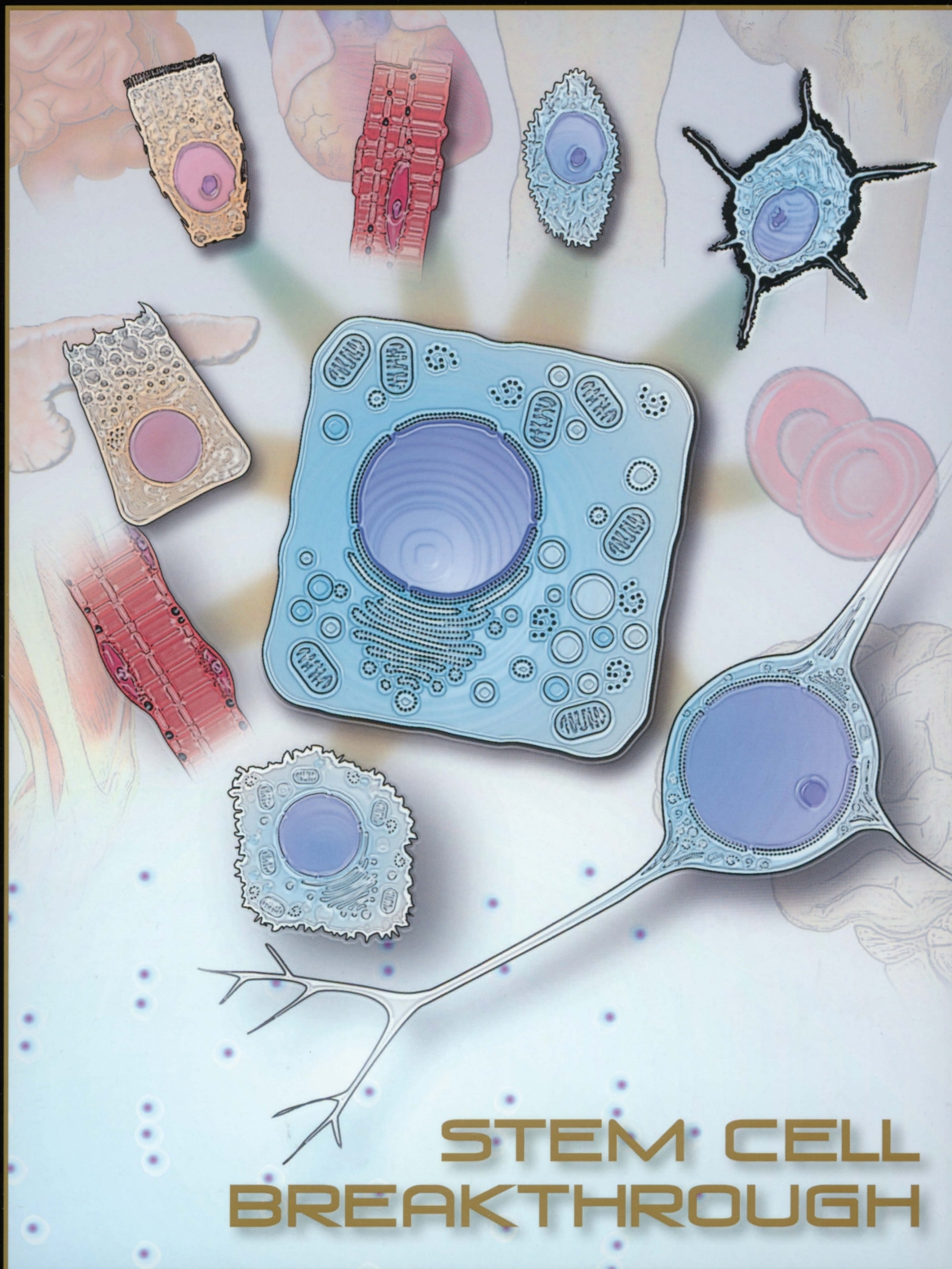


QUARTERLY

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



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WINTER 2008

STEM CELL BREAKTHROUGH

QUARTERLY

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

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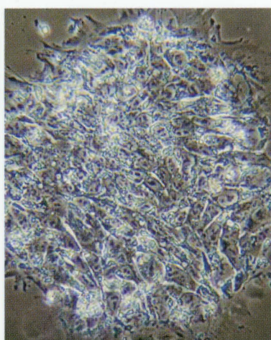
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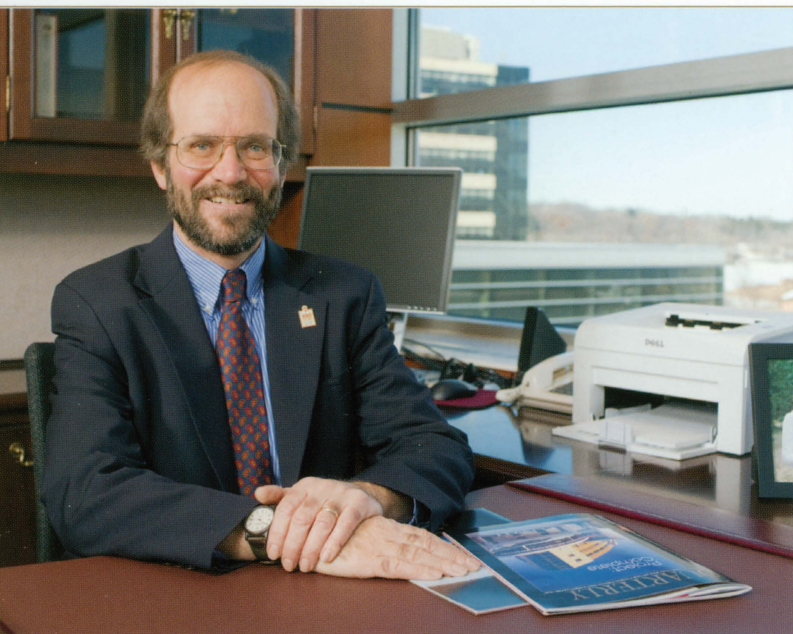
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On the Cover: Medical illustrator Betsy True depicts the power of a stem cell to differentiate into several of the 220 types of cells and tissues in the human body.



