve spiritually sensitive care in hospital settings. The grounded theory method of inquiry was used. Grounded theory is a qualitative, inductive process that leads to the emergence of middle-range theory out of the data collected from observation, experience, and reflection. Data were analyzed using the concept-mapping system created by Concept Systems, Inc., to generate a series of maps to illustrate the theoretical model that emerged. Twenty-six licensed medical professionals volunteered to participate in this study. Each met the inclusion criteria, which required at least one unit of clinical pastoral education or other training in pastoral care and work experience in a hospital setting within the last seven years. The resulting middle-range theory represents the collective opinions of this sample of clinicians who share the "insider" view of the challenges faced in addressing the spiritual needs of patients in hospital settings. Using this theoretical framework to guide decision making related to research, education, and scholarship will help ensure that future work occurs in a logical and efficient manner, enabling scholars, policymakers, and clinicians to address what are perceived to be the most helpful and feasible next steps.—Abstract from *Dissertations Abstracts International*,

publ. no. AAT 3171582, DAI-A 66/04 (October 2005): 1519.

## Saint Louis University

**David M. Belde, *Autonomy, Human Dignity, and Death with Dignity: Advancing a Relational View of Human Dignity in End-of-Life Bioethics*. Gerard Magill, adviser. 2005.**

This dissertation aims to clarify the relationship between autonomy and human dignity, to describe how inherent human dignity requires a relational response, and to explore how this relational response to inherent human dignity can be incorporated into end-of-life care. The approach of the dissertation is to justify a specific understanding of human dignity based on a comparative analysis of the meaning and function of human dignity in the literature. To support this more relational concept of human dignity, one must endorse the idea that human dignity has both universalist and particularist dimensions. Universalist human dignity promotes the view that humans have inherent dignity simply by virtue of being human. Particularist human dignity expresses the notion that particular views of what brings meaning, value, and purpose to life shape one's understanding of human dignity. In a relational understanding of human dignity, both concepts are important, for they work together in a dynamic fashion. End-of-life bioethics often focuses on particularist human dignity, but this can create conceptual and practical problems. Conceptually, the particularist view tends to hinge human dignity on the possession of certain properties like autonomy and rationality, capacities that many dying people lose. Practically, those without such capacities may be devalued as humans, which can also contribute to a sense of alienation or isolation for individuals near death. These practical developments run counter to the importance that interpersonal relationality has in affirming the worth of people near death. This dissertation has six

chapters. Chapter 1 offers a summary of the problem, its significance, and the argument and outline of this dissertation. Chapter 2 examines the historical roots and conceptual understanding of autonomy in bioethics. Chapter 3 addresses the historical roots and conceptual understanding of human dignity in bioethics. Chapter 4 integrates the elements of chapter 3 into the meaning and significance of death with dignity. Chapter 5 analyzes how arguments for and against physician-assisted suicide are most helpful when they incorporate both universalist and particularist notions of human dignity. Chapter 6 concludes the project by examining the salient points of this dissertation.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3185042, DAI-A 66/08 (February 2006): 2965.

**Mark F. Repenshek, *The Ethical Implications of Preimplantation Somatic Cell Gene Therapy for Doctrinal Development of the Roman Catholic Prohibition of In Vitro Fertilization*. Gerard Magill, adviser. 2005.**

Somatic cell gene therapy (SCGT) creates the possibility for genetic disease to be managed, treated, and prevented. For SCGT, prevention implies intervening in the genetic basis of disease. When successful, preventing human suffering necessarily follows. Chapter 1 examines the degree to which there may exist a prima facie obligation to achieve this basic goal of preventing human suffering and disease via preimplantation SCGT. Application of preimplantation technology to SCGT creates a necessary link between in vitro fertilization and SCGT. This necessary link between SCGT and IVF presents an ethical problem for the Roman Catholic teaching on IVF. Chapter 2 presents an analysis of the Roman Catholic teaching that prohibits IVF. After reviewing three unsatisfactory contexts that attempt to resolve the ethical problem of preimplantation SCGT for Roman Catholic moral teaching, chapter 3 considers the potential assistance from the option of doctrinal development of the Roman Catholic teaching on IVF in

a SCGT context. This option proposes that there exists a substantive difference between IVF for procreation in the circumstances of infertility and IVF for preimplantation SCGT in the circumstances of a baby's genetic health. The change of circumstances is the basis for justifying the doctrinal development of Church teaching on IVF. Chapter 4 explores the integration of development of doctrine and the *sensus fidelium* in the Catholic tradition. It does so through an examination of doctrinal development from a historical perspective on three major ethical issues: slavery, usury, and religious freedom. These contexts both affirm doctrinal development as a theory that properly pertains to Catholic moral teaching and highlight the significance of circumstances in the development of doctrine. Chapter 5 concludes the dissertation using doctrinal development and the *sensus fidelium* to justify IVF for SCGT. The analysis highlights the significance of circumstances in determining the moral meaning of IVF for preimplantation SCGT, that is, the circumstance of a baby's genetic health. Utilizing this distinct circumstance as the basis for doctrinal development of Church teaching, chapter 5 argues that IVF may be justified for preimplantation SCGT, enabling prospective Roman Catholic parents to seek relief of human suffering and disease for their child.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3185091, DAI-A 66/08 (February 2006): 2969.

