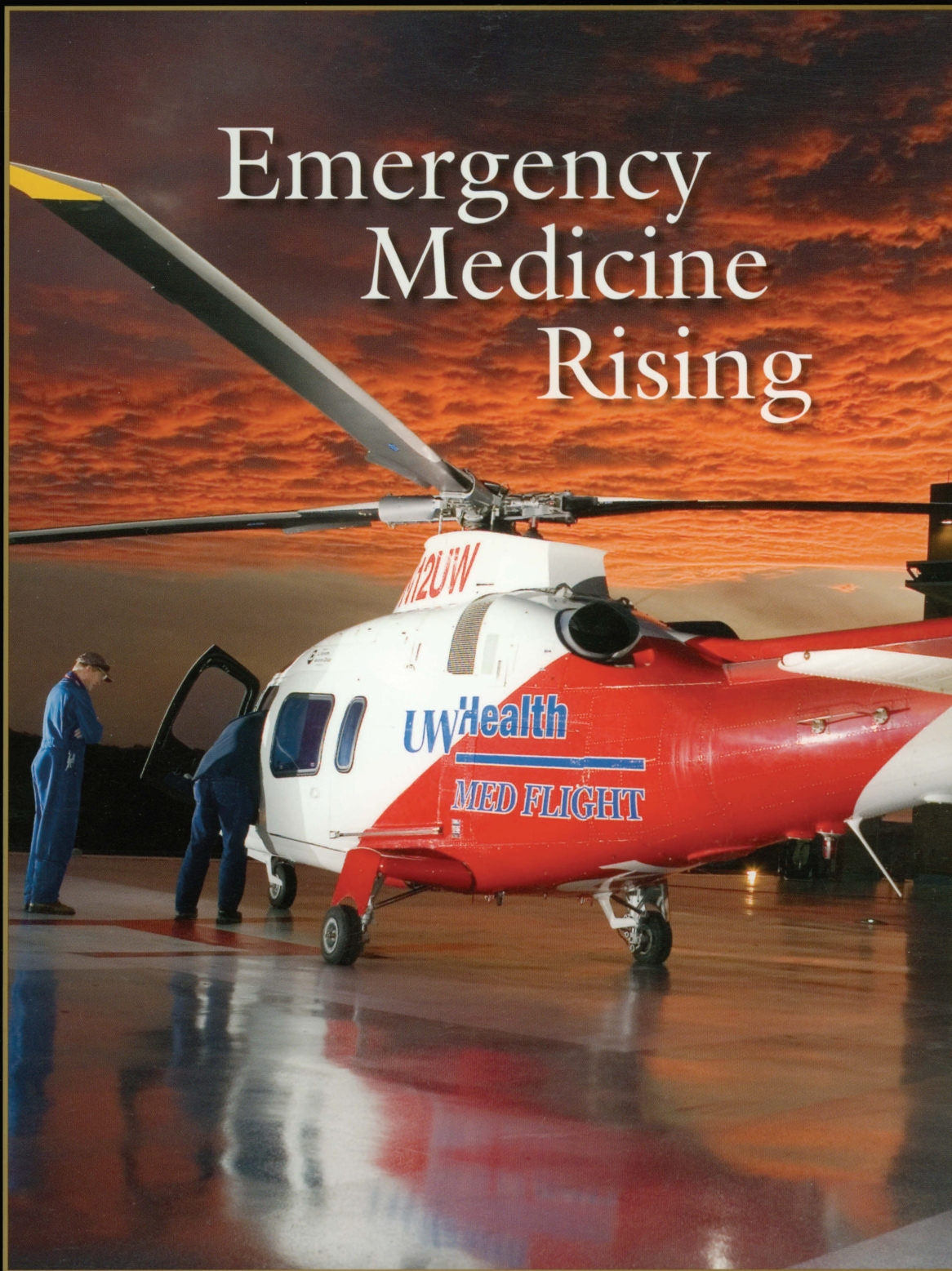


QUARTERLY

For Students, Faculty, Alumni and Friends of University of Wisconsin School of Medicine and Public Health

Emergency Medicine Rising



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The Magazine for Students, Faculty, Alumni
and Friends of University of Wisconsin
School of Medicine and Public Health

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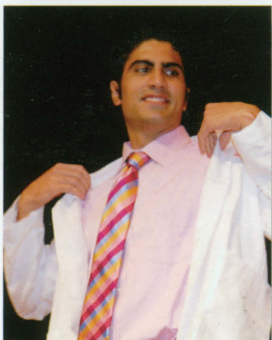
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On the Cover: Training on Med Flight helicopters, which fly from the roof of UW Hospital and Clinics, will be an essential element in a new emergency medicine (EM) residency program. All EM photos by Todd Brown of Media Solutions.



Robert Golden, MD
Dean, UW School of Medicine
and Public Health
Vice Chancellor for Medical Affairs,
UW-Madison

In this exciting issue of the *Quarterly*, the broad theme of “family” stands out clearly. This fits beautifully with my vision of our rich community.

As with most schools, we are especially proud of and attentive to our students. We formally welcomed the youngest members of the family, the Class of 2010, with a wonderful

White Coat Investiture.

At the ceremony we also acknowledged an elite group who were inducted into the Gold Humanism Society, which honors students for their compassionate service to others. Almost all of our students are engaged in this spirit of giving.

Our students are blessed with a wonderful learning environment, as anyone who has visited the spectacular Health Sciences Learning Center knows. But visitors might not be as familiar with the unique historical collection housed in the Ebling Library that is the centerpiece of the learning center. The *Quarterly* feature on this precious collection illustrates how books that are centuries old can bridge important past eras with the current generation of learners.

In a way, residents, who are at the second stage of their professional development, are older siblings to our medical students, and we want to be sure to include them in our family. So it is with great pride that we describe our new emergency medicine residency training program. As you will read, this program will meet a growing clinical

need in our society and will provide our graduates—as well as others around the country—with another outstanding avenue for specialization and clinical training.

Needless to say, alumni are also an extremely valuable part of the family. These “elders” of all ages serve as important role models, offering inspiration and resources for those who follow in their footsteps. In a spread on Homecoming Weekend, you will see that many generations came together to celebrate. This was the first homecoming I had the privilege to participate in and, suffice it to say, I look forward to attending many, many more.

In this issue, you will also read about a remarkable husband-and-wife team who have relied on their own family for their success. They are doing extremely important work in an important area, in terms of both clinical focus—chronic pain management—and location—Milwaukee, where, unfortunately, segments of the community struggle to gain access to top-quality care. It’s with great pride that we highlight this example

of outstanding community service among our alumni.

Perhaps “extended family” is the best way to describe the dedicated, supportive friends and “relatives” who gathered recently for the Middleton Society banquet. These people share a deep commitment to advancing the ongoing growth and development of our school, our students and, ultimately, our patients. Without the extremely generous support of the Middleton Society, whom we acknowledge in this issue, we would not be able to fulfill our mission.

At the end of the day, our mission is all about clinical service. Our educational, research and outreach programs are aimed at successfully preventing, when possible, and treating, when necessary, diseases and epidemics. Perhaps one of the most troubling epidemics coming to our attention these days is the outbreak of school violence throughout the country. As you will read, thoughtful, talented faculty members in our family are working to address this disturbing issue.

Like a family, we are sharing common goals and working together to make a difference.

Greetings, medical alumni and friends! We've just experienced a fall semester filled with many events and activities. The Dean's Cup and White Coat Ceremony in September, Homecoming activities in October, the Middleton Society banquet in November—all contributed to an exciting season.

Homecoming Weekend was spectacular! We had great weather, an opportunity to meet our new dean, Robert Golden, MD, and the largest tailgate party in our history, with 650 alumni, family and friends attending. We also celebrated nine class reunions—another record-breaking statistic! The article and photos beginning on page 38 tell the story. I hope you enjoy the reflections.

Now we all look forward to the spring semester. Before that, though, we have a lot planned to get us through the long Wisconsin winter. Following are some of the activities.

“Operation Education”

The Wisconsin Medical Alumni Association (WMAA), in conjunction with the Wisconsin Medical Society

Foundation, will host “Operation Education,” the second annual physicians fair, in January. Medical students will have an opportunity to meet alumni with expertise in an array of specialties who will be available to answer questions about career options. This program, a component of the Student Alumni Partnership Program (SAPP), will recruit SAPP volunteers from the greater Madison area to participate.

Winter Event

Plans are under way for the annual WMAA winter event. This year it will be held in Marshfield, Wisconsin, on Thursday, March 1, 2007. We look forward to seeing many alumni, faculty, students and friends in north central Wisconsin at the event. To be held in conjunction with the WMAA board of directors' winter meeting, the event will provide an opportunity for our constituents to connect with one another. They will also meet Dean Golden and hear his plans for the School of Medicine and Public Health.

Spring Reunions

Class representatives for the classes of 1947, 1952, 1957, 1962 and 1967 are busy working with the WMAA staff to plan their reunions. These will be held in conjunction with Alumni Weekend, May 10-12, 2007. Classmates will soon receive details about the reunions.

As I begin my seventh year as the executive director of your medical alumni association, I am constantly reminded what a wonderful organization we have. Working with so many supportive, devoted alumni and students has been extremely rewarding for me. I look forward to many more years of working together.

Please feel free to contact me with your ideas. You can reach me by e-mail: kspeters@wisc.edu; phone: (608) 263-4913; Fax: (608) 262-0306, or by mail. Send correspondence to Karen S. Peterson, Assistant Dean for Alumni/External Relations and Executive Director, WMMA, 750 Highland Avenue, Madison, WI 53705.

I look forward to hearing from you!



Karen Peterson
Executive Director, Wisconsin
Medical Alumni Association
Assistant Dean,
Alumni/External Relations

Emergency Medicine Rising

Mark P. Bogner, M.D.
Emergency Medicine

Mark Bogner ('93), who was tapped to lead UW's new EM residency, is confident that he and his colleagues can quickly build a stellar program.

A New Residency Program and a New ED Take Emergency Medicine at Wisconsin to a New Level

by Dian Land

A new emergency medicine (EM) residency program has been created at the University of Wisconsin Hospital and Clinics (UWHC). Following several years of planning and development, the recently accredited program will be fully under way in June 2007.

Labor- and resource-intensive to create and bound by Accreditation Council for Graduate Medical Education (ACGME) regulations, new residency programs are few and far between, particularly in view of U.S. Center for Medicare and Medicaid Services (CMS) funding restrictions. Emergency medicine is the first new graduate medical education training program at UWHC, which supports more than 50 accredited specialty and subspecialty residency and fellowship programs, in more than 20 years.

But Mark Bogner, MD '93, the physician who was tapped to lead the initiative, is confident that he and his colleagues will be able to quickly build a stellar EM program at UWHC. He has received tremendous support from fellow faculty physicians



People who go into emergency medicine have to make life-and-death decisions rapidly on the basis of limited information, must be able to act without hesitation and are expected to be right, says Bogner.

as well as administration at the hospital and the University of Wisconsin School of Medicine and Public Health (SMPH), who have helped him all along.

From his office adjacent to the completely new UWHC emergency department, Bogner has been busy lately reviewing applications to the new program. He and other EM faculty will be interviewing about 100 applicants for their first class

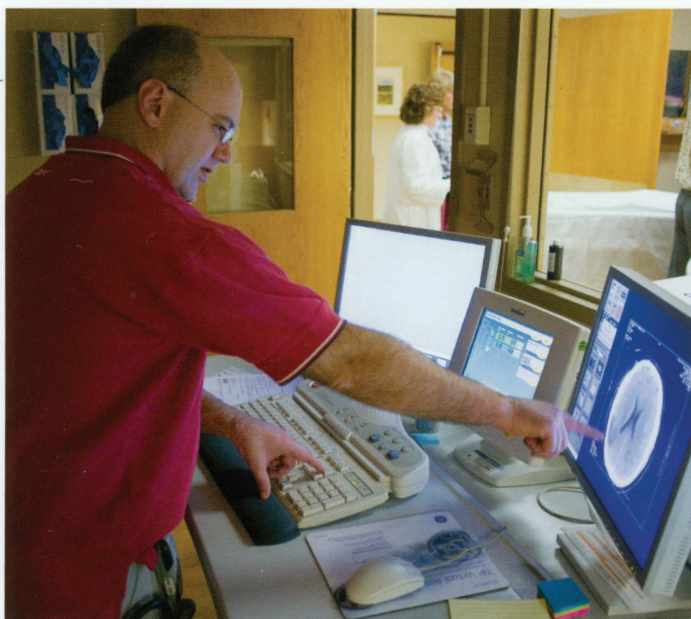
of six residents, the pioneer class that graduates in 2010.

"Emergency medicine has enjoyed explosive growth as a specialty in the past 30 years and this trend will almost certainly continue," says Bogner, an SMPH associate professor of medicine. "The growth stems from several factors, including cost containment initiatives forcing hospitals to minimize inpatient stays and medical advances that allow

more problems to be treated completely in EDs."

Many physicians are drawn to the unique appeal of emergency medicine, adds Bogner, perhaps the quintessential emergency physician. The specialty, he asserts, is intense, diverse, ever-changing, constantly stimulating, fast-paced, fun and family-friendly.

"People who go into emergency medicine like to play detective. We enjoy the fact that every case is different



In addition to his usual shifts in the ED, Bogner (in red) keeps his trauma and critical care skills sharp working regularly on Med Flight.

and that we have the lead role in assessing and treating the full spectrum of acute injuries and illnesses,” he says.