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

As you will see in this issue of the *Quarterly*, the kick-off of our school's centennial celebration during Homecoming Weekend was full of fun and enthusiasm. It isn't often that one gets to celebrate a 100th birthday! We will continue to acknowledge our history throughout the 2007-08 academic year by looking back with appreciation to all of the accomplishments that have brought the University

of Wisconsin School of Medicine and Public Health to its current position of national prominence.

As we launch our second century, we also are launching an historic transformation. Our school aims to be the first ever to bridge the biomedical sciences and population health sciences by truly integrating public health into all its missions—education, research, patient care and

community engagement. We have spent the past year carefully defining how this will occur and developed a road map that will guide us on our journey.

You will be reading much more about our road map in future issues of the magazine, but for now I invite you to review it at the following link: <http://www.med.wisc.edu/about/mvsp.php>. The school's transformation will take considerable time to complete, and I am delighted that it is getting off to a great start at the same time as we are marking our centennial.

In this time of exciting changes, I am also thrilled to note that we have successfully recruited Donna Katen-Bahensky to serve as our next president and chief executive officer of UW Hospital and Clinics. Donna comes to us from the University of Iowa Hospitals and Clinics, where she had a proven track record for understanding and supporting interrelated clinical and academic missions. Donna will join me and Jeff Grossman, MD, president and CEO of the UW Medical Foundation, as we continue to advance the

entity we call UW Health, which is described in detail in this issue of the magazine. It is great to have Donna on board.

Another important transition involves our university. Last December, Chancellor John Wiley announced that he will be retiring at the end of the academic year. John will leave very big shoes to fill; he has contributed tremendously to this university in many capacities over many years.

UW's remarkable strengths, which include a special spirit of community and collegiality that unites all of our campus units, should attract the very best leaders in higher education as candidates. I am pleased that I will have the opportunity to serve on the Search and Screen Committee, and I am confident that UW-Madison will have a seamless transition in leadership that will keep us on our exciting trajectory.

Amidst banners, pins, T-shirts and other items proclaiming "A Century of Inspiration," the UW School of Medicine and Public Health (SMPH) extended family began celebrating the school's 100th birthday at Homecoming 2007 last fall. And what a celebration it was! Nearly 700 alumni, family and friends attended various events, all of which had a centennial spin. The SMPH classes of 1967, 1977, 1982, 1992, 1997 and 2002 gathered for their class reunions, adding to the good cheer and festivities. I hope you enjoy the photos and articles on the following pages, which clearly tell the story.

And the celebrations continue! From the White Coat Ceremony in the fall to Graduation in the spring...we will celebrate. The centennial will be front and center at all Wisconsin Medical Alumni Association (WMAA) events planned for the coming year, beginning with the following spring semester activities.

"Operation Education"

In conjunction with the Wisconsin Medical Society Foundation, the

WMAA hosted "Operation Education," the third annual physicians fair. At this popular event, medical students have an opportunity to meet alumni with expertise in many different medical specialties. Alumni answered students' many questions about various career options.

Winter Event

We are busy planning for the WMAA annual winter event. This year it will be held on Friday, February 15, at the Milwaukee Art Museum, which will be featuring a new exhibit titled "Modernity in Central Europe, 1918-1945." Attendees also can anticipate a lively presentation by John Harting, PhD, SMPH professor and chair of anatomy, who will speak about anatomy at the school—past, present and future. How fitting for the centennial celebration!

Alumni Weekend and Spring Reunions

Class representatives for the classes of 1948, 1953, 1958, 1963 and 1968 are working with WMAA staff to plan class reunions. The reunions will be held in conjunction with Alumni

Weekend, May 8-10, 2008. Classmates will soon receive details about these reunions.

Summer Travel

Once again, the WMAA will partner with the Wisconsin Alumni Association to offer our alumni an opportunity to explore one of our most beautiful states—Alaska. Many WMAA board members have already signed on. I hope you too will join us to celebrate our history and destiny on an unforgettable cruise in Alaska. For additional information and to place your reservation, please call (888) 922-8728.

As always, please feel free to contact me with your ideas, issues and even concerns. You can e-mail me at kspeters@wisc.edu, call me at (608) 263-4913 or write to Karen S. Peterson, Assistant Dean for Alumni/External Relations and Director, Wisconsin Medical Alumni Association, 750 Highland Avenue, Madison, WI 53705. I look forward to hearing from you.



Karen Peterson
WMAA Executive Director

STEM CELL BREAKTHROUGH

SMPH Developmental Biologist Reshapes the Field—Once Again

by Dian Land

Less than a decade ago, James Thomson, PhD, the John D. MacArthur Professor of Anatomy at the University of Wisconsin School of Medicine and Public Health (SMPH), stunned the scientific world when he announced that his team had met the daunting technical challenge of extracting stem cells from embryos that had been discarded from an in vitro

fertilization clinic.

Now for the first time scientists could grow in their laboratories the undifferentiated “pluripotent” cells that have the capability to proliferate into any of the 220 cell types found in the human body—from round, dimpled blood cells to elongated, spiked neurons to steadily beating heart cells.

For many people, the achievement represented clinical possibilities that seemed almost limitless. The

blank-slate embryonic stem (ES) cells could be instructed to become specialized cells and tissues that doctors could transplant into their patients to repair damaged spinal cords, for example, or produce desperately needed blood products or replace faulty islet cells incapable of producing enough insulin.

For scientists like Thomson, the feat flung open the door to learning more about the cells that are so central to

human development. Indeed, for developmental biology, the discovery symbolized a seismic shift. Inundated with media calls for weeks, Thomson ultimately was pictured on the cover of *Time* magazine in 2001.