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## University of California, San Francisco

**Tracy Ann Weitz, *Medication Abortion: Implications for Abortion Care Provision in the United States*. Carroll L. Estes, adviser. 2006.**

Annually, over 1.3 million abortions are performed in the United States. Despite ongoing need, the number of health care facilities which offer abortion care continues to

decline. In 1988, a new abortion technology, mifepristone (aka "RU486" or "the abortion pill") was introduced in France. Use of this drug to induce a miscarriage is generically referred to as a "medication abortion." U.S. availability of mifepristone was expected to result in an increase in providers offering abortion care. Approval in the United States, however, was not obtained until 2000, and since then the uptake by non-abortion-providing physicians has been slow. This dissertation explores the implications of medication abortion for abortion care provision in the United States. Section 1 provides an overall theoretical framework which guides the substantive work. A sociopolitical history of abortion in the United States is presented in Section 2. Of importance is the production of a hegemonic understanding of abortion as problematic, which continues to shape contemporary understanding of abortion. The centrality of the profession of medicine is traced from early opposition to abortion in the mid 1800s to efforts to reform and repeal abortion laws in the 1960s. The pro-life and pro-choice social movements are presented in depth. Section 3 includes material specifically related to medication abortion. The language used, the uniqueness of the drug in the U.S. health care system, and options for addressing issues of malpractice are included as chapters. The results of two empirical studies are also presented. The first, a small qualitative study of physicians in rural Arkansas, illuminates the role of the pharmaceutical companies in practice patterns. This article concludes by recommending that medication abortion be "sold" using the techniques of pharmaceutical detailing. This charge is taken up in the second study presented, which used "academic detailing" to take medication abortion to physicians practicing in rural California. The academic detailing technique appears successful at reaching providers who were not yet providing medication abortion but had favorable opinions about abortion, academic detailing, and the need for more abortion services.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3221177, DAI-A 67/05 (November 2006): 1940.

## University of Chicago

**Melanie Susan O'Hara, *Love's Beauty at the Heart of the Christian Moral Life: Constructing the Ethics of Hans Urs von Balthasar*. Jean Bethke Elshtain, adviser. 2005.**

Although Hans Urs von Balthasar never developed a systematic theory of Christian ethics, his attempt to critically retrieve the concept of "beauty" for Christian theology yields many important ethical insights, which this dissertation seeks to assemble into a coherent theory. The proposed theory, called "aesthetic virtue ethics," establishes the beauty of love as central to moral motivation and moral discernment. The theory's primary focus is the Christian moral life, but it also gestures toward Christian humanism in important ways. Chapters 1 and 2 explicate the metaphysical, epistemological, and theological assumptions undergirding Balthasar's ethical claims. Of central importance theologially is the "aesthetic contemplation of Christ," wherein the drama of Christ's life and death appears as an extended act of love, specifically agapic love marked by self-sacrifice, perfect obedience, and "making space" for the Father. Chapters 3 and 4 explore the ethical response to this theological perception. The perceiver who becomes enraptured by the beauty of God's love in Christ is thereby initiated into a dynamic process of spiritual and moral formation in which Christ's form comes to in-form his form. Because Christ's nature is Trinitarian love, he literally becomes molded by love into love. Constant contemplation of Christ provides both the knowledge of what perfect love looks like in practice and the motivation to pursue it. In particular, he cultivates self-giving love by allowing himself to be consciously guided by an attitude of total self-surrender, by the great command to love God and neighbor, and by the spirit of poverty, chastity, and obedience. This process of formation then culminates in the acceptance and living-out of a unique, God-given "mission" of love, wherein he concretely puts all these attitudes into practice. Balthasar's idea

of mission fits neatly into a theory of virtue ethics, because one's mission is not extrinsic to one's identity but constitutive of it; one finds his unique identity by giving himself to others in the particular manner that God has called him. Chapter 5 constructs a Balthasarian theory of moral judgment, and then concludes with an assessment of the strengths and weaknesses of the overall project.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3181392, DAI-A 67/07 (January 2006): 2615.