EM physicians must be able to attend to a two-year-old screaming child who has a terrible ear infection, turn next to a patient who may be in full cardiac arrest and then move seamlessly to a patient who fell off her bike and has a broken bone protruding from her leg.

“Most emergency physicians are self-described adrenaline junkies,” says Bogner. “We like the thrill of the challenge, situations where demands are coming at us from 50 different directions. We have to constantly make serious decisions rapidly on the basis of limited information and must be able to act without hesitation. And we’re expected to be right.”

More and more graduating medical students are drawn to the 137 allopathic emergency medicine residency programs that currently exist in the U.S. “The specialty is viewed as highly desirable by graduating students and thus the EM match is extremely competitive,” Bogner says.

Emergency medicine is now the fourth largest core specialty in terms of National Resident Matching Program (NRMP) positions offered. It ranks behind only internal medicine, family medicine and pediatrics in total categorical slots offered, slightly edging out general surgery. EM moves up to second place behind surgery in percentage of positions filled by graduating U.S. seniors and also is second, at 98.2 percent, in the overall NRMP fill rate.

“In view of these facts, it is a significant disadvantage

for a top medical school like the SMPH not to be able to offer EM residency training to its graduates,” Bogner says. “We have been losing talented people to other places. That was one of our motivations in creating the program. We wanted to slow the ‘brain drain.’”

Originally from Janesville, Wisconsin, Bogner understands well the concept of brain drain. Before becoming an SMPH medical student, he was a medical scholar at UW-Madison. The program, which offers a select group of UW undergraduates conditional acceptance to the SMPH, was designed specifically to keep the brightest Wisconsin high school students interested in

medicine from leaving the state.

Nevertheless, once he graduated from medical school in 1993, Bogner left to begin a surgical residency at Loyola University in Chicago. To his surprise, he soon discovered that he enjoyed the time he spent with emergency physicians as a resident surgery consultant and as a participant in trauma resuscitations more than his duties in the OR. So he transferred to the University of Chicago EM program, one of the top such programs in the country, where he was later selected to serve as a chief resident. Bogner returned to Madison to join the SMPH faculty in 1998.



Graduating medical students view the specialty as highly desirable. Emergency medicine ranks fourth in categorical residency slots offered.

Like most residencies, EM programs across the country are similar in many respects, with their basic curriculum structure determined by the ACGME. Residents in the UW program will build their foundations through rotations focused on emergency medicine, adult and pediatric critical care, internal medicine, cardiology, pediatric urgent care, obstetrics-labor-delivery, anesthesia and ED ultrasound.

Certain aspects of most residency programs, however, are unique, and these are the factors that help distinguish one program from the others. As Bogner puts it, quoting his friend and SMPH faculty colleague Michael Walters, MD, "Mashed potatoes are the same everywhere. It's the gravy that makes the difference."

Several factors make the gravy at UW rich. One is the program's rural emphasis.

"The greatest shortage of ER physicians occurs in small towns, suburban areas and rural communities. Data clearly show that the need for residency-trained emergency physicians in these areas will become more critical in coming years," Bogner says. "As a result, we have made a commitment to providing our EM residents unique opportunities for training exposure in these practice settings."



The new ED contains major trauma and resuscitation rooms, an adjacent radiology suite featuring an ultra-fast CT scanner and a decontamination area designed to handle full-scale biohazard emergencies.

Through an affiliation with Divine Savior Hospital in Portage, Wisconsin, a federally designated underserved rural region, the UW residents will spend the equivalent of two months of their clinical training in a rural ED. Such experiences should convince many graduates of the desirability of establishing practices in these communities, Bogner says, noting that published statistics clearly show that a high percentage of residents end up practicing within 75 miles of where they train.

"All other factors being equal, we will give preference to at least a portion of our applicants who indicate that they are interested in working in rural and community hospitals after completing their EM training," he says.

That said, UW EM residents will be well

equipped to work in any environment: at urban or rural sites, in academic or community hospital-based departments and in full-time clinical, research or administrative roles.

Bogner anticipates that a good number of future UW EM residents will become stars who will want to stay and teach in his program or in other academic positions. "We already have a strong and stable faculty who have a growing interest and involvement in academic training," he says, "and this is gravy too."

The 16 EM faculty members, all of whom have been involved in EM rotations that are required training components of other UW residency programs, consistently receive awards for excellence in teaching, and have collectively published

and presented more than 120 items of scholarly work in the last five years. Furthermore, the faculty are responsible for popular EM electives and sub-internship rotations for third- and fourth-year SMPH medical students, who regularly rate these rotations as superior.

"We are fully prepared and very excited to have the opportunity and privilege to train residents in our own specialty," Bogner says.

Bogner points to Med Flight as another standout feature of the new program.

"Our residents will train and work as flight physicians on the UW Health Med Flight critical care transport service," says Bogner, noting that a new facility was built on the roof of the hospital last year, allowing for the continued growth of Wisconsin's busiest air



Graduates of the new EM program will be equipped to work in any environment: at urban or rural sites, in academic or community hospital-based departments and in full-time clinical, research or administrative roles.

medical service. "This training will further enhance the procedural and critical care skills that our residents will acquire in the program," he says.

Routinely flying within a 225-mile radius of Madison, the two Med Flight helicopters can be in the air in minutes, with the crew poised to transport patients between hospitals or provide care directly at the scene of crashes and other disasters. Two new replacement helicopters are expected to be in service in 2007, notes Bogner, himself a private pilot who enjoys keeping his own trauma and critical care skills sharp by working as a flight physician on Med Flight about four times a month.

Med Flight's medical compartment is essentially a flying emergency room or intensive care unit, equipped with advanced airway management tools,

a ventilator, blood pressure and heart monitors, IV equipment, defibrillators and pacemakers. Also on board is an array of cardiac, resuscitation and other medications needed to care for the critically ill or injured patients Med Flight transports approximately 1,200 times a year.

"On Med Flight, it's just the flight physician, an experienced and highly trained flight nurse and an expert helicopter pilot dealing with one critical patient at a time," Bogner says. "Med Flight can get to most of our regular service area locations in 15 to 18 minutes, and we do it all as safely as possible, thanks to the fact that our pilots are literally the 'best of the best,' and all crew and support staff regularly train in safe-flight operations."

Bogner is as content working in the air as on the ground. "I am honored and

proud to have the privilege to work with my colleagues in the ED and on Med Flight, all of them," he says. "I literally trust my life to our pilots, who are dedicated to what many consider to be a very dangerous occupation. Together, we save lives, period, and for us that makes the risks worthwhile."

Last but far from least, the program's EM residents will be working in a completely new, state-of-the-art ED that opened in June 2006. The 26,000-square-foot facility is almost triple the size of the old ED, providing the latest in technology in a warm and family- and patient-friendly environment.

"Our new department is simply stunning. It's a very tangible example of the support emergency medicine currently enjoys from senior UWHC and SMPH administration. It's fun to show off our facilities during

interviews and literally watch the candidates' eyes go wide as they walk through our ER and compare it to others they've toured," says Bogner.

While the old ED was mostly spaces divided by curtains, offering little privacy and cramped workspace, the new facility boasts 29 private patient rooms plus separate pediatric rooms and a secure and dedicated pediatric waiting area. Approximately 34,000 patients were seen last year in the old ED and the number keeps rising. The new ED can accommodate up to 45,000 patients a year.

"We hope our new space will reduce waiting times and increase patient safety, privacy, comfort and satisfaction," Bogner says. "We are expecting a big jump in both pediatric and adult ED patient volumes in the coming years as the new UW Children's Hospital nears completion."

The new ED contains major trauma and resuscitation rooms wired with the latest in critical care equipment, completely digitalized medical records and radiology services in an adjacent radiology suite featuring an ultra-fast CT scanner for ED patients. The new department also contains a decontamination area designed to handle major biohazard and bioterrorism emergencies. Only one other facility of similar capacity and advanced design enables safe

and rapid decontamination of high numbers of mass casualty patients, Bogner notes.

“Even though we are a brand-new residency program, we have so many advantages out of the box that we will be able to attract superb candidates. UW has a reputation for graduate medical education excellence and our program will be no different,” Bogner says. “Since the quality of a residency is ultimately determined by the quality of the residents who participate in it, if we match top people year after year—and we will—we’ll definitely have a superior program in short order.”

An ambitious goal? Yes, but Bogner, a person with

drive and vision, has already overcome many hurdles to get the program approved and up and running. He very likely is *the* person to elevate the new program to a status position.

“My colleagues knew when they asked me to take this on that I would not stop until I reached our goals. I deliberately came home to my alma mater hoping to make a difference and to put UW emergency medicine ‘on the map,’” he says. “I am a UW Badger to my core.”

Quick to acknowledge the invaluable help of others, Bogner praises the support of his EM faculty colleagues. “Our Associate Program Director, Désirée La Charité, MD, has put her heart and soul into this program every

bit as much as I have,” he says. “She deserves special mention for her hard work.”

Does Bogner ever let up? Yes, he fully understands that balance is critical to preventing burnout and loss of focus. “People in this field thrive on the intense, demanding work environment,” he says, “but then we also need to be able to shut it all off and go home.”

Bogner heads for his family—wife Heather, daughter Alexandra and son Ian—stressing their importance in his life and referring to them as his “pillars of support and constant sources of nurturance and perspective.” The Bogner family travels to their cabin in the Wisconsin

Northwoods as often as possible to relax and unwind.

“It’s a different life up there, the opposite of what I do in the ER and with the residency,” he says. “I love the simplicity of cutting and splitting cord after cord of firewood.”

Bogner also fishes, boats and plays with his young children and the family Labrador retriever, aptly named Lake Madison, or “Lake” for short. He recharges by spending time on his other hobbies too—carpentry and remodeling projects, digital photography, Web design, securities trading and flying airplanes.

Bogner’s other passion away from work is golf. A serious player, he says he finds peace on the links. “Even on days when I can’t hit a thing, it’s good for my brain to be on the course and forget everything else for a few hours,” he says, adding that he hopes to get his handicap, which has suffered some in the past few years with the residency project, back to around seven again soon.

“To me, happiness is all about balance,” he says, “and balance is what I seek in life, work, family, even in golf.”

Q



The size and efficiency of the new ED should reduce waiting times and increase patient safety, privacy, comfort and satisfaction. The facility can accommodate up to 45,000 patients a year, 10,000 more than last year.

A Hard Look at School Violence

by Dian Land

When 15-year-old Eric Hainstock recently took two guns to his high school in Cazenovia, Wisconsin, and shot and killed the principal, the news stunned millions. The latest in a series of school shootings in the United States, it contributed to what appears undeniably to be a highly disturbing pattern. Most people still found it nearly impossible to fathom.

But not Marcia Slattery, MD '88, MHS, head of the Division of Child and

Adolescent Psychiatry in the Department of Psychiatry at the University of Wisconsin School of Medicine and Public Health (SMPH). Slattery and her colleagues focus nearly every day on anxiety, depression and other psychiatric problems affecting youngsters from toddlerhood through adolescence.

In addition to seeing patients and running the division, Slattery conducts related research and teaches medical students and residents how to recognize tendencies that may portend future violence. She consults with local

school districts and serves on national committees to raise awareness about mental health in schools and in primary care medicine.

The work, first and foremost, is about understanding the psychological and medical issues, interpersonal relationships and life events that can cause normal development to veer off course—from slightly, as with children whose psychological discomfort may bring on headaches and stomachaches, to drastically, as was the case with Hainstock.

Slattery and other researchers are striving to identify the many factors that can negatively affect child development—and to understand how the factors can combine to produce potentially lethal results, including homicide and suicide. With this knowledge, they hope to create user-friendly psychological tools to pinpoint children at risk who can be helped with treatment. Even more ambitious, Slattery eventually wants to be able to identify vulnerable kids early enough to prevent them from ever becoming sick and violent.

Portrait of a Very Troubled Teen

“One of the first things I thought of when I heard the news about the Cazenovia shooting was: ‘What was this teenager like as a young kid? What early-life issues and current stressors might have contributed to his violent behavior?’” Slattery recalls.

She and other experts know that it is usually a combination of several unique factors occurring at various stages of a youngster’s development that leads to the worst outcomes.

“Environmental” issues such as physical and emotional abuse, parental strife and financial struggles can have an extremely negative impact on a child. Any number of psychiatric

and conduct issues may also come clearly into play, including depression, anxiety, posttraumatic stress disorder and primary behavioral disorders. Another confounding layer of issues may include medical problems, learning disabilities and an adolescence characterized by teasing and bullying.

“The kids we need to be most concerned about tend to have the most problems,” Slattery says. “They will be in trouble often and will exhibit recurring patterns of behaviors and/or physical symptoms that often have been present since early childhood.”

Such youngsters may be in a tremendous amount of distress, she says, and they typically act out impulsively in one of two ways. Some will internalize their feelings, keeping to themselves and making their problems more difficult to detect.

“These kids can be very upset and anxious, and they will constantly and quietly stew about things,” she says. Others with externalizing behavior may more openly express their rage and frustration at home and school.

In either case, the tragic end result for some youngsters may be drastic harm—to other people or themselves.



Schools are tremendously positive for most children, but Slattery feels these days that they may need to install systems to restrict access.

“The school shootings focus great attention on the harm that some adolescents inflict on others, but we don’t hear nearly as much about suicide, which is more prevalent than in the past in this age group,” says Slattery, who in her clinical practice sees many youngsters with suicidal ideation.

Once children and adolescents at highest risk for violence are identified, Slattery and her colleagues begin intervening with a variety of different types of

treatments that target the range of neuropsychiatric symptoms kids may have.