The euphoria was soon tempered, however, by contentious ethical and political debates centered on the fact that the process required the destruction of human embryos. Resulting federal

STEM CELLS WITHOUT EMBRYOS



PHOTO: BRYCE RICHTER/UNIVERSITY COMMUNICATIONS

Some four years ago, James Thomson, PhD, hired post-doctoral fellow Jungying Yu, PhD, to begin a complex, arduous screening process to see if specific genes could reprogram already-differentiated mature cells back into the undifferentiated, pluripotent state that characterizes embryonic stem (ES) cells.

“We knew from our work on hematopoiesis that if you fused a blood cell with an ES cell, you got what looked like a stem cell,” Thomson says. He reasoned that genes

functioning in ES cells—transacting factors—had the ability to change the blood cells back into an undifferentiated state.

Yu started by examining the gene activity of the blood cells and ES cells and cloning 100 genes known to play a role in establishing or maintaining cell pluripotency. Close to two years ago, she had whittled the group down to 14 gene candidates that could reprogram ES cells. She then used synthetic viruses to carry the genes into human fibroblasts—skin cells obtained from fetal tissue and the foreskin of a newborn—to

find out which genes were necessary.

By eliminating each individual gene and testing many combinations of them, Yu ultimately identified four genes—*Oct4*, *Sox2*, *Nanog* and *Lin28*—that somehow reprogrammed the skin cells so that they acted exactly like human ES cells in every way she tested them.

“The cells met all the criteria we originally proposed for human ES cells in 1998,” Thomson says. The induced pluripotent stem (iPS) cells maintained the ability to

policies reduced funding for the research, restricted access to the existing cells and prevented scientists from creating new cell lines—producing a pervasive chilling effect.

Nonetheless, Thomson and others who are convinced of the value of research on embryonic stem cells continued to study the cells' fundamental properties. Thomson focused specifically on learning what causes ES cells to differentiate into specific cell types and why some ES cells remain indefinitely in an undifferentiated state. He also worked closely with other SMPH physician-scientists who were eager to incorporate stem cells into their investigations of neural, cardiac and blood diseases as well as diabetes and cancer.

– Continued next page

differentiate into three primary tissue types, exhibited cell structure and other markers associated with ES cells, and expressed genetic activity mirroring that of ES cells.

Thomson, Yu and their colleagues reported the findings in *Science* the same day as a team of Japanese scientists reported similar findings in *Cell*, with each group using a slightly different combination of genes.

The Wisconsin team created eight new stem cell lines with the four-gene combination. Some of the cell lines continue to grow in culture today.

PHOTO: MARTHA BUSSE PHOTOGRAPHY



LEADER IN STEM CELL SCIENCE



PHOTO: UNIVERSITY COMMUNICATIONS

With pockets of stem cell researchers scattered across campus and around Madison, Wisconsin has become a leader in stem cell science. According to *Essential Science Indicators*, a publication that lists the academic institutions cited most by topic, UW-Madison ranks seventh overall in the nation in stem cell citations. UW research has been cited 6,432 times in the past nine years.

The UW research takes place at the Stem Cell and Regenerative Medicine Center, the Genome Center of Wisconsin, in individual departments at the SMPH and other institutes and centers, including the Waisman Center, the Wisconsin National Primate Research Center and the William S. Middleton Veterans Administration Hospital.

Off campus, the WiCell Research Institute serves as the national stem cell bank. And a company co-founded by Thomson, Cellular Dynamics International, focuses on using stem cells to test drugs for heart toxicities.

In 1997, when researchers cloned Dolly the sheep, the scientific conceptual landscape again shifted dramatically.

“Dolly very much changed the mindset of developmental biologists,” Thomson says. “Her creation told us, ‘Hey, somehow you can go backwards [from a differentiated to an undifferentiated state].’”

To clone the sheep, Scottish scientists inserted the nucleus from an adult animal into an unfertilized egg containing no nucleus, which was implanted into a surrogate mother and grew into an animal that was identical to the adult donor. In unknown ways, the nuclear transfer allowed genetic material present in the egg to reprogram the adult nucleus to an undifferentiated state.

“The cloning showed us that something in the egg was reprogramming adult cells back to ES cells,” Thomson says. Scientists know now that genes that are transcription, or trans-acting, factors are responsible, and that they do their job by turning other genes on and off, usually only during embryo development.

Thomson directed his team to begin seriously looking into the trans-acting factors they were learning about in their studies of

human ES cells (see sidebar on page 4). When a group of Japanese scientists headed by Sinya Yamanaka, MD, reported in 2006 that they had reprogrammed mature cells from adult mice back to stem cells by adding four trans-acting genes, Thomson’s team hit the fast track.

The culmination of those efforts occurred on November 20, 2007, when Thomson and his colleagues reported in the journal *Science* that by inserting four genes into ordinary human skin cells they were able to produce so-called induced pluripotent stem cells (iPS) that resembled embryonic stem cells in every way the scientists tested. With Yamanaka announcing a very similar finding with a different combination of genes in *Cell* on the same day, the dual discoveries were quickly hailed as a major breakthrough.

Since creating iPS cells requires no embryos or cloning, the scientific advance was seen widely as a welcomed way for scientists to sidestep the ethical and political issues of the past. The discovery was yet another reshaping of the biological terrain.

In the weeks following the publication, Thomson again answered scores of media calls, resulting in stories around the world. In late December, he took

time to relax in his office in the Genome Center of Wisconsin and talk about the future of stem cell research and its applications to human health.

In the long run, Thomson believes iPS cells may be ideally suited for patient-specific transplantation therapy. In a scenario involving Parkinson’s disease, for instance, clinicians would harvest skin cells from a patient, insert the genes that reprogram the cells back to iPSs and then add additional mixtures to transform them into nerve cells that stimulate the release of growth factors needed to improve the motor nerve cell damage that is the hallmark of the disease.