## University of Florida

**Scott Andrew Wowra, *Ethics and Mental Health*. Barry R. Schlenker, adviser. 2005.**

What are the relations between ethics and mental health? Sigmund Freud argued that healthy adults were neither undersocialized (i.e., psychopathic) nor oversocialized (i.e., neurotic). O. H. Mowrer disagreed that adults could become oversocialized, arguing instead that neurotic symptoms were attributable to negative feelings over prior ethical transgressions. To test Freudian versus Mowrerian hypotheses, three studies were conducted with the Integrity Scale, which served as a measure of differences in socialization. High scores on the Integrity Scale represent endorsement of a principled ethic of honesty (i.e., high socialization). Low scores on the Integrity Scale represent endorsement of an expedient ethic that justifies deception (i.e., low socialization). University students filled out the Integrity Scale and surveys of anti-social behavior and mental health. Study 1 showed that scores on the Integrity Scale were negatively correlated with symptoms of psychopathy, including pessimism, opportunism, duplicity, and a lack of empathy and concern for others. Inconsistent with Freudian theory, scores on the Integrity Scale were negatively related to feelings of guilt, depression, and other neurotic symptoms, and positively associated with ratings of life satisfactions and emotional well-being. Study 2 showed that Integrity Scale scores were negatively

associated with symptoms of depressions and social phobia. In Study 3, Integrity Scale scores were negatively correlated with measures of personality disorder, in particular, the antisocial personality, the histrionic personality, and the dependent personality. Reported levels of lying and cheating were positively related to psychopathic symptoms and, to a lesser extent, neurotic symptoms. Symptoms of psychosis were unrelated to ethical beliefs and antisocial actions. In summary, the dissertation supported a Mowrerian hypothesis of ethics and mental health. The correlational designs and homogeneous study samples disallowed causal arguments that will be addressed in future research. The pattern of data conformed to an “alienated” versus “integrated” worldview that is a recurrent theme in moral psychology. Endorsement of an expedient, “me-first” ethic was consistent with symptoms of neurosis and psychopathy. In contrast, endorsement of a principled ethic of honesty was consistent with positive feelings, autonomy, and moral maturity. —Abstract from *Dissertations Abstracts International*, DAI-B 67/01 (July 2006): 604.

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## University of North Carolina at Chapel Hill

**Katrina F. Trivers, *Reproductive Factors, Oral Contraceptive Use and Breast Cancer Survival in Young Women*. Marilie D. Gammon, adviser. 2006.**

While much is known about the effect of clinical factors such as tumor characteristics and molecular markers on breast cancer survival, little is known about the effect of nonclinical factors on survival. Reproductive factors play an important role in the development of breast cancer, and oral contraceptive use is associated with a modest increase in incidence, but their effect on survival is unclear. This study examined whether reproductive factors and oral contraceptives were associ-

ated with survival among younger patients with breast cancer. A population-based cohort of women diagnosed with a first, primary, invasive breast cancer between 1990 and 1992, aged 20 to 54 years (n=1,264), were followed until January 1, 2000. Detailed information on a variety of characteristics was collected through structured in-person interviews given shortly after diagnosis. Vital status was ascertained through the National Death Index (n=292 deaths). Cox regression methods were used to estimate adjusted hazard ratios (HRs) and 95-percent confidence intervals (95% CIs). Relative to nulliparity, parity of four or more births was positively associated with all-cause mortality (HR 1.71 [95% CI 1.09–2.67]). Increased mortality was observed for having a recent birth prior to diagnosis (less than or equal to five years versus more than five years) (1.78 [1.28–2.47]) and was more pronounced among women with a pre-diagnostic body mass index of much less than 25 kg/m<sup>2</sup> (2.54, [1.61–4.00]). Early age at menarche and early age at first birth also modestly increased mortality; history of miscarriage, induced abortion, and ever breastfeeding were not related to survival. Relative to non-recent oral contraceptive use, recent use of oral contraceptives just prior to diagnosis increased all-cause mortality, both for time since first use [much less than ten years versus twenty or more years (1.77 [0.98–3.21]) and last use (less than one year versus one or more years) (1.46 [0.91–2.33]). In particular, the HR was doubled for use of high-dose estrogen pills versus low-dose use within five years of diagnosis (2.38 [1.22–4.62]) or if the most recent pill included the progestin levonorgestrel (versus all other types) (2.00 [1.03–3.87]). These results implicate the timing of hormonal characteristics in breast cancer progression and may enable a better understanding of how reproductive characteristics and oral contraceptive use influence breast cancer survival.—Abstract from *Dissertations Abstracts International*, publ. no. AAT 3219460, DAI-B 67/05 (November 2006): 2510.