“Often several different pathways give rise to a similar behavioral outcome such as violence or suicide,” says Slattery. “Treatments must target the constellation of behavioral and emotional symptoms of each child.”

Specific treatments can include nonpharmacological interventions such as cognitive behavioral therapy to treat negative and biased thoughts and behaviors that



Slattery and her SMPH colleagues are convinced that many forms of stress occurring in the earliest years of a child's life can have deep and enduring repercussions that can lead to violent behavior later in development.

contribute to feelings of depression, anxiety and anger. This may occur individually or in groups so that kids can "practice" the skills they learn with peers in the office setting. Medications might also be used to target problems with depression, anxiety or related behavioral problems, says Slattery.

"It's important to accurately assess what the underlying causes of each child's problem behaviors are and then construct a treatment plan that addresses those problems for that specific kid," she says.

Slattery also stresses the contributions of parents and schools in the treatment process. Options discussed in the office need to be generalized to the home and

school setting to have the biggest effect, she says.

"Ultimately we want to help these kids learn how to navigate through the areas they are struggling most with and provide them development that is as close as possible to normal," she says. "We want to maximize the positive potential each kid has."

The Role of Schools

Schools, overall, are tremendously positive for most children, Slattery says. "Among all the different kinds of experiences kids can have, schools, for the most part, provide a phenomenal amount of support and safety," she says.

But since schools can also be vulnerable, certain

measures may need to be taken to protect them—from students sneaking in lethal weapons to dangerous intruders, such as the man who killed five students in the Amish school in Pennsylvania.

"Today our airports are different, for example, with many more security measures than before. Similar changes may need to take place in our schools," says Slattery. Such measures might include restricting access to schools by putting alarms on doors and/or metal detectors in entranceways.

In addition, Slattery believes that more counselors must be made available in schools to identify students who could be at high risk for violent behavior. Optimally, schools should have plans

in place for once a troubled child has been identified. The plans could include interventions for broader issues in the school setting, such as bullying, that often contribute to stress and problems for students.

"Ideally, mental healthcare professionals would work closely with the schools to provide on-site resources to help as many students as possible, while also providing the option of clinical care in the office setting," Slattery says. "The best model is a collaborative one that integrates the essentials of intervention within the child's 'real life.'"

Unfortunately, a current lack of resources may prevent these important steps from taking place. "We don't have these necessary resources now," Slattery says, "because school budgets have been cut back dramatically and psychiatric services are often the ones that fall by the wayside during budget cuts."

Equally unfortunate on another level, she says, is the fact that the United States is experiencing a dire shortage of child and adolescent psychiatrists. For her part, Slattery is trying to address this problem by offering medical students and residents the best possible training experiences so that they may be motivated to join the discipline. Her UW faculty colleagues are stepping up, and students appear to appreciate it. Several who had

been undecided about their specialties now recognize psychiatry as their choice.

"I know from my own experience that a clinical rotation can have a profound effect on the specialty you choose," says Slattery. As a third-year SMPH medical student who loved medicine and biology, she was surprised to find her psychiatry rotation to be so appealing. She describes being fascinated with the "brain-mind-body" interface bridging medicine, neurobiology and the uniqueness of each individual.

"Psychiatry is a medical specialty that brings it all together," she says.

Slattery now is dedicated to strengthening her Division of Child and Adolescent Psychiatry so that it contributes a steady supply of child and adolescent psychiatrists who are well trained to integrate excellence in clinical care and cutting-edge research.

"School violence is one among many psychiatric problems affecting youth," she says. "We need to continue to find new ways to better understand and help students who are struggling with a whole range of emotional and behavioral problems to prevent such tragic outcomes."

More people at all levels—specially trained psychiatrists, general pediatricians, teachers and parents—are needed to work together on these complicated problems, Slattery notes. "But in my

opinion, concentrating on early childhood development is where the money is at to ultimately prevent problems from developing—to intervene early to minimize difficulties," she says.

Focusing on Early Childhood

Slattery and others are convinced that many forms of stress occurring in the earliest years of a child's life can have deep and enduring repercussions. Compelling evidence supporting this theory is emerging from research being directed by Slattery's colleague Marilyn Essex, PhD, also a faculty member in the SMPH psychiatry department.

Essex and her team have been following since pregnancy 500 children and their families in Madison and Milwaukee in order to evaluate the biological, psychological and social bases of emotional disorders in child development. The researchers periodically assess an array of factors, including each child's current and past medical conditions, emotional and behavioral symptoms, learning abilities, temperament, family socioeconomic status, maternal stress levels and other parenting and home issues.

"The study design lets us look at what psychiatric and nonpsychiatric problems the children may have developed since birth. And in the children who have had problems, we want to identify

risk factors, especially at the very front end," says Slattery, who is working closely with Essex by performing psychiatric assessments of the children, most of whom are now in ninth grade.

Recently a collaborative UW research team that is part of a large National Institutes of Health (NIH) "center grant" has begun to use MRIs to assess brain development in the children and to measure levels of stress hormones. The work dovetails nicely with many studies under way at the HealthEmotions Research Institute. Led by psychiatry department chair Ned Kalin, MD, institute scientists are deeply involved in investigating the biological bases of emotions, including the role that the stress hormone cortisol may play in anxiety and depression and the effect that abnormalities in the hypothalamic-pituitary-adrenal (HPA) axis, which controls cortisol and other stress hormones, may have in these disorders.

"What we're finding at HealthEmotions is that stress may affect several key brain pathways, causing medical as well as psychiatric disorders," says Slattery, whose own broad research interest is in anxiety, particularly the neurobiological factors that underlie it and the role stress plays in it. She also focuses on other medical-psychiatric connections related to anxiety, including the associations between

anxiety and the immune and endocrine systems.

Incorporating Clinical Research

It was the SMPH psychiatry department's widely recognized research reputation, in fact, that attracted Slattery to move to Wisconsin in 2004 from Mayo Graduate School of Medicine, where she had been on the faculty for 10 years. She had first become interested in research about eight years ago, when she realized how relevant it was to her clinical practice.

"I found myself reviewing papers and reading research articles and thinking, 'I've done this in my office. These are the patients I'm seeing,'" she says. "I felt very vulnerable that I didn't have research training—and most medical students don't—so I set out to get it."

Slattery was named a Mayo Foundation Clinical Scholar, a prestigious position that brought her several pivotal learning experiences. In a stint at a pediatric branch of the NIH, she worked for two years on a large-scale study examining the neurobiological association between obsessive-compulsive disorder and streptococcal infections in children. During that time she also had the opportunity to earn a master's in health sciences (MHS) degree in clinical research through a partnering program with Duke University School of Medicine.

—Continued on page 46

Holding a precious 1555 volume by Andreas Vesalius, Micaela Sullivan-Fowler invites visitors to handle—the rare books in the collection she oversees.

Sharing Historic Treasures

Rare Books Remain Relevant to Modern Medicine

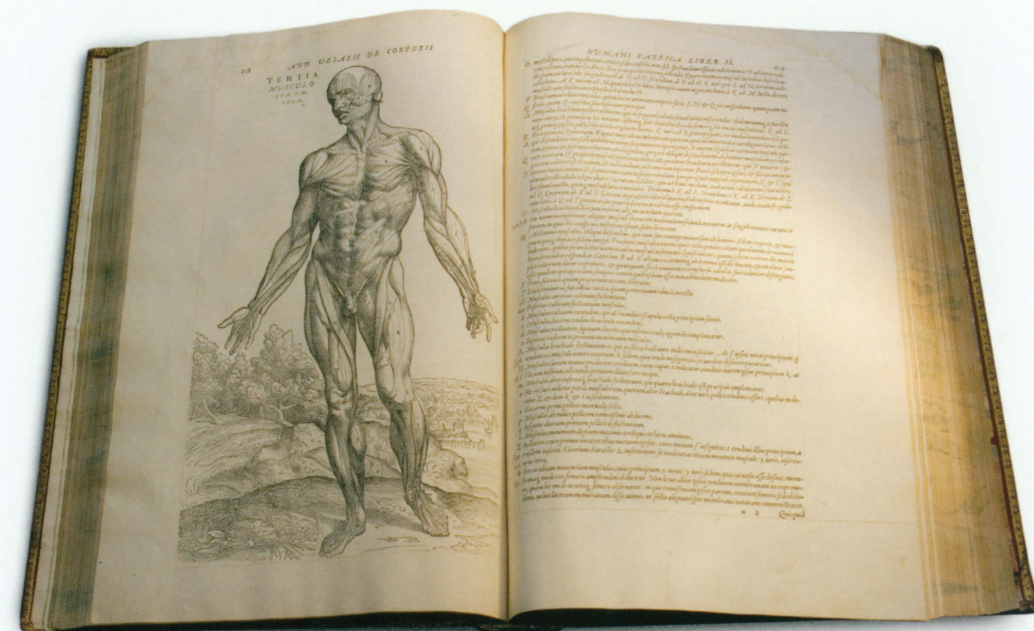
by Masarah Van Eyck

In a collections area near Micaela Sullivan-Fowler's office, corpses sit straight up, propped by ropes at the neck. The fibers in their back muscles are visible as their slit skin drapes like fabric down their sides. Others recline suggestively, their faces turned to the sides, hands splaying their own flayed skin to reveal tightly packed viscera and organs.

Not actual corpses, these are only sketches of corpses—plates of centuries-old lithographs from some of the most influential medical tomes of their times.

But for Sullivan-Fowler, who heads the Historical Services Unit at the University of Wisconsin-Madison's Ebling Library housed in the Health Sciences Learning Center (HSLC), the illustrations from these early texts are deeply relevant to the health sciences today.

"There are moments of humanity here that we don't have [in anatomical illustration] now," she explains, opening the oversized 1685 edition of Govard Bidloo's *Anatomia humani corporis*. Here the observer can see the fat layers, hands and faces of



Influenced in part by Leonardo da Vinci, the *De humani corporis fabrica* by Vesalius continues to intrigue scholars and casual viewers alike.

the corpses, as well as what Sullivan-Fowler calls the "functional intimacy" of the pins and strings that hold various elements of the drawn cadavers in place. One tableau even depicts a fly perched upon a swath of flesh—undoubtedly something today's medical illustrators would omit.

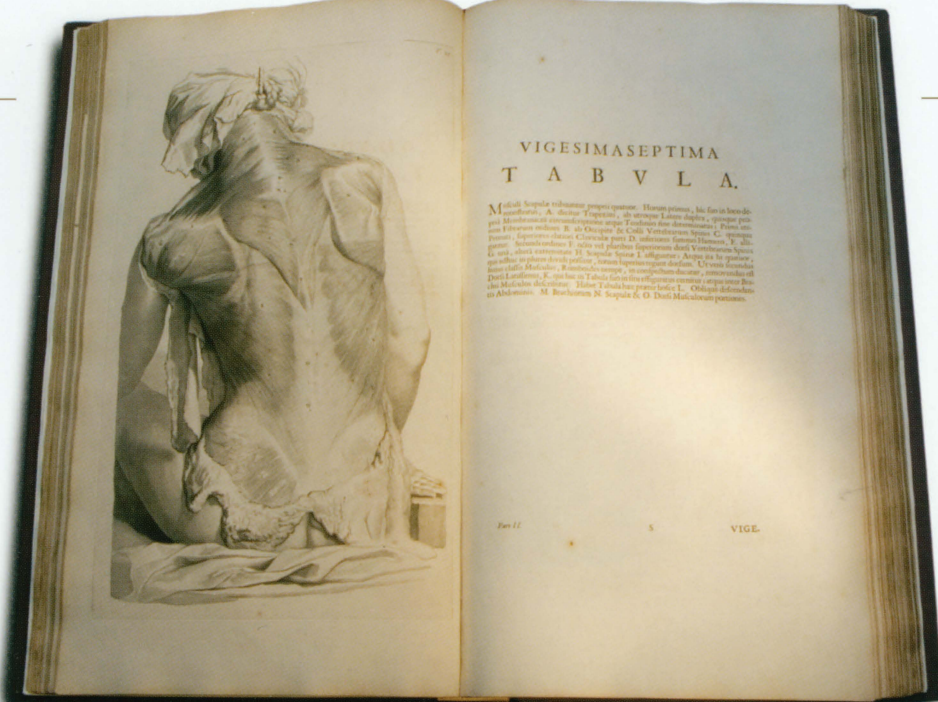
"Now you don't see the essence that makes it *hurt* anymore," she says of contemporary anatomical illustrations. "We have more emotional distancing. We objectify the body more."

To further emphasize this point, Sullivan-Fowler on one occasion took these works—the books themselves—to a UW School of Medicine and Public Health (SMPH) class, for an intimate "show and tell."

There, first-year medical students, still in their lab coats, gathered around what she calls her "usual suspects": Bidloo's volume, a 1555 edition of Andreas Vesalius' *De humani corporis fabrica* and Albinus' *Tables of the Skeleton and Muscles of the Human Body* from 1749.

"I assisted them in turning the pages to the thorax and compared the works with one another, and with what they had just seen in dissection," she says. "Then I asked them: 'What was different about illustrating human anatomy back then?'"

For one, there was no refrigeration. So an artist would have had to render a quick sketch. Only later would an engraver etch it into wood, copper or linoleum. And, of course, there were no X-rays or microscopes—technology that significantly changed



*Slightly macabre by today's anatomical illustration standards, but breathtaking in its impact, the **Anatomia humani corporis** by Govard Bidloo is a favorite of art students.*

how artists see and represent anatomy today. While painstakingly and eloquently detailed, these lithographs betray the limitations of the human eye.