The genetic matching that is a key advantage of iPS cells would mean that patients’ immune systems would not reject the transplants. This process is infinitely simpler than using ES cells derived from an anonymous source, which would be rejected by the patient’s immune system unless scientists first cloned an embryo from the patient, a controversial step in itself.

With either type of stem cell, however, transplantation therapy will not be the treatment of choice for the subset of diseases in which an underlying, ongoing problem is causing the

damage, such as with heart attacks, Thomson warns.

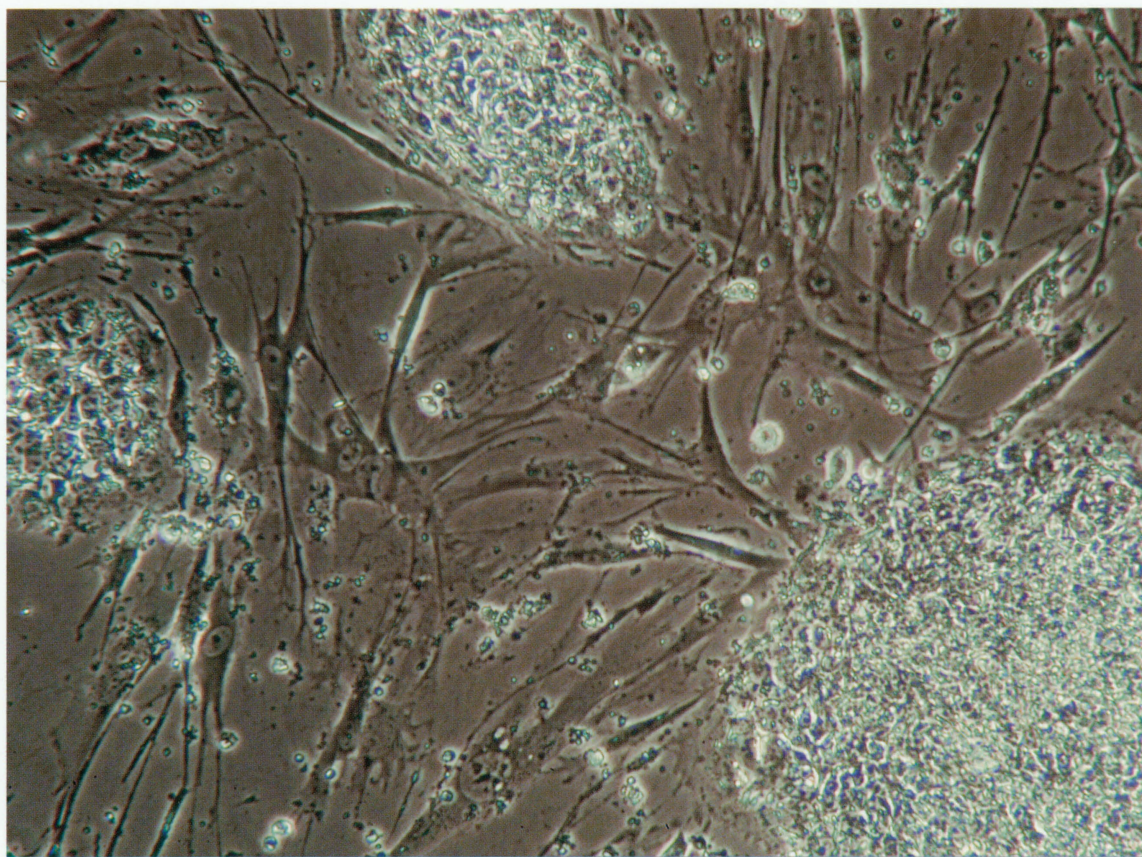
"Physicians will have to address the underlying problem that caused the heart attack to occur in the first place before therapeutic cells can be put back in," he says.

To Thomson's way of thinking, the biggest promise of iPS cells, at least in the short run, is in the area of drug testing. ES cells are limited in this application because they are derived only from embryos acquired from fertility clinics, which generally are patronized by relatively wealthy people. As a result, he says, those cells do not reflect the diversity of the country. iPS cells, by comparison, can be derived from anyone.

"It should be relatively easy to make genetically diverse iPS cell lines that are more appropriately matched to the population in which you want to introduce new drugs," he says.

iPS cells also hold great potential as tools to study the causes and treatments of genetic and other complex diseases, he says, although working out the details may be challenging. In this line of work, scientists would isolate cells from a person who is at risk for Alzheimer's disease, say, and study in the laboratory how the disease progresses and how it might be best treated.

Thomson believes that much work remains to be



A microscopic view shows a colony of human embryonic stem cells. In 1998, James Thomson and his colleagues were the first to isolate these pluripotent cells from embryos that had been discarded from an in vitro fertility clinic. In 2007, Thomson and his team used four genes to reprogram adult skin cells back to undifferentiated cells that looked like stem cells in every way the scientists measured.

done on iPS cells. For one, scientists must find ways to insert them into patients without using virus carriers, which have the potential to cause mutations that may develop into tumors in tissues grown from the cells. Above all, he says, more studies will be required to determine the degree to which iPS cells and ES cells may truly be the same.

"The potential problem is that iPS cells could differ in significant ways from ES cells, in ways we still don't know about," he says. "ES cells will remain the gold standard against which iPS cells will be

measured. We cannot simply abandon ES cell research and invest all our hopes in a single new approach."

Thomson stresses the importance of being open to setbacks. Unexpected developments—both negative and positive—are a part of discovery, he says, pointing to scientists' pleasant surprise at how quickly the Human Genome Project was completed, on the one hand, and the unforeseen obstacles that have kept gene therapy from advancing as rapidly as had been hoped, on the other.

"We need to be prepared for the long, hard work that is likely to occur before we get this new research into clinics," he says.

Despite his cautious thinking, Thomson believes that many ES cell researchers will migrate to the new techniques, particularly given that iPS cells carry a patient's defined genetic background. He expects that the new cells ultimately will replace ES cells in clinical practice.

"I do think there will be some viable therapies based on these new cells in the next decade," he says.

Q

Minutes Count If Having Stroke

by Susan Lampert Smith

Maybe it won't get us on a magazine cover, but it turns out Madison is a pretty good place to have a stroke.

Just ask John Weiss, MD, PhD, medical director of the Red Cross.

Here's the great thing: You *can* ask him. Weiss was back at work a month after suffering the kind of stroke that, until recently, killed 80 percent to 90 percent of its victims and left the rest with severe disabilities.

Weiss spent the early morning of September 10,

2007, seeing patients at UW Hospital's transfusion service. Then, with a break in his schedule, he headed over to the Shell next to Camp Randall Stadium for some exercise. For 40 years, Weiss, 63, has been part of a pickup basketball group that for many years included Governor Jim Doyle.

That day, Weiss was fortunate to be playing basketball with Paul Elvord and musician Leotha Stanley, both of whom have paramedic training.

When Weiss went down on the basketball court, they recognized he was having

a stroke and waved off the defibrillator brought out by a staff member who thought it was a heart attack.

Then, they called an ambulance, which was conveniently right across the street, at Madison Fire Station No. 4. The crew radioed ahead to UW Hospital, so the stroke team met Weiss in the emergency room.

Weiss, who left the hospital an hour earlier, had returned as a quadriplegic "John Doe" in basketball shorts. Not that the attending neurologist would have recognized him.

Marcus Chacon, MD, was in his first week of work, newly arrived from a stroke fellowship at the University of California-San Diego.

A scan of dye injected to Weiss' brain showed a clot in his basilar artery, which runs up the back of the brain.

Within an hour of falling down on the basketball court, Weiss was receiving clot-busting medicine through an IV. Two hours later, he was on the operating table, getting more of the medicine delivered right to the site of the clot via a catheter, a method Chacon says is still experimental.

—Continued on page 11

Good at Dodging Bullets

by Dian Land

Three months after his stroke, John Weiss, MD '71, PhD, was back at work nearly full-time and quickly approaching normal. He spends half his time directing medical operations at the American Red Cross Badger Region offices and half sharing coverage of the transfusion and blood banking service at University of Wisconsin Hospital and Clinics. He expects to be playing basketball again soon.

To the casual observer, Weiss—trim, fit-looking, sharp and engaged at 63—miraculously appears to have suffered no effects from his life-threatening emergency. He's optimistic that the intellectual stimulation of his work and the physical therapy he is involved in will help him overcome the few deficits he still notices.

The stroke and his recovery have been a sobering experience for a man who has never had any health problems. "I used to consider myself somewhat invincible,"

he says. "But something like this gives you renewed focus."

The renewed focus includes a fresh and deep appreciation for the institution he has been affiliated with since medical school days. Weiss feels he literally owes his life to the superior care he got at UW Hospital.

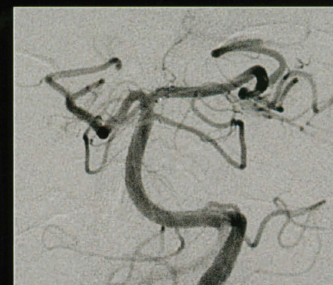
"This is a top-level academic medical center that has come a long way over the years," he says. "I'm proud to be an alumnus."

—Continued on page 11





Superior Imaging, Micro-tools and Physician Skill



The black and white image at left above reveals that blood is not flowing at the top of John Weiss' basilar artery due to an occlusion, or clot. The center image shows the micro-catheter David Niemann has threaded into the blocked artery to deliver a clot dissolver and mechanically disrupt the occlusion. The image at right shows the complete restoration of blood flow through the entire basilar artery.

by Lisa Brunette

When John Weiss arrived in the UW Hospital and Clinics emergency department (ED), things began moving fast. Because his symptoms seemed to indicate a very severe stroke, the ED put out the call for an emergency evaluation by the acute-stroke team. Attending neurologist Marcus Chacon, MD, an assistant professor of neurology in the UW School of Medicine and Public Health (SMPH), quickly responded and Weiss was in the CT (computerized tomography) scanner within 30 minutes.

The scan confirmed a significant blockage of the basilar artery in front of the brain stem. Thrombolytic therapy to dissolve the clot began immediately, as the neuro-endovascular team was consulted. It soon

became evident that surgical intervention would be necessary to clear the clot and save Weiss' life.

Neurosurgeon David Niemann, MD, SMPH assistant professor of neurology, threaded a micro-catheter and micro-wire distally into the basilar artery and opened the vessel using both mechanical and pharmacological therapy at the site of blockage, restoring blood flow to the brain.

"There is an array of micro-tools we can use to restore flow, including micro-balloons, clot retrieval devices and tiny stents dedicated to brain vessels," Niemann notes. Weiss, who had been comatose on arrival, was awake and talking not long after the procedure was completed.

"Lots of things went right in this case," notes Chacon. Weiss was stricken while in

the company of friends who recognized the signs of stroke and took immediate action. But systematic evaluation according to the protocols of the acute-stroke team, and the availability of advanced imaging and treatment played a central role.

"UW Hospital has stroke neurologists on call 24/7," Chacon says. "The ED has a paging system in place to get an emergency evaluation of suspected stroke patients. We have access around the clock to neuro-endovascular surgeons. Care can be given quickly because we are organized to do that."

Both Niemann and Chacon say the quality and range of imaging capabilities at UW Hospital is unparalleled.

"Regular CT is done everywhere," Chacon says. "But in addition to that, we have ready access here

to multi-modal CT (which includes perfusion CT and CT angiography) that can show us in detail the anatomy of the blood vessels from the heart to the brain as well as the physiology of the blood flow."

Such imaging can reveal not only the precise location of a blockage but also the region of the brain that is at risk but can still be saved.