Paging through these three- and four-hundred-year-old textbooks, students begin to understand just how much anatomical illustration—precursors to the illustrations by Netter and Gray that they carry in their backpacks—has evolved, along with medical knowledge itself.

“It really changed what the students saw when they returned to the anatomy suite,” Sullivan-Fowler says. “For some it was an epiphany.”

A “Working Collection”

Epiphanies are not uncommon in Sullivan-Fowler’s days, and she

delights in offering them up to any scholar, student or practitioner interested in Ebling Library’s collection of historic and rare books and journals that date back to the late 1400s. The historical collection now boasts some 35,000 volumes—thanks to donations, curatorial acquisitions and the merging of the UW pharmacy, nursing and medical collections into one health sciences library.

Some of the pieces are quite valuable. The anatomy collection, for example, is replete with unusual copies—such as books with an upside-down plate or uniquely marbled paper—that are precious novelties. Individual volumes have a fascinating history in and of themselves—previous owners, notes in the margin, bird feathers pressed between the

pages or hand-colored plates all add to the engagement between a patron and a book.

The bulk of the collection covers a wide range of health science subjects, with an emphasis on surgery, epidemiology, pediatrics, infectious diseases, women’s health, vaccination, homeopathy, internal medicine and public health.

Recently, the Historical Services Unit and the Ebling Library hosted the Guild of Natural Science Illustrators Annual Exhibition; when some of the guild members handled the library’s rarer holdings, they literally teared up in awe.

Despite the value of the collection, Sullivan-Fowler and colleague Mary Hitchcock insist that their current patrons “use and love” these volumes, just as

generations of practitioners and scholars have done before. Instead of housing a museum of rare and cloistered volumes, the library makes sure that these pages are turned and turned again—albeit, with the utmost care. Though the material from 1492 to 1923 is kept in a secured area called the Vault, the items are included in UW’s MadCat Catalog and can be used in the Ebling’s Historical Reading Room.

“Items this old normally are kept in a display case,” notes Sullivan-Fowler, who worked as a librarian for the American Medical Association in Chicago before joining the Ebling (then called Middleton) Library eight years ago. “You usually don’t get to touch them, turn the pages, see the skin on the cover that came from a pig’s hindquarters.”

For this curator-librarian, that hands-on experience is at the heart of education.

The Serendipity of Discovery

Once a semester, UW-Madison undergraduate students who are enrolled in courses such as “History of Medicine in America” or “The Arts in Sixteenth Century Italy” learn about the collections and the Historical Services Unit. These courses, taught by faculty members such as Judith Levitt, PhD, and Ronald Numbers, PhD, both of the SMPH Department

of Medical History and Bioethics, and Gail L. Geiger, PhD, of the Department of Art History, attract students who are majoring in everything from engineering to women's studies to art history.

"The Ebling Library houses a marvelous collection of primary and secondary sources relating to the history of healthcare in America," says Numbers. "For undergraduates and graduates alike, Micaela Sullivan-Fowler is the mentor par excellence, counseling on topics, sources and interpretations."

As the students view the books, Sullivan-Fowler talks to them about historical research and sources. For many, it is their first opportunity to handle a primary source—a document that was generated in the era being studied.

"Even though there is so much we can access now on the Web—say, article abstracts and even scanned documents—there is still the serendipity of discovery that only primary sources allow," she says. "You do not get that with flat panels and pixilated screens. You can only get it when you're looking right at the pages, the contemporary font—that's when you can really sense an author's 'voice.'"

In turn, the experience can inspire more creative historical inquiry and lead a researcher down unexpected

and instructive paths. "It's the same thing you can't get if you don't browse a shelf," she quips.

For one recent student, a curiosity about a grandfather who died in the 1918 influenza epidemic led him to research, with Sullivan-Fowler's guidance, just how one runs a funeral service amid the influx of bodies during an epidemic.

"I show them my excitement and enthusiasm as we go through the databases of journal articles and lists of primary sources," she says. "But I really engage people with the actual 'stuff'—and I have the resources right here in my living room, so to speak!"

Sullivan-Fowler's mentorship of undergraduate

scholars ensures the collection will be "used and loved" by generations to come. But for her, that's only the beginning of outreach.

She dreams of reviving a daytime lecture series for practitioners and retired physicians that would bring in scholars to talk about various aspects of the collection. The library's location in the HSLC, a stone's throw from the UW Hospital and Clinics, makes this endeavor especially appealing.

"I would love to have healthcare professionals and students in this venue and show them that there are pieces of history that are very accessible, relevant and even practical," she says.

But for now, even just the display cases in the

well-trafficked hallways fulfill Sullivan-Fowler's ambition to "take over the world" when it comes to outreach.

"If I can capture one student going past one display case and have him stop to look and say to himself, 'Oh, they worried about bioterrorism in World War I, too? I thought that was just a modern thing with anthrax,' and then just shrug and say, 'Oh—cool,' and go on, that's enough."

Navigating the "Stuff"

Faculty and graduate students in the UW-Madison medical history and history of science departments are well acquainted with the intellectual value of the medical library. But one look at some of these works, and



Visitors love the front and back views of the rhinoceros that appeared in the 1749 *Tables in the Skeleton and Muscles of the Human Body* (translated from the Latin) by Bernhard Siegfried Albinus.

it becomes clear that medical and science researchers aren't the only ones to find worth in such a collection.

Take Sullivan-Fowler's "usual suspects"—her favorites. Inside the books the corpses are often freestanding with one arm artfully raised. Some of the illustrators etched in landscapes behind their models—Vesalius' rendition of Brussels, for example, is recognizable today. Others adorned the bodies with drapes of clothing or head wraps. Still others surrounded their subjects with natural wonders from around the world. A favorite in the library are Albinus' two plates that depict a skeleton (front and back) before a great rhinoceros (also front and back), the path between them lined with exotic plants.

Given the diversity of elements in these works, a veritable university of scholars can find insight into them—and do.

"One art history professor brings in her students every year," Sullivan-Fowler says. "But unlike the medical students, these students stand around with sketchbooks, trying to determine the artistic heritage of the plates—what elements are from the Renaissance, say, and which come from the Classical period."

Everyone brings a different angle to the material, she says. "No matter what the rationale was for printing

these works back then, we bring our own perspectives and expertise to it now," she says. "And everyone sees it differently—botanists, historians, clinicians, curators. I consider myself a concierge. I just help people navigate it all."

The More Things Change...

Natural history, "voices" from the past, pigs' skins, display cases—these are all good reasons to visit the Ebling Library's historical collection. But what, really, can these often fragile pages contribute to modern medicine and healthcare? Clearly, the illustrations are outdated and the artists' observations less than scientific, by our current standards. When it comes down to serious medicine, isn't their value little more than quaint?

Sullivan-Fowler doesn't think so. "You cannot be a fully formed and informed clinician without understanding where you come from," she explains. "And where we come from is actually an extraordinary and quite modern place."

Modern? When readers survey the vast writings on public health issues, such as communicable diseases and disease epidemiology, they can understand just how universal and timeless so much of medicine is, she contends.

"What you learn when you look at these books is that people have always been afraid of dying, always worried for their loved ones. People have always dreaded pain and a loss of control," she says. In other words, patients have remained largely the same.

"What's more," she says, "societies have always been in the midst of conflicts and wars—in fact, that's where some of the great advancements in medicine have occurred."

In this light, she says, "The only thing that's changed in medicine is the technology and the treatments." And it is precisely this kind of information—the humanistic perspective that historic collections inspire—that helps clinicians understand their patients.

It would seem that clinicians haven't changed a whole lot either.

"Practitioners have always been expected to do the best, informed job for their time," says Sullivan-Fowler. "And the predecessors of our doctors and nurses—they all had the same expectations and worries that healthcare professionals have now." **Q**

*The plates for this illustration, which appeared in Albinus' **Tabulae sceleti et musculorum**, were done by artists Joannem and Hermannum Verbeek.*



White Coat Ceremony

Welcomes Class of 2010
to Medical Profession

*"The White Coat Investiture
symbolizes students' entry
into the medical profession
and welcomes them to
the privilege of service
to humanity."*



Second-year medical students helped each member of the Class of 2010 don the white jacket that symbolizes the medical profession.

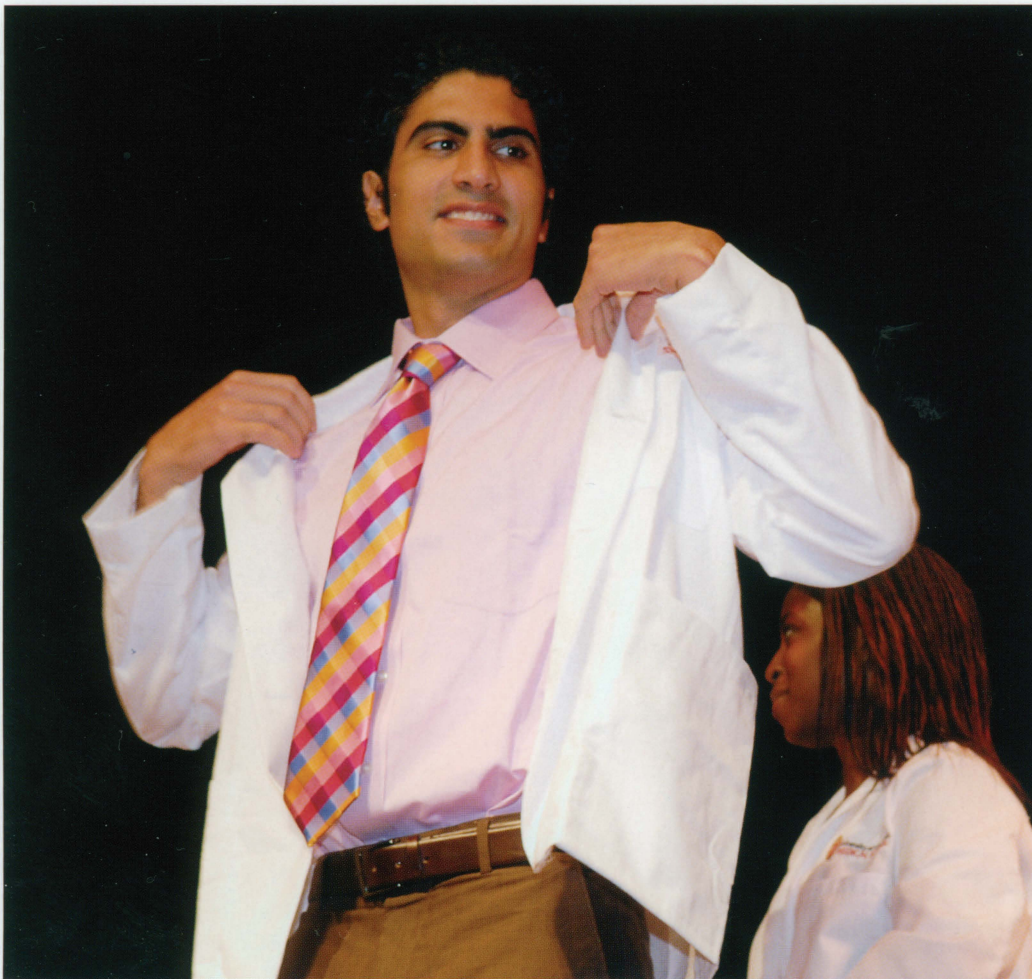
by Meghan Conlin

Members of the Class of 2010 at the University of Wisconsin School of Medicine and Public Health (SMPH) were officially welcomed into the medical profession on Sunday, September 17, 2006, at the White Coat Ceremony held in the Wisconsin Union Theatre.

Each of the 150 new medical students was presented with a traditional white physician's coat representing the medical profession. Held annually, the investiture marks the

new students' first formal acceptance into the medical world and reinforces their obligation to good science, sound ethics and compassionate patient care.

"We are very pleased to symbolically invest all of our new students into the profession of medicine this afternoon," said Robert Golden, MD, SMPH dean, as he addressed the assembled audience that included many family members. "The White Coat Investiture symbolizes students' entry into the medical profession and welcomes them to



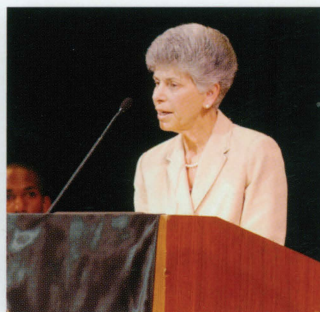
After receiving their white coats, the new students were led in reciting the student code of medical ethics.

The code of ethics emphasizes students' commitment to their patients' well-being as well as their promise to treat patients with honesty, compassion and respect.

the privilege of service to humanity."

Before the coats were presented, students listened to words of wisdom and advice about the profession from leaders of the three organizations that jointly sponsor the ceremony each year: the SMPH, the Wisconsin Medical Alumni Association (WMAA) and the Wisconsin Medical Society (WMS). In addition to Golden, speakers included Ellen Wald, MD, chair of the UW Department of Pediatrics; Susan Turney, MD '79, CEO of the WMS; Sandra Osborn, MD '70, president of the WMAA; and Allison Sole of the Gold Humanism Honor Society.

In his presentation, Golden spoke about how the practice of medicine is a privilege, one that these new students would soon be enjoying in their first clinical experiences that are part of the Generalist Partners Program. He also provided statistics illustrating the impressive qualifications of



Students and family members heard presentations by (from left) Robert Golden, dean of the school; Ellen Wald, chair of pediatrics; and Allison Sole, representing the Gold Humanism Honor Society.

the members of the class, including their remarkable array of undergraduate majors and extracurricular activities.