"Sophisticated angiography can provide images that help us make better decisions," concurs Niemann. "Our bi-plane equipment also has excellent three-dimensional imaging and an ability to perform CT scans on table during the operation. With this range of resources, UW Hospital and Clinics is one of the major centers to treat ischemic disease of the brain."

Minutes Count (continued from page 8)

The key to this story is time. Minutes count.

Chacon says he's seen studies estimating we lose 1.9 million neurons a minute when blood flow to the brain is blocked.

The area where Weiss' stroke occurred can be lethal because the brain stem controls functions including respiration, consciousness and movement. Sometimes patients survive, Chacon says, with a horrible condition called "locked-in syndrome," in which their intelligence and personality survive but

they can communicate only through eye blinks. The book *The Butterfly and the Diving Bell* is by Jean-Dominique Bauby, who had a brain-stem stroke at age 43. He wrote it one letter at a time, by blinking his left eye when a helper recited the correct letter of the alphabet.

Because everything worked right, Weiss walked out of the hospital four days after his stroke. Weiss wants everyone to know that if they have any stroke symptoms they should get themselves to a hospital immediately.

For a doctor and a retired brigadier general in the U.S. Army Reserve who used to command a hospital unit, Weiss says, "It was humbling, my life in the hands of others."

He's thankful those hands were so competent.

"We are very blessed here in Madison," he says. "We have excellent care here."

Symptoms of a stroke may include (source: American Stroke Association):

- Sudden numbness or weakness of the face, arm

or leg, especially on one side of the body

- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause.

Call 911 immediately.

Time lost is brain lost.

Reprinted with permission from the *Wisconsin State Journal*.

Good at Dodging Bullets (continued from page 8)

Weiss is acutely aware that he dodged a bullet—once again.

Six years prior to his stroke, almost to the day, he was at the Pentagon when American Airlines flight 77 crashed into the military headquarters. A brigadier general in the U.S. Army Reserve at the time (he joined the reserves in 1971 and is now retired), he was there for an oversight committee meeting with the army chief of staff.

Evacuating the building as ordered, Weiss and others headed for the impact site, where they witnessed a gaping hole in the reinforced structure, a blinding plume of smoke and a debris field littered with fragments of airplane metal. As the jet-fuel fire burned violently, and with the fear of another attack coming, the doctors mobilized to set up triage centers where victims, mostly civilian employees, were stabilized.

"One woman I started an IV on was burned over 85 percent of her body," Weiss recalls. "I saw people suffering immediately from post-traumatic stress disorder, with their eyes glazed over."

Search and rescue teams were organized but it soon became apparent that bodies could only be recovered; 125 people who had been at the Pentagon died. The local Red Cross, ambulance services and other disaster response groups soon took over and security jets flew overhead.

Weiss insists he played only a small role in the operation and that many others performed heroic actions. Nevertheless, he stayed on for two days to help.

It was second nature for Weiss to roll up his sleeves and help on 9/11. He was not just a doctor; he had commanded a 6,000-member military medical unit.

Activated during Desert Storm, Weiss and his unit served at the U.S. medical center in Landstuhl, Germany, where seriously injured soldiers were—and still are—sent for care.

Weiss was also involved with developing forward surgical teams that were under his command—small, agile units that are adept at stabilizing patients close to the battlefield.

"We showed that the old M*A*S*H concept, as seen on TV, was viable," he says. "The sooner you provide care, the more lives you save."

Weiss claims he's not really a superstitious person, but next September he says he may simply hunker down and not speak to anyone.

"September has not been my month," he says, only half joking.

Q

Centennial KICK OFF



THE UW SCHOOL OF MEDICINE AND PUBLIC HEALTH OFFICIALLY KICKED OFF ITS CENTENNIAL CELEBRATIONS WITH HIGHLY VISIBLE ACTIVITIES DURING HOMECOMING WEEKEND 2007. THE FESTIVITIES TOOK PLACE ON THE CAMP RANDALL FIELD, IN THE STADIUM BLEACHERS, AROUND THE HEALTH SCIENCES LEARNING CENTER, IN THE EBLING LIBRARY AND AT OTHER VENUES.

A Century of Inspiration



A YEAR OF SPECIAL EVENTS

A Babcock Hall ice cream flavor contest will be held, exhibits will be on display at the State Capitol and the Medical Society of Wisconsin will showcase the school in its journal.

From bottom, clockwise: Students show off their centennial T-shirts, banners fly outside the learning center and the school's history appears on a multi-panel exhibit. Opposite, from left: UW-Madison Chancellor John Wiley, UW System President Kevin Reilly, SMPH Dean Robert Golden and Lieutenant Governor Barbara Lawton celebrate on the field.



1907-2007

Homecoming



FOOTBALL GAME DAY

At the homecoming football game, many attendees donned custom-made white surgical scrub caps with the SMPH logo and "100 Years" emblazoned in bold type.

A State of Wisconsin proclamation honoring the many contributions of the school and its 10,000 alumni was presented between the first and second quarters of the ball game. And a video summarizing the past century was broadcast on the big screen.



Game Day

Celebrating history



CENTENNIAL EXHIBIT

Decades of great memories brought about 130 people to the opening reception for the "Skeletons in the Attic, Life in the Atrium" exhibit in the Ebling Library in November.

Micaela Sullivan-Fowler, curator of the special centennial exhibit, says visitors, including (below left) Ralph Hawley, former director of the medical alumni association, and Robert Schilling, MD '43, SMPH emeritus professor of medicine, brought amazing stories and conversations about the school's past.

To create the exhibit, Sullivan-Fowler gathered photographs, artifacts and documents that chronicle the story of the deans, students, faculty, researchers, events and buildings that shaped the medical school.

Sullivan-Fowler also took special pieces of the exhibit to the local NBC television station for an extended live interview one recent Saturday morning.

In addition to the exhibit display area in the Historical Reading Room, the Ebling third-floor gallery showcases vintage photos, printed on canvas, of early medicine.

The exhibit runs through June.