Students then received their white coats from a group of second-year medical students in the symbolic rite of passage, and were led in the student code of medical ethics by second-year medical student Christopher Vaughn. The student code, established by the American Medical Student Association, emphasizes the students' commitment to the well-being of their patients as well as their promise to treat patients with honesty, compassion and respect.

Also honored at the White Coat Ceremony were the 15 inaugural inductees into the UW-Madison chapter of the Gold Humanism Honor Society. A national society recognizing and supporting humanistic exemplars in medicine, it is designed to honor senior medical students, residents, role-model physician teachers and others recognized for demonstrated excellence in clinical care, leadership, compassion and dedication to service.

"The beginning of this society is an important step in the development of our SMPH program to enhance the development of professionalism in all our students, residents and faculty," said Patrick McBride,



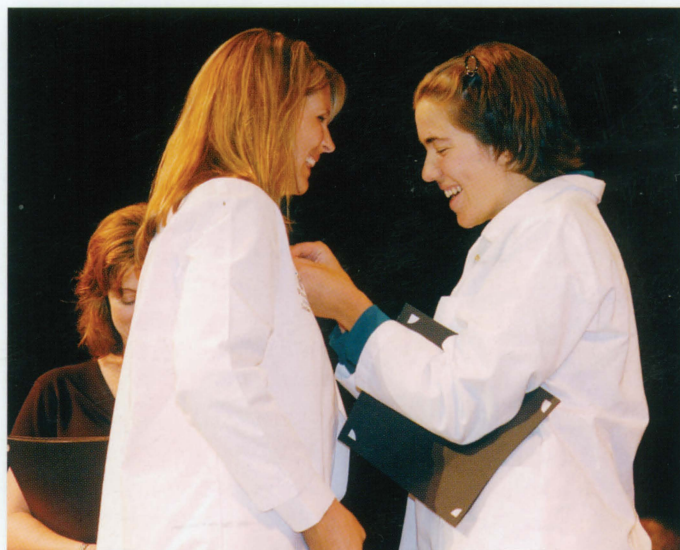
One resident and 14 SMPH medical students were inducted into the Gold Humanism Honor Society, a national organization that recognizes exemplary students who demonstrate compassion and service.

MD '80, MPH, SMPH associate dean for students. "This society is a shining example of the ideals we hope we can all aspire to, and we are very honored to join the Gold Humanism Honor Society. We congratulate our first class of inductees, and intend on including faculty in the future."

Fourteen medical students and one resident were inducted into the honor society at the ceremony. The medical students included Matt Abdel, Robert Behm, Caleb Creswell, Michael Curley, Christine Curry, Joseph Eichenseher, Elizabeth Harris, Claire Herrick, Emily Hill, Kristin Lyerly, Mark Morrey, Surya Pierce, Jackie Redmer and Christopher Schmidt. Matthew Ashbrenner was the one resident.

The Gold Humanism Honor Society is an initiative of the Arnold P. Gold Foundation, which has as its mission to perpetuate the tradition of the caring doctor by emphasizing the importance of the practitioner-patient relationship. The

foundation's objective is to help physicians-in-training combine the high-tech skills of cutting-edge medical science and technology with the high-touch skills of communication, empathy and compassion.



The society will enhance professionalism in all SMPH students.

Great Care, By George

as told by Barbara Saiz

My nine-year-old son, Andrew (Drew) Saiz, spent nine days in the hospital in the summer of 2005 for osteomyelitis (bone infection) in his hip. Because of the difficulty in finding what was causing Drew's pain, he ended up having several MRIs, a bone scan and several surgeries. Many doctors, nurses and staff were involved in his care on the pediatric unit and the hospital became a very scary and stressful place for Drew.

The care he received from all of the staff of the pediatrics unit of the hospital was outstanding, and we are very grateful to everyone involved in his care; however, with shift changes, doctor

rotations and the length of time he spent in the hospital there were many people involved in his care and many new faces to get used to. The staff who cared for Drew during his hospital stay seemed to change frequently, except for a medical student named George Gendy.

George was the one person on the team caring for Drew who was there every day. Because of that he became a positive and constant part of this very traumatic and hectic time for our family.

During most of his hospital stay, Drew was in a great deal of pain and was unable to sleep well. This caused him to have a lot of anxiety about all the examinations, procedures and surgeries he experienced. While most of the visits from

the doctors brought tears and anxiety, George was always able to get him to smile and feel a little less anxious. To Drew, George wasn't just a medical student learning to become a doctor, he WAS a doctor who cared for him and helped him feel better. His caring manner and positive attitude were a source of great comfort for Drew and our entire family. George was a very valuable part of Drew's care team and made a huge difference in his recovery.

Gundersen Lutheran is a teaching facility and because of that there are many medical students, nursing students, residents and interns who are a part of the care for many patients. For some, these students can be a nuisance or an imposition.

In our situation, a medical student was a key part of our son's treatment and recovery process. We will never forget George—he was a bright star in an otherwise difficult situation. We wish him the best in his medical career and know that his future patients will be in good hands.

EDITOR'S NOTE:

George Gendy was a third-year medical student when he did his pediatrics rotation at Gundersen Lutheran in the summer of 2005. George is now a fourth-year medical student at the University of Wisconsin School of Medicine and Public Health. This story originally appeared as part of the "Voices of Gundersen Lutheran" storytelling series, Gundersen Lutheran Health System, La Crosse, Wisconsin.

AOA Inductees Honored

A banquet honoring the 24 medical students at the University of Wisconsin School of Medicine and Public Health (SMPH) who have been inducted into Alpha Omega Alpha (AOA), the medical honor society, was held on November 3, 2006, in the Health Sciences Learning Center (HSLC).

Approximately 100 students and their family members enjoyed the reception and dinner in the HSLC atrium.

Following the banquet, guest speaker Susan Skochelak, MD, MPH, senior associate dean for academic affairs and a professor of family medicine at the school, addressed the group. The title of her talk was "Curiosity, Wisdom and Professional Satisfaction: The Reflective Physician."

The students then were handed AOA certificates and recited the AOA oath.

Congratulations to the following SMPH medical students for being recognized for the AOA

honor: Matthew Abdel, Hillary Becker, Clement Chow, David Conrad, Caleb Creswell, Amy Fowler, Claire Herrick, Sara Johnson, Carl Koschmann, Jennifer Lamps, Anna Momont, Amanda Monahan, Mark Morrey, Andrew Nelson, Stephanie Neuman, Carolyn Rank, Katharine Roman, Jason Sansone, Christopher Schmidt, Lisa Schroeder, Jeffrey Seybold, Sayana Thomas, Melissa Weinfurter and Charles Wiltout.

The AOA can be thought of as the "Phi Beta Kappa" for medical schools. As the only national medical society, its mission, developed over the past 100 years, has been to recognize and enhance professionalism, academic excellence, service and leadership within the medical profession.

The AOA sponsors awards, fellowships and visiting professorships. *The Pharos* is the AOA's quarterly journal.



All About Family



George P. King, II, MD '89, and Pamela Thomas-King, MD '89

Story and color photo by Bob Rashid

Politicians may talk about family values, but George King, II, MD '89, and Pamela Thomas-King, MD '89, and their extended family give true meaning to the words.

For more than a decade, the Kings' relatives have worked behind the scenes and, literally, in the front office to help ensure the success of the couple's Pain Management & Treatment Center in Milwaukee.

As a result, many family values—including hard work, education and generosity—extend through the community and at the same time help alleviate the suffering of thousands of people each year.

A husband-and-wife team, the Kings, who are both anesthesiologists, have an unusual history.

"We met over a cadaver," jokes Thomas-King, a petite, energetic woman in her mid-forties. It was in gross anatomy class at University of Wisconsin School of Medicine and Public Health in the 1980s.

"We had an excellent anatomy professor: Dr. Jim Pettersen," says Thomas-King. "He made anatomy fun. Because of that, I still remember what he taught, and that was more than 15 years ago. As I moved on to Duke, which was a very challenging experience, I was able to use a lot of the educational experience I had gathered from Madison."

While doing their anesthesiology residencies at Duke University Medical Center, the Kings became interested in pain management. "I did a six-month fellowship during my

fourth year and then decided to stay on and do an entire year to develop my skills and expertise," says Thomas-King. "From there I knew I didn't want to do OR anesthesia. I had more patient contact, and pain management was more my skill fit."

The problem the couple faced was how to care for their young daughter, Chelsea, who is now 14. Their second child, George, was not yet born.

The solution? Family.

"My husband's mother came to stay with us for two years to take care of our daughter," Thomas-King relates. "With the type of hours we had to keep, it was so hard to do daycare. She came in order for us to keep our family together. To this day, our parents pick up the kids, drop them off, get them to dental appointments. They make sure that our life runs smoothly so that we can concentrate on building this

business. Because it has taken so much to build it."

The Kings started their clinic in 1996 at a time when pain management in Milwaukee was largely confined to hospitals.

"The anesthesiologist would run outside the OR, do a quick procedure like an epidural and then go back to the OR," says the soft-spoken King, who is known at the clinic as "Doctor George." "Ours is a practice that is devoted totally to pain. It was one of the first in the city to approach pain in this focused way."

For six years the Kings operated from two locations, one in Mequon and the other in Milwaukee. But without a surgery center, the two physicians were worn thin shuttling between clinics and hospitals. It was stressful for them and often difficult for their patients when a scheduled procedure was delayed by an emergency at the hospital.

The Kings dreamed of owning a building large enough to house a physical therapy department, an ambulatory surgery center and all of their administrative offices under one roof. Little did they know it would come in the form of a franchise restaurant. A vacated TGI Fridays in Granville Station on Milwaukee's northwest side provided a central location and a spacious 9,000 square feet. The massive kitchen is now the ambulatory surgery center. And in the area where patrons once dined on beef brisket and baby back ribs, the Kings now conduct conferences, meet with patients and offer a spacious and comfortable waiting area.

"We did the entire layout and design based on how we functioned over the six years prior to moving in here," says Thomas-King. "We knew how we wanted the ambulatory center to work; we knew how we wanted the

An extended family (at right) has been critical to the success of the Pain Management & Treatment Center. James Thomas (left) is the clinic's chief financial officer, Kim Thomas Eccleston (center) is practice administrator and in-house counsel and Yvonne Thomas (right) is administrator of patient financial services. In earlier years, George King's parents, George P. King, Sr., and Willie King, helped enormously in caring for their grandchildren.



clinic to flow. And then my mother and sister, who are in charge of administration, knew how they wanted the front office to run. So we designed it based on what we had been exposed to and what our dream would be.”

Thomas-King’s parents, James and Yvonne Thomas, were the clinic’s first employees. Both graduates of the University of Wisconsin-Madison, James Thomas was assistant mayor to Paul Soglin in Madison during the mid-1970s and again from 1988 to 1990. In 1994, when the groundwork was being laid for the new pain clinic, the Thomases attended seminars around the country and taught themselves about the business of running a pain management clinic.

James is now the chief financial officer and Yvonne holds the title of administrator of patient financial services. Thomas-King’s younger sister, Kimberly “Kim” Eccleston, an attorney, is the clinic’s practice administrator and in-house counsel. Eccleston worked closely with architects to make sure that building guidelines were met so that the clinic received the highest (three-year) accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC).

The surgery center alone is 3,000 square feet. The facility also includes six exam rooms, a physical therapy exercise area and a lunchroom for

the clinic’s 25 employees. There is a quiet efficiency to the space, and a subtle sense of warmth that is felt upon stepping up to the reception desk on the soft green carpet.

“When patients first walk through the door, many of them say that they feel like they’re at home. They’re greeted with a smile. We get them coffee and tea. We send them birthday cards and notes of sympathy,” says Thomas-King. “They’re amazed that our front office knows them all by name because we have a huge clinic, with between 50 and 60 patients coming in each day.”

The Kings want their patients to feel as if they are in the center of it all. “Our message to them is: ‘We have everything around the periphery to help you do better, but you are the center and you control this as a patient,’” says Thomas-King.

In a way, these words reflect the Kings’ own experiences with good parenting. “Both of our parents really valued education, achieving, doing better,” says King. “Their message to us has been: ‘We got you here, now it’s your job to get there. This helps you, it helps your family, it helps your people.’”

About ten percent of the patients who are treated at the clinic are on medical assistance or have lost their insurance. “We feel that is very important,” says

Thomas-King, “because that’s a group of individuals who are underrecognized, and they have pain. We are African American and in Milwaukee a large percentage of those individuals are also African American.”

Patients come to the clinic for relief from a wide range of chronic pain, including headaches; neuropathic pain; fibromyalgia; neck, shoulder and arm pain; and pain related to diabetes. The most common complaint is lower back pain. The King’s are well equipped to deal with this variety of issues. They were one of the first in Milwaukee to approach pain management in a multidisciplinary manner, using nerve block injections, surgical procedures and medication management. They also have a psychologist on staff.

“Nothing really fazes George or myself,” says Thomas-King. “We can walk into a situation and know we have it under control. It goes all the way back to our foundation at the University of Wisconsin. And we couldn’t have succeeded without family.”

Perhaps there is another reason why patients come to the clinic. When asked why she liked working there, Naida Aruelo, a medical assistant in the surgery center, says simply: “The doctors are awesome.”

“Ours is a practice that is devoted totally to pain,” says King. “It was one of the first in the city to approach pain in this focused way.”

Fost Honored for Lifetime Achievement in Bioethics

by Kris Whitman

Throughout his three-decade academic medicine career, Norman Fost, MD, MPH, professor of pediatrics and bioethics at University of Wisconsin School of Medicine and Public Health (SMPH), has fostered several unique vantage points to reflect upon human subjects research: clinician, investigator, teacher, institutional review board (IRB) member, IRB chair and founding director of the UW Program in Bioethics grace his CV, which features more than 150 publications.

Fost's passion for bioethics and tireless efforts to assure the protection of human research subjects have earned him the 2006 Award for Excellence in Human Research Protection. The lifetime achievement award, which recognizes excellence in promoting the well-being of people who participate in research, was created by the Health Improvement Institute, a nonprofit organization dedicated to improving the quality and productivity of America's healthcare.

The Health and Human Services Office for Human Research Protections (OHRP) was the award's founding sponsor. The OHRP oversees the protection of human subjects at research sites throughout the United States—including the UW Health Sciences IRB, which

Fost created and has chaired for the past 29 years.

His longevity as an IRB chair is among many factors leading to Fost's being given the award. "For me, this role is fun rather than a burden," says Fost, who joined the UW faculty in 1973.

"Innovations we've created here give me the most pleasure," he says. One innovation is the UW IRB Office, in which 12 highly trained professionals review each clinical trial protocol and outline potential regulatory, ethical, design or safety issues. "We use IRB members' time very efficiently because they can focus directly on issues, rather than spending hours poring over long documents," explains Fost. "This team effort is the best way to manage 2,000 active protocols."

IRB Office Director Nichelle Cobb, PhD, coauthored Fost's award nomination. She enumerated several ways that Fost is unique in human subjects protection. For example, in addition to creating the UW Program in Bioethics in 1973, he has helped shape the careers of several notable leaders in bioethics. He has served on numerous federal advisory committees, including the National Academy of Sciences, Institute of Medicine and the Committee on Guidelines for Stem Cell Research, and has often been

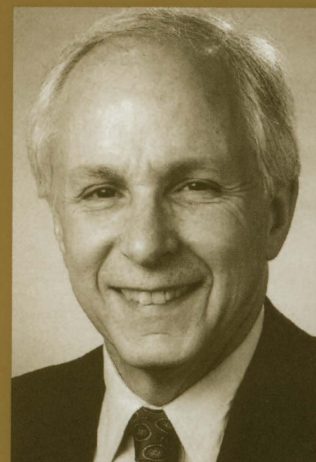
sought out beyond UW-Madison for his expertise.

Fost's bioethics expertise shone when he and former SMPH dean Philip Farrell, MD, PhD, professor of pediatrics and population health sciences, co-led a newborn screening trial related to cystic fibrosis (CF) in the late 1980s.

"This successful study was one of the most controversial, complex and largest clinical trials ever done. We randomized 600,000 children and thoroughly tested hypotheses related to the early diagnosis and treatment of CF before a newborn screening test for the disease was implemented nationwide," explains Fost. Too often, he adds, newborn screening tests are not adequately analyzed before they are implemented, resulting in dangerous situations for infants who have false-positive results.

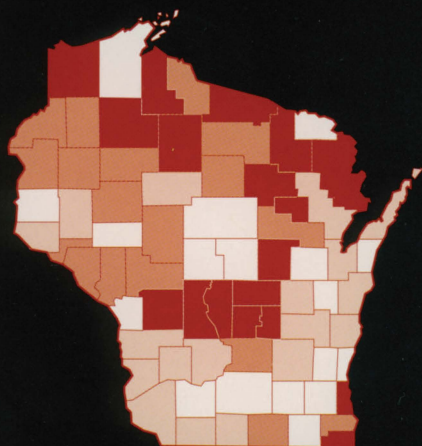
Communicating the safety of clinical trials to the public is another of Fost's passions. "People have significant misperceptions—driven mainly by over-reporting of the rare instances where something goes wrong—about the dangers of participating in research," he says. "But a research trial is the safest place to be in medicine in the U.S. due to the multiple safeguards."

Researchers must prove that they are highly qualified, keep current on emerging healthcare knowledge,



provide subjects with educational materials, attain consent forms, and monitor and report adverse drug reactions—all steps that are not required in medical practice.

While certain safeguards are critical, Fost believes government agencies have gone overboard with some restrictions, making clinical research significantly more cumbersome here than abroad. "Consequently, fewer U.S. physicians are entering academic careers and publishing research," says Fost. Ten years ago he began encouraging government agencies to make research easier to do. "I don't want us to cut back on safety, but I promote reducing requirements that have little relationship to protecting research subjects," he concludes.



The Wisconsin county health rankings, prepared by the Population Health Institute, is an annual "health check-up" of the state's 72 counties.

County Health Rankings Released

Florence County is among the healthiest counties in Wisconsin, and Milwaukee County is among the least healthy, according to the 2006 Wisconsin County Health Rankings. Leaders at the SMPH's Population Health Institute (PHI) recently issued the rankings, its annual "health check-up" of the state's 72 counties.

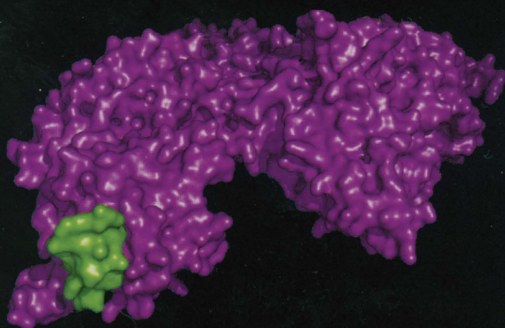
For the report, researchers reviewed two broad categories to determine the level of a county's "healthiness": health outcomes, which were scores based on residents' current general health status and mortality; and health determinants, which were factors that can indicate how residents' health might change in the future.

Broadly, the factors encompassed environment, socioeconomic status, behaviors, healthcare services, health status and mortality.

"The health of a community is only partially determined by the level of healthcare available," says PHI director Patrick Remington, MD '81, MPH. "In the same way that an individual's health is determined by social and psychological factors as well as genetics and access to healthcare, a community's health is largely determined by socio-economic factors and health behavior."

Dane County ranked 6 in both health outcomes and health determinants. Milwaukee County ranked 70 in both categories.

To view the report, visit the institute's Web site at: <http://www.pophealth.wisc.edu/UWPHI/>



In this representation, the botulinum toxin appears magenta while the nerve cell receptor it binds to is shown in green. Image: Ray Stevens.

"Snapshot" of Botulinum Toxin

SMPH researchers and collaborators at the Scripps Research Institute have taken an atomic "snapshot" of botulinum toxin bound to its nerve cell receptor.

Understanding this first step in toxin poisoning may help researchers develop a molecule to block the often fatal effects of botulinum, says Edwin Chapman, PhD, an SMPH professor of physiology and a Howard Hughes Medical Institute investigator. The U.S. Army is interested in ways to protect soldiers who may be exposed to the potential biological weapon, which could cause paralysis and even death through respiratory failure.

Botulinum first attaches to a receptor on the surface of a nerve cell, then looks for a second type of receptor located nearby. Using the crystallized structure

developed at Scripps, researchers determined the precise structure of the toxin and its receptor while the two molecules were bound in their deadly embrace. This tight interaction facilitates the toxin's entry into nerve cells, where it can break a protein needed to deliver molecules that can signal other nerve cells.

By blocking the signaling molecule, tiny amounts of botulinum toxin can begin to do their damage, notes Min Dong, PhD, a fellow in Chapman's lab who was one of the first authors on the study, published in *Nature*.

The new knowledge may also enhance treatments that use the toxin to block nerve signals that may lead to muscle spasms and a variety of other dystonias.

Why Do We Forget?

Scientists know that memories can be blocked by interference from other memories, but where and how does this occur? Using transcranial magnetic stimulation (TMS), SMPH researchers and their UW-Madison collaborators proved that the inferior frontal gyrus (IFG) was essential to blocking interference. The knowledge may be a first step in helping people with memory problems.

TMS is a noninvasive technique that delivers a current to the brain using a magnetic field that passes safely and painlessly through the skull, says Giulio Tononi, MD, PhD, an SMPH professor of psychiatry who is a pioneer in refining TMS for brain research.

"TMS can be used to briefly 'scramble' neural activity in the underlying brain area for a short time," he says, adding that the scrambling is fully reversible.

Brad Postle, PhD, assistant professor of psychology, focused on the IFG in order to better understand whether it could control interference. "Interference occurs when other remembered information disrupts, competes with or confuses the information that you want to remember," Postle says.

The researchers used TMS to temporarily disrupt the IFG in subjects whose memories were challenged with confusing information. The study showed that memory accuracy plummeted when the IFG was briefly jolted with TMS at exactly the same time as confusing information was presented to the subjects.

Postle hopes that locating the site of specific memory operations in the brain may help the millions of people with declining memories.



Using noninvasive TMS, researchers have found that the inferior frontal gyrus blocks interference that can negatively affect memories. Image: Giulio Tononi.

Silencing Seizures

SMPH researchers have found that a sweet-tasting compound used for decades in clinical imaging and scanning—2-deoxy-glucose, or 2DG—blocks the onset of epileptic seizures in laboratory rats. The findings may have major implications for up to half of all epileptic patients who currently have no access to treatment, says lead author Avtar Roopra, PhD, assistant professor of neurology.

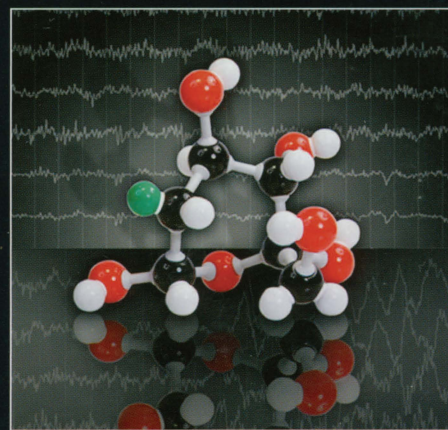
Epileptic seizures stem from sudden changes in the way brain cells send electrical signals to each other. In up to half of all epilepsy patients, available treatments are largely ineffective.

2DG is essentially a more palatable version of the 'ketogenic,' or sugar-free, diets that have long been recommended to epilepsy patients. Scientists have struggled to understand the exact

cellular connection between "no-sugar, no-seizures," but the SMPH work now clears up some of that mystery, according to co-author Thomas Sutula, MD, PhD, SMPH neurology chair.

Roopra concentrated on the interactions between NRSF, a transcription factor thought to be implicated in epilepsy, NADH, a small molecule that emerges when sugars break down, and the protein CTBP, which he found can bind to either NRSF or NADH.

The researchers found that a cell with high levels of sugar will generate high levels of NADH, making CTBP more likely to bind with NADH. But without CTBP, NRSF cannot function and most likely derails the normal function of certain neuronal genes—including those connected to epilepsy.



Sitting on a shiny surface, a model shows the 2DG molecule (with green atom), while the reflection below depicts a regular glucose molecule, without distinguishing green atom. Image: Avtar Roopra.



When You Say “WisCOWnsin”...

CowParade Auction Raises Money
for the New American Family
Children’s Hospital and Other Charities

“Yes, there’s a great deal of pride in being the Dairy State. But what this really demonstrates is a compassion for and commitment to Wisconsin children and families who will be served by the new children’s hospital.”

by Beth Pinkerton

“On WisCOWnsin,” “Moo, Rah, Rah, Wisconsin,” “If You Want to Be a Moosaic, Come Along With Me.”

These were not a new set of theme songs for UW-Madison, they were the names of three of the 101 life-sized cow sculptures that recently were auctioned off for charity as part of CowParade Wisconsin. The cows raised more than \$500,000 through live, silent and online auctions to support the new American

Family Children’s Hospital, which is currently under construction adjacent to University of Wisconsin Hospital and Clinics, and other non-profit organizations such as Bucky Grants, UW Athletics and the UW Marching Band.

The Wisconsin Milk Marketing Board matched sponsors with premier local and regional artists (including UW-Madison student Emily Rose Gritt) to create the CowParade Wisconsin “herd,” which was seen grazing around Madison, Sun Prairie and McFarland,



UW Hospital CEO Donna Sollenberger petted “Minimoo, Gallacticow.”

Wisconsin, throughout the summer of 2006. UW-Madison sponsored four of the cows.

On November 10, 2006, 44 members of the herd were sold as part of a live auction at the Alliant Energy Center in Madison called "Dazzle in Dairyland." The event was hosted by the Friends of University of Wisconsin Hospital and Clinics in partnership with the Wisconsin Milk Marketing Board. Friends, a non-profit organization that supports initiatives benefiting UW Hospital patients and families, has raised nearly \$1 million for the new American Family Children's Hospital.

More than 500 amused people witnessed friendly competition among bidders at the live auction. Tom Morris, a professional dairy cattle auctioneer with over 30 years

of experience, and emcee John Roach, of John Roach Projects, kept the pace lively. Celebrity auctioneer Bucky Badger made sure that the UW-themed cows brought in top dollar. The remaining cows were sold as part of an online auction that ended on November 21, 2006.

Many of the cows have found new homes around campus and the hospital. "If You Want to Be a Moosaic," purchased by the UW Medical Foundation, can be seen in the atrium of the Health Sciences Learning Center.

"Mookal Leckrone" has been spotted in the lobby at the UW Foundation. Several cows, including "To the Moon," have been purchased



Roz Craney, principal of Windsor Elementary School near Madison, posed proudly with Cowpiary. The cow tied for top bid at \$13,000.

by private donors and donated to the new children's hospital. Rumor has it that Donna Sollenberger, UW Hospital and Clinics CEO, is wondering whether the plans for the new hospital should also include a corral.