One hundred years



Student Research Opportunities Grow

by Dian Land

“Respiratory Virus Surveillance in Wisconsin,” “Gender Differences in Proximal Humeral Morphology,” “Effects of Iron Deficiency in Minority Mothers on Offspring,” “Informed Consent in Pediatric Clinical Trials,” “Phospholipase D Expression in Hepatocellular Carcinoma.”

These were just a few of the research projects second-year students at the University of Wisconsin School of Medicine and Public Health (SMPH) described at the sixth annual Medical Student

Research Fall Forum held on November 20, 2007.

The forum showcased the accomplishments of 65 students who conducted research last summer under the guidance of faculty mentors and their research staffs. Students discussed their project results during a busy afternoon poster session, and 15 of them gave oral presentations to an attentive audience that almost filled Alumni Hall.

SMPH pediatrics professor James Gern, MD, the faculty director of the program who has been an active student

research advocate and mentor for many years, gave the keynote address, “Identifying Risk Factors for Childhood Asthma.” Paul DeLuca, PhD, SMPH vice dean and senior associate dean for research, welcomed the students and described the research enterprise that is so central to our university and academic medical center.

The summer program, consisting of eight to 12 weeks of full-time research under the supervision of a faculty member, is designed to encourage students to develop research skills and competencies. Projects

representing basic, clinical, translational, global and public health as well as health services research are available through all 26 SMPH departments, centers and institutes.

“The best projects provide students a full range of learning experiences—from forming a research question to developing a methodology, conducting statistical analysis and presenting results, even if they weren’t ones that were anticipated,” says Lynne Cleeland, MS, assistant dean of academic affairs who administers the program.

Students learn research fundamentals from their mentors as well as through activities sponsored by the Department of Surgery, the Clinical Investigator Preparatory Program Short Course in Clinical Research and informal roundtables held throughout the summer.

The program has taken off since it was created seven years ago, says Cleeland.

"Last summer, 90 students from the Class of 2010 were involved, and that represents 58 percent of the class," she notes, adding that only about 30 percent were involved at the beginning in 2001.

School leaders attribute the growth in large part to generous funding from the Herman and Gwendolyn Shapiro Foundation. It supports 55 students for an average of 10 weeks each summer, as well as conference travel expenses and student excellence awards each year.

Support also comes from the Dean's Office, the UW Paul P.

Carbone Comprehensive Cancer Center, the UW Cardiovascular Research Center, the surgery department's T35 training grant, the Clinical and Translational Research Core, the Department of Family Medicine Summer Research and Clinical Assistantship Program and other departments, institutes and individual faculty grants.

The dozens of faculty members who eagerly take students under their wings also clearly can be credited for the program's growth, adds Cleeland.

Students get involved for a variety of reasons.

"Some are considering careers in academic medicine or want to position themselves for competitive residencies; others simply like the intellectual stimulation. The program reinforces their curiosity and natural love of science," she says, adding that most, but not all, have had some prior research experience.



The Medical Student Research Fall Forum showcased the accomplishments of 65 students who conducted research last summer under the guidance of SMPH faculty mentors and their research staff.

Second-year medical student Dan Repplinger found working in the laboratory of Herbert Chen, MD, SMPH assistant professor of surgery, to be extremely valuable.

"I was given a generous amount of autonomy in managing my own clinical research project," he says. "I'm certain the experience will vastly benefit my medical education."

For students who want to delve deeper into research, the school sponsors the Research Honors Program. This requires at least 16 weeks of mentored research during medical school under the active direction of a faculty researcher.

Students are chosen for the program by applying to the Student Research Committee consisting of Gern, who is the chair; Susan Skochelak, MD, MPH, senior associate dean for academic affairs; Michael Fleming, MD, MPH, professor of

family medicine; Nizar Jarjour, MD, professor of medicine; Chen; Lori Bakken, PhD, assistant professor of medicine and Eugene Kaji, MD, PhD, assistant professor of medicine.

Students must complete additional curriculum components and write a scientific paper or thesis. Those meeting all criteria receive an MD degree with the designation "Honors in Research."

The first students to earn the designation graduated last May. They included: Ryan Cassaday (under mentor Paul Sondel, MD, PhD), Mark Morrey (Paul Anderson, MD), Matthew Abdel (Jon Gould, MD), Meredith Cechvala Schultz (Greg Hollman, MD), Joshua Lindsey (Robert Love, MD), Dustin Deming (Kyle Holen, MD), Nathan Schreiber (Cynthia Carlsson, MD), Michael Stauder (Sondel) and Elizabeth Charipar (Kaji).



Understanding UW Health





From left: UW School of Medicine and Public Health, UW Hospital and Clinics and UW Medical Foundation are the three largest players in UW Health. Many other entities contribute to making UW Health a vibrant academic medical center.

In the pages of the *Quarterly*, you regularly read about people and programs related to UW Health. But not everybody is clear on this name. What exactly does it mean?

UW Health encompasses the several interconnected entities that make up our vibrant academic health center. Each entity has its own strong identity, to be sure. But together, as UW Health, they all are united in their shared mission of meeting the health needs of Wisconsin and beyond through comprehensive excellence in education, research, patient care and community service.

University of Wisconsin School of Medicine and Public Health (SMPH) consists of more than 1,100 faculty members in 11 basic science and 16 clinical science departments that include primary care, specialty and sub-specialty areas. Faculty engage in teaching, research or clinical activities, or any combination of these, with physician faculty members practicing at more than 60 UW Health locations.

Extensive basic, clinical and population health research under way at the school is funded by the National Institutes of Health, other federal agencies and industry sponsors. The educational mission centers on training medical students, PhDs, residents and fellows, and master in public health students. The school also runs physical therapy, physician assistant, clinical laboratory science and continuing medical education programs.