As the world's largest and most successful public art event, CowParade has been staged in more than 45 cities worldwide since 1998, including Chicago, Boston, New York City, London, Dublin and Tokyo.

"That CowParade Wisconsin has been as successful financially as any CowParade event held in

bigger cities like Denver and Boston is truly remarkable," says Sollenberger. "Yes, there's a great deal of pride in being the Dairy State. But what this really demonstrates is a compassion for and commitment to Wisconsin children and families who will be served by the new children's hospital."

The \$78 million American Family Children's Hospital will be a world-class pediatric healthcare facility dedicated to the care and treatment of children and their families. It is scheduled to open in summer 2007.



Judy and Bob Rubin, who own Rubin's Furniture in Madison, posed with Mooonshine, who has since been spotted in their store.



The Middleton Society

An Inspiring Core of Support



Guests at the banquet included Nate Hilrich ('51) (above at left), Mary Ellen Peters (in purple, top right) and Dean Golden and his wife, Shannon Kenney (lower right), who got to know Margery and Irvin Becker ('47).

by Merry Anderson

As Middleton Society members and guests gathered on a crisp autumn evening in November for their annual meeting, collegiality and curiosity were in the air. Some were there to catch up with classmates and longtime friends; others wanted to meet the new dean of the School of Medicine and Public Health (SMPH), Robert Golden, MD. All shared a connection—personal, professional, philanthropic—

to the SMPH and the society.

The Middleton Society is the school's premier philanthropic society. Named after William S. Middleton, MD, the third dean of the school, it honors alumni, faculty and friends for their extraordinary commitment to helping the school earn its universal reputation for exemplary teaching, innovative research and excellence in patient care.

For people like William Scheckler, MD, professor emeritus in the departments

of family medicine and medicine and the J. D. Kabler Class Mentor for the SMPH classes of 2004 and 2005, the connection goes back years.

"I met Dr. Middleton when I was a medicine resident in the mid-1960s," Scheckler says. "It's an honor to have our gifts to this wonderful medical school recognized with his name attached. The dinners have been an enjoyable way to connect with our friends and colleagues from within and outside the medical profession

who have the same passion for building the excellence of our school that my wife, Rolliana, and I have had for many years."

For David Walsh, president of the University of Wisconsin System Board of Regents, the connection is immediate and critical.

"In this day and age, education needs a partner in the private sector. We can't expect public funding into the future. The Middleton Society represents a core group of leaders who will provide these



Jane and Jan Erlandson ('68) (top) drove in from Monroe, Louis Bernhardt ('63) caught up with Bruce Stoehr ('57) (lower left) and Dean Golden described how deeply impressed he was with the Middleton Society.

important partnerships," Walsh says.

As Dean Golden stood to address his first Middleton Society dinner, his thoughts were on the future.

"I am deeply impressed with the warmth and support of the Middleton Society," he said. "All medical schools depend on an 'inner circle' of committed leaders whose support inspires others. The Middleton Society is a remarkably strong inner circle with a long and proud tradition. I am eager to work

with this society to insure that we achieve our full destiny as we become the first ever, and best always, School of Medicine and Public Health."

The nearly 1,000 members of the Middleton Society, listed on the next pages, are making a difference in the careers of students and faculty with scholarship and professorship support, in the lives of patients and their families with educational program support and in the well-being of all people with research support.

THE MIDDLETON SOCIETY was founded nearly three decades ago by the late Loron Thurwachter, MD '45, and James Ferwerda, MD '57. The society recognizes three levels of commitment while also acknowledging the leadership provided by three outstanding deans of the school: Philip M. Farrell, MD, PhD, Charles R. Bardeen, MD, and William S. Middleton, MD.

Farrell Fellows	\$1 million plus
Bardeen Fellows	\$25,000 to \$999,999
Middleton Fellows	\$10,000 to \$24,999

Bardeen and Farrell Fellows also are honored by the Bascom Hill Society, the University of Wisconsin Foundation's giving society that recognizes donors who have given \$25,000 or more to the UW-Madison. For more information about Middleton Society membership, contact Donna Kelley at (608) 262-5252 or donna.kelley@uwfoundation.wisc.edu.

Middleton Society

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Middleton Society

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Alumni, Students and Friends Celebrate *Homecoming Weekend*

by Meghan Conlin

Homecoming 2006, celebrated on October 13 through 15, marked a busy, fun-filled weekend for University of Wisconsin School of Medicine and Public Health (SMPH) students and alumni. Starting early Friday afternoon with guided tours of the Health Sciences Learning Center, and ending with a Badger football victory over the Minnesota Gophers and a series of class reunions, the

weekend was jam-packed with events meant to bring alumni and current students together to reminisce about the past and think about the future.

"We, as students, are really grateful to be given the opportunity to mingle with alumni and spend some time with our classmates outside of the school setting," says Rachel Uttech, a second-year medical student who is president of the Medical Student Association (MSA). "From the wonderful President's Dinner, to the

Saturday morning tailgate, to Bucky's big win over Minnesota, each event was as fun as the last."

Homecoming events started early Friday afternoon with well-attended tours of the two-year-old Health Sciences Learning Center led by current SMPH students. The tours highlighted features of the impressive new building and gave alumni who hadn't seen it yet a chance to look around.

Also on Friday, the Wisconsin Medical Alumni

Association (WMAA) board of directors devoted their entire meeting to the discussion of the new strategic plan, focusing on improvements in participation, communication and financial support. The ideas generated during that meeting will be further developed based on advice from WMAA board members.

"We constructed a new five-year strategic plan for our organization that sets the groundwork for some exciting new projects. The



Top left: Tom McIlraith ('96) and classmates shared a laugh. Bottom left: Members of Faith, Hope and Love entertained the crowd. The 2006 fall events wrapped up the WMAA's 50th anniversary celebrations.

President's Dinner

Friday, October 13, 2006

document produced by this meeting not only outlines our future goals and objectives, but highlights the mission and activities of the WMAA," says John Kryger, MD '92, who serves as the head of the strategic planning committee. "Our mission as one of the leading alumni organizations in the country is to cultivate relationships with alumni and students that support and strengthen the UW School of Medicine and Public Health."

At that meeting, WMAA president Sandra Osborn,

MD '70, also introduced Robert Golden, MD, the new SMPH dean, to the board and presented him with a red blazer to wear to UW events.

Following the board meeting and a *Quarterly* editorial board meeting that had been held in the morning, it was time to eat, drink, dance and celebrate at various class reunions and the President's Dinner. With 75 people in attendance, including nine past WMAA presidents and 20 MSA

members, the event went off without a hitch.

Dean Golden gave a presentation that he called "Top Ten Reasons for Coming to the UW School of Medicine and Public Health," based on the model of David Letterman's late-night Top Ten lists. Golden playfully highlighted the availability of beer, ice cream and cheese as one distinct advantage that Wisconsin holds over his last place of employment, University of North Carolina School of Medicine in Chapel

Hill. On a more serious note, he cited the SMPH's excellent student body and faculty, great curriculum, superb research and its reputation as the nation's leader in the integration of medicine and public health as his reasons for coming to Wisconsin.

Guests at the President's Dinner then were entertained by the Milwaukee-based band called "Paula Marie with Faith, Hope and Love" after they feasted on dinners at Monona Terrace.

—Continued on next page



Top left: Sandy Osborn ('70), WMAA president (center), greeted John Petersen ('54) and friend. Bottom left: Tom Rice ('45) caught up with Sue Thurwachter. Bottom: Everyone had fun looking at pictures of graduating classes from the past.



Tailgate Party

Saturday, October 14, 2006

Starting bright and early on Saturday morning, alumni, students and their families enjoyed a WMAA-sponsored tailgate party at Union South before the Homecoming football game. More than 650 guests attended the event, which featured a brunch (complete with Wisconsin brats) and a chance to see old classmates and friends.

Dean Golden spoke briefly at the tailgate, and around 10:30 a.m., more than 600 of the guests started to make their way over to Camp Randall and the football game. The crowd cheered on the Badgers as they pounded the Minnesota Gophers, winning 48 to 12. For the third year in a row, Wisconsin

got to keep the Paul Bunyan Axe, which traditionally is taken by the winner of the annual game between Wisconsin and Minnesota.

The recently instituted fall reunions also appeared to be a hit. A total of eight classes celebrated reunions in conjunction with the Homecoming celebration this year, including the classes of 1961, 1969, 1976, 1981, 1986, 1991, 1996 and 2001. Each class celebrated its reunion with either a Friday or Saturday night dinner and held other get-togethers over the weekend.

But even without formal reunions, Homecoming guarantees that alumni will encounter friends from days gone by.

"Homecoming is one of the best opportunities we get to gather with classmates from medical school days," says Kryger. "It's a chance to rekindle memories and share new stories of our lives with our classmates. Each year, I get the chance to make many new friendships with alumni of other graduating classes."

With so many fall reunions held, a new strategic plan in the works, a new dean on board and many fond memories recalled, 2006 can surely be called a success.

Reunions



1961

Front row (left to right): Weldon Shelp, Donald Olson, James Dorr, Richard Stafford, James Sprecher and Tom Malueg. Back row: Norton Zarem, James Plos, Rodney Chan, Johan Mathison, Donald Nowinski, Kenneth Oberheu and John Bentson.

1969

The Class of 1969 held a spontaneous reunion. Attendees included (left to right): Joseph Iacolucci, Marshall Segal, Mary Favaro, Kathe Budzak and Richard Stone.



Reunions



1976

Front row (left to right): Mary Freman, Sally Schlise, Samir Abdo, Barbara Olson, Donn Furhmann and David Goetz. Back row: Thomas Luetzow, Paul Ebling, John McCullough, James Zach, John Larson, Gary Gerstner and Dale Nelson.

1981

Front row (left to right): Ed Lesnefsky, David Oppert, James Sehloff, Diane Christel, Robert DeMott and James Winston. Back row: Jack Anderson, Keith Meyer, Jon Winther, Marc Williams, Arnold Krubsack, Jami Walloch and Joe Henkle.



1986

Left to right: John Meuer, Rebecca Byers, Chris Kaczmarek, Diane Mayland, Mark Huftel, Steven Fox, Robert DeTroye, Mark Bigalke, Mark Urban and Henry Pitot.

1991

Ann Nelson, Paul Ruh, David Henningsen and Sue Wells. Vickie Viegut, not shown, was also in attendance.



1996

Front row (left to right) : Jennifer Rho, Lori Wendricks House, Kristine Spiewalk, Jennifer Dodson, Jennifer Bassett, Jane Skelton Lykins, Emily Stoddard and Kristin Lewicki. Back row: Nitzet Velez, Norbert Straub, Rick Rho, Amy Grelle, Ann Jacobson, Tim McIlraith behind Heidi Wuergler, Jennifer Goedken, Ann Maurer, Charles Vega, Jon Penner, Erica Meyer, Paul Michels behind Michelle Mielke, Amy Johnson, Michael Check behind Charles Kidd. Elizbeth Nodine, not shown, was also in attendance.

2001

Left to right: Erin Schoenecker (and daughter), Michael Ejercito, Michael Zwank, Marie Walker, Craig Schoenecker, Ryan Zantow, Richard Tower and Matt Sager.



Class Notes *compiled by Meghan Conlin*

Class of 1935



Kenneth Seifert lives in Hot Springs Village, Arizona, and recently turned 95 years old. He is still enjoying life and would like to know how many of his Class of '35 classmates are still out there.

Class of 1944

J. Aaron Herscufus lives in Sharon, Massachusetts. He retired in 1991 and is presently taking classes in nonmedical subjects such as history, literature and opera at nearby Stonehill College. He continues to read medical literature and, in his spare time, enjoys gardening.

This year, **William Little** was reelected to his fourth term as president of the City of Racine Board of Health. He has served on the board for 12 years and continues to volunteer at the Health Care Network clinic, where he has been medical director for the last 15 years. The clinic provides free care for the uninsured.

Class of 1946

Employees and physicians in the Kaiser Permanente Pediatrics Department recently paid special tribute to **Irving Klitsner** by dedicating the Teen Health

Center in his honor. He has been a longtime volunteer with the center and earlier in his career started the first clinic devoted to teen health in the 1970s. Irving also teaches students and residents at the University of California-Los Angeles, although he is temporarily on leave because of medical problems.

Class of 1957

E. Richard Stiehm is coeditor of the recently published volume *The American Pediatric Society History of Pediatric Subspecialties*. Stiehm, a pediatric immunologist, is the Distinguished Professor of Pediatrics at the David Geffen School of Medicine at UCLA. His wife, Judith, received a Distinguished Alumni Award in May from the UW Alumni Association.

Class of 1958



Arlan Rosenbloom and his wife, Edith (both above), live in Gainesville, Florida where he is an adjunct distinguished service professor emeritus of pediatrics at the University of Florida. He has been on the faculty since 1968. In September 2006, Arlan received the second annual Eli Lilly Professional Hero Award

in recognition of outstanding contributions to the diabetes community. The Lilly prize money is going to the the David W. Smith Pediatric Endocrinology Fellows Educational Support Fund, which he and his wife established last year with their Middleton Medical Alumnus donation to honor Arlan's pediatric endocrinology mentor at Wisconsin. Also, Arlan completed basic officer training in 2005 and responded to a call for medical officers for post-Katrina duty in St. Bernard Parish, Louisiana. He served for three weeks in March 2006—his first general medical work in over 40 years.