University of Wisconsin Hospital and Clinics (UWHC) is a 468-bed tertiary-care facility with one of the

nation's largest transplant programs. A level-one trauma facility for both pediatric and adult patients, UWHC features Med Flight helicopters and an American College of Surgeons-certified burn center. Approximately 6,800 full- and part-time employees work at UWHC's 12 clinical and non-clinical locations. Consistently ranked among the best hospitals in the U.S. on many measures, the hospital is self-supporting and has operated as a public authority since 1996.

The **University of Wisconsin Medical Foundation (UWMF)** is organized for the benefit of the school and as the practice plan for more than 980 faculty physicians and 2,080 non-physician staff. Comprising the largest medical group in Wisconsin, UWMF physicians practice at UWHC, Meriter, St. Mary's, William S. Middleton Veterans Administration and other Wisconsin hospitals.

Smaller players are equally important to UW Health. The new **American Family Children's Hospital (AFCH)** is a 60-bed pediatric hospital with over 30 pediatric specialty out-patient clinics. Special services include the hospital school, a child-life program, positive image center and a 20-bed pediatric intensive care unit. The AFCH physician staff consists of SMPH faculty representing 35 specialties.

The **UW Paul P. Carbone Comprehensive Cancer Center** is one of 39 National Cancer Institute-designated comprehensive centers nationwide. Eight regional cancer centers are affiliated with it. More than

250 physicians, physician-scientists and basic researchers across the UW-Madison campus who are members of the center conduct 200-250 clinical trials at any given time.

Three entities also operate clinics that provide patients wide access to services as well as serve as training sites for residents and fellows. The **UW Department of Family Medicine** runs eight clinics throughout Wisconsin, including one where rural medicine training occurs. Thirty **UWMF clinics** are located in Columbia, Dane, Dodge, Jefferson and Marquette counties. And a network of more than **80 UWHC outpatient specialty clinics** exists at nine locations across the state.

University Health Care (UHC) and **Unity Health Plans Insurance Corporation** round out the UW Health family. Sponsored by UWHC, UWMF and SMPH, UHC is a non-profit organization dedicated to network development, managed care strategy and outreach programs. Unity is a 76,000-member health plan serving 20 counties in south-central Wisconsin.

UW Health is anchored on the western end of the UW-Madison campus, which has become one of the most impressive health sciences campuses in the country.

True to the Wisconsin Idea, which ensures that the boundaries of the university extend to the boundaries of the state, UW Health radiates from its Madison campus hub to cities and towns across Wisconsin.



Katen-Bahensky Named President and CEO at UW Hospital and Clinics



Donna Katen-Bahensky, former chief executive officer at University of Iowa Hospitals and Clinics and senior associate vice president for medical affairs at University of Iowa Health Care since 2002, is the new president and CEO of University of Wisconsin Hospital and Clinics. She joined the hospital on February 4, 2008.

"Ms. Katen-Bahensky brings a genuine zeal for compassionate, patient-centered care, solid leadership and a commitment to community service," says Patrick G. Boyle, chair of the UW Hospitals and Clinics Authority Board and UW regent emeritus.

Adds Boyle, "She also understands that quality patient care is enriched and advanced through partnerships within the medical sciences center, and in her new role will continue her strong commitment to this collaboration. In addition, I am very pleased that she is extremely employee-oriented and has a personal approach to leadership."

University of Iowa Health Care consists of the clinical enterprise functions of the Carver College of Medicine, the 650-member University of Iowa Physicians and the University of Iowa Hospitals and Clinics (UIHC). Iowa's only comprehensive academic medical center, the UIHC is widely recognized as one of the nation's leading medical centers with more than 514 adult and 186 pediatric beds and more than \$750 million in operating revenues.

"This is a wonderful opportunity for Donna, and we offer our best wishes for the future," says University of Iowa President Sally Mason. "We also offer her our thanks for setting a strong foundation for our future success. She will be remembered not only for her leadership at UI Hospitals and Clinics, but also for her commitment to community service."

Prior to joining UIHC, Katen-Bahensky served as executive vice president and chief operating officer at the Virginia Commonwealth University Health System and Medical College of Virginia Hospitals and Clinics, where she oversaw operations for a 750-bed hospital and more than 80 outpatient practice sites.

Katen-Bahensky began her career at the University of Nebraska Medical Center, where she rose to hospital chief operating officer after having started as the director of strategic planning and marketing and completing an administrative residency at the University of Michigan Hospitals.

She received her bachelor of arts in anthropology and a master's of science degree in public health administration, with an emphasis in health services management, from the University of Missouri in Columbia.

Highly active in organizations and community programs, she served on the board of directors of the University Health System Consortium; was an alternate delegate for the regional policy board of the American Hospital Association, and currently is a member of the administrative board of the Council of Teaching Hospitals of the Association of American Medical Colleges.

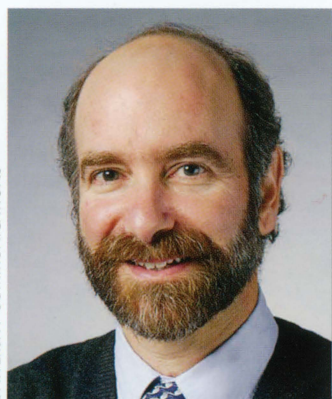
Katen-Bahensky was vice chair of the Iowa Business Council and serves as chairwoman of the American Heart Association's Midwest Affiliate Board of Directors.

She was instrumental in establishing the first Iowa Women's Leadership Conference, and was named one of 10 "2005 Women of Influence" by the *Corridor Business Journal*, a leading Iowa periodical.

Katen-Bahensky is married to James Bahensky and has one son, Alex.

Patz Shares Nobel Peace Prize With IPCC and Al Gore

PHOTO: MICHAEL FORSTER ROTHBART/
UNIVERSITY COMMUNICATIONS



Together with Al Gore, Jonathan Patz, MD, MPH, associate professor of population health sciences at the UW School of Medicine and Public Health, and other members of the United Nations' Intergovernmental Panel on Climate Change (IPCC) were awarded the 2007 Nobel Peace