Class of 1963



In July 2006, **Michael Frederiksen** and his wife, Anita, along with sons Benjamin and Joshua, participated in an eye mission project with Medical Ministry International in Ciudad Victoria, Mexico. The group performed 385 eye surgeries and dispensed 3,350 pairs of eyeglasses. Medical Ministry International sponsors more than 60 projects every year. For more information, visit www.mmint.org.

Class of 1972

Since retiring from practicing radiation oncology, **Albert Wiley** has served as the director of REACTS for the U.S. Department of Energy's Medical, Radiological Emergency Response Group based in Oak Ridge, Tennessee. Recently, he was also appointed the director of the U.S. WHO Collaborating Center for Radiological Emergency Assistance and Travel. Beyond his many obligations, he tries to find time to enjoy his farm in Stoughton, Wisconsin.

Class of 1981

Alphonsus Cheung and his wife, Florence, live in Los Gatos, California. Alphonsus works in an anesthesia practice in San Jose and has a small office where he sees chronic pain patients. Empty-nesters, the couple enjoys traveling to the East Coast, and tending to their koi fish and vegetable garden. They have two children, Stephanie and Edward, students at Howard University and Brown University, respectively.

Class of 1984

Gregory Schmeling was inducted into the American Orthopaedic Association at its annual meeting in June 2006. He is an associate professor and the director of the Orthopaedic Residency Program at the Medical College of Wisconsin in Milwaukee. He was honored as the Outstanding Orthopaedic Clinical Instructor in the Department of Orthopaedic Surgery at the medical college in

1994, 1999 and 2004. Gregory lives in Brookfield, Wisconsin, with his wife and two children.

Class of 1985

The Wisconsin Chapter of the American College of Physicians has elected **Sharon Haase** its first woman governor. Sharon, a recent winner of the Max Fox Award, practices internal medicine in Beaver Dam, Wisconsin, and is an assistant professor at the SMPH.

Class of 1987

Ellen Ryan continues to practice in community and addiction psychiatry. She completed climbing her 54th 14,000-foot peak when she climbed Mount Wilson in summer 2006.

Class of 1989

In 2005, **Leroy Kim** and his family moved from El Paso, Texas, to Little Elm, Texas, near Dallas. He is now working as a full time hospitalist with IPC-The Hospitalist Company.

Class of 1991

Kimberly Bell and her husband, Gordon Cureton, live in Seattle, Washington, with their three children, Ashley, Leah and Courtney. Kimberly is currently the chief of staff of Swedish Providence Medical Center and the assistant medical director of a 30-physician hospitalist team. Daughter Ashley is a junior at the University of North Carolina, majoring in public policy and economics. Leah will be a sophomore in high school and Courtney is in second grade. Husband Gordon is a lieutenant colonel in the National Guard.

Anne-Marie Feyrer-Melk lives with her husband and four children in Phoenix, Arizona,

where she practices cardiology. Two years ago, she was honored as one of the "Best 345 Doctors in the Valley" by *Phoenix Magazine*. In her spare time, she is an avid hiker and likes to spend time with her four young daughters watching the sunset.

Michael Struck and his three sons—Chris, Brandon and Alexander—live in Madison, where Michael works in pediatric ophthalmology. In his spare time he likes to sail, run, ski, bike and spend time on the water. He also travels to Central America for mission work every winter.

Class of 1992

After nearly 10 years of private practice in Naples, Florida, **Brian Kiedrowski** returned to Miami as vice president/medical director of Catholic Hospice. He will supervise clinical operations of their new inpatient unit and the Hospice's expansion to Ft. Lauderdale.

Class of 1998

Twins **Dan** and **Mike Robinson** completed fellowship training and have now entered practice. After completing a general surgery residency at the University of Washington in Seattle and a pediatric surgery fellowship at University of Alabama in Birmingham, Dan entered practice in Grand Rapids, Michigan. He and his wife, Nicole, have a son and a daughter and another child on the way. Mike completed an internal medicine residency and a chief resident position at the University of Colorado in Denver. He then completed a cardiology and interventional cardiology fellowship in Denver and has now entered practice in Indianapolis, Indiana, where he and his wife, Katie, live with their dog, Madison.

Class of 1999

Parag Tipnis and his wife, Rekha Ramamurthy, recently joined the SMPH faculty. Parag is in cardiovascular medicine and Rekha is in endocrinology. The couple met during their residencies at the University of Pittsburgh.

Class of 2001

Heidi L. Jarecki and her fiancé, Robert Murphy, live in Eau Claire, Wisconsin, where Heidi is working for the Chippewa Valley Eye Clinic and guest lecturing for both the University of Wisconsin Department of Family Medicine and the Indianhead Optometric Society. Recently, she was in the news when she worked with a general plastic surgeon from Eau Claire to remove a large orbital hemangiopericytoma from a woman from Ecuador. In their spare time, the couple likes to enjoy the company of their parents, run and spend time with their three cats.

Postgraduate

David Stevens has been awarded the Lucille Georg Medal from the International Society for Human and Animal Mycology. This award, bestowed every three years, is given to recognize outstanding scientific achievement in medical mycology. David was also honored with the Charles E. Smith Memorial award for his contributions to research in the field of coccidioidomycosis. He is currently a member of the faculty at Stanford University in the Department of Infectious Disease.

Martin Grabois was selected as one of the 2006 recipients of the Distinguished Clinician Award on behalf of the American Academy of Physical Medicine and Rehabilitation. The academy

honors individuals who have achieved distinction on the basis of their scholarly level of teaching and their outstanding performance in patient care activities. Martin was also recently awarded the National Council of Disability Leadership Award in recognition of his contributions to his field.

In Memoriam

Samuel Behr '35
September 5, 2006
Rockford, Illinois

Ray E. Green '45
November 14, 2006
Sun Prairie, Wisconsin

Hans Hartenstein '47
August 12, 2006
Syracuse, New York

Gilbert Horn '41
Pueblo, Colorado

Charles Neuhauser '61
June 13, 2006
Madison, Wisconsin

Rodney K. Peterson '40
October 20, 2006
Stoughton, Wisconsin

Wilbur E. Rosenkranz '53
July 20, 2006
Mukwonago, Wisconsin

Laurence D. Tempels '74
November 29, 2006
Neenah, Wisconsin

Correction

In our last issue we mistakenly listed **Richard A. Pawsat** ('61) in In Memoriam. His aunt, Elizabeth M. Smithwick ('55), reports that Richard, a retired pediatrician, is alive and well in Santa Ana, California. We deeply regret the error!

Continued from page 13

In the third year of the clinical scholar program, Slattery served on the medical staff of the Child Study Center at New York University (NYU), “out in the real world,” as she describes it. “The NYU center really integrated the two worlds of clinical care and clinical research,” she says.

From all of it, Slattery learned the essential tools—statistics, study design and research concepts—and truly internalized that what’s done in the office with a patient also influences

clinical research. Slattery had established a strong track record in education, administration and clinical work while in her faculty position at Mayo; at the SMPH, she has neatly managed to continue it all, in addition to doing active research.

Now, Slattery’s goal is to incorporate the language and culture of research into all activities of the division, particularly the training of residents and medical students. She believes that research advances will be critical to unraveling many

clinical problems—in addition to the complex puzzle of violence in children and adolescents.

Indeed, Slattery and her SMPH research colleagues hope to develop simple screening tools that can be used widely to identify very young children who may be at risk.

“We need to use our resources to zero in on vulnerable groups of kids, even as early as kindergarten,” she says. “By doing that, we may be able to work with parents, teachers and others

to prevent a trajectory leading to negative outcomes.”

In the meantime, Slattery advocates focused efforts to address acute problems such as school violence.

“We must prioritize what needs to be done in schools, first identifying where we can achieve the greatest likelihood of an ideal outcome, and then taking small steps in that direction so we’re not trying to change an entire culture and environment,” she says. “This will give us the biggest bang for the buck in the short term while we work on the larger problems.” Q

Quarterly Honored by Wisconsin Printers Association



The Printing Industries of Wisconsin (PIW) has honored the *Quarterly* with its 2006 Graphics Excellence Award. The award, for the best entry in the magazine series category, recognizes “superb craftsmanship in creating visual artistry—from concept through completion.”

Enormous talent and much hard work make *Quarterly* look so good.

Art Director Christine Klann, head of a team of six graphic designers in the busy UW Health Marketing and Public Affairs department, is responsible for the quality and consistency of the magazine’s look—issue to issue. She artfully lays out each spread and each page with an exquisite eye for detail.

Some of the best photographers in town also contribute to *Quarterly*. In almost every issue you’ll see the work of Todd Brown, Tom McInville and Bob Rashid. They creatively capture the faces, places and action that make the magazine so visually appealing. Photos by UW-Madison

photographer Jeff Miller also appear regularly in the magazine.

Michael Lemberger makes sure color throughout the magazine is true and vibrant. He finesses every picture, ensuring that color is balanced and that all images look as if they come from the “same family,” for a consistent look. Michael sometimes shoots pictures for the magazine too.

Finally, Suttle Straus does an amazing job every three months when they put their skills to work on printing 13,000 copies of *Quarterly*. Specializing in high end color printing, direct mail, advertising materials and corporate communication, the Waunakee, Wisconsin, company provides the upper Midwest with top-notch specialized printing. Suttle Straus wins many awards.

PIW is the state’s graphic arts trade association, representing an industry with more than 41,000 employees and \$6 billion in annual sales.

An Exceptional Homecoming Weekend



Christopher Larson, MD '75
Editorial Board Chair

Each year, I take time to reflect on the many alumni gatherings and celebrations that bring so many of us back to campus for Homecoming. What began decades ago as a Friday set aside for meetings of Wisconsin Medical Alumni Association (WMAA) directors and *Quarterly* editorial board members followed by an evening of socializing has now become the nucleus of additional, fun “getting back to campus” activities. Homecoming, the showcasing of the

campus and our school and the excitement of UW football always make the trip worthwhile. That is why alumni involvement is at an all-time high. We return to campus to get together and be part of the school-related excitement.

This year, we were honored to have Robert Golden, MD, our new dean, attend and actively participate in Friday’s slate of events. As many of us expected he would, Dr. Golden embraced the concept of a partnership between the WMAA and the School of Medicine and Public Health, seeing it as an opportunity to strengthen the role of alumni in helping current students and the school wherever possible. Dean Golden described the relationship as one in which alumni are stakeholders in all that the school represents—from its teaching to its graduates.

The ideas that Dean Golden shared underscore a renewed sense of purpose at this critical juncture as the WMAA develops a new five-year strategic plan that builds on its partnership with the school and the UW Foundation. As active

alumni, we can only benefit from Dr. Golden’s leadership and his uncommon vision for our organization.

The weekend turned into an exceptional alumni welcome for our new dean. An unprecedented nine classes chose to hold their five-year interval reunions. Other classes fashioned informal gatherings, taking advantage of the alumni-sponsored events such as the pregame tailgate party at Union South. I’m told that more than 650 people signed up for the party, requiring us to enlarge our usual room to include spill-out areas and to reserve the west balcony, the best spot to watch the pregame band concert.

I talked with some class representatives about their experiences. The seasonal beauty of campus, the football game, the chance to connect with other alumni and the opportunity to visit the medical school and meet the new dean were all mentioned as reasons for picking this fall, in particular, to participate.

Don Fuhrman, of the Class of ’76, commented that enthusiasm for the activities was palpable, and the Dean’s

Reception at Monona Terrace on Friday night was a fitting kickoff for the ’76 class reunion weekend. Dr. Fuhrman also noted that Dean Golden has adopted the color red, giving a Badger welcome to the large gathering, and that he joined in as one of us at the tailgate. John Meuer, ’86, echoed Don’s comments, with hopes for future opportunities for his class to get together.

What was most telling about the weekend were Dean Golden’s comments. He called the events “spectacular” and the level of participation “quite striking.” He took full advantage of the large group assembled to meet many alumni and shared how deeply impressed he was with our loyalty to our school and the ongoing friendships that exist between former classmates. He also told us of the personal warmth he felt in our welcoming him, his wife, Shannon, and their family.

I was happy to see alumni turn out in force to be part of Homecoming and a grand welcome for Dean Golden.

Calendar of Events

January 2007

Tuesday, January 16

Operation Education
A Physicians Fair for Students and Alumni
6:00 p.m., Health Sciences Learning Center

March 2007

Thursday, March 1

WMAA Winter Event and
Board of Directors Meeting
Marshfield, Wisconsin

3:30-5:30 Board of Directors meeting
5:30-6:30 Social Hour
6:30 Dinner and program

May 2007

MAY 10-12, 2007 ALUMNI WEEKEND

Friday, May 18

Graduation

September 2007

Sunday, September 16

White Coat Ceremony

October 2007

OCTOBER 26-27 HOMECOMING WEEKEND

We Want to Hear From You

Please send us information about your honors received, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and locations. *Photographs are encouraged.*

Name _____ Year _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address _____

Recent Activities _____

Have you moved?

Please send us your new address.
Mail to: Wisconsin Medical Alumni Association
Health Sciences Learning Center
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Madison, WI 53705

Rather connect by computer?

Please send your information to us at:
www.med.wisc.edu/Alumni/stayconnected.asp

■ Observations



PHOTO: Jeff Miller/UW-Madison University Communications

A heavy snowfall blanketed Bascom Hill on a cold night last winter. As they fell to the ground, out-of-focus heptagonal-shaped snowflakes reflected light from the flash of Jeff Miller's camera.

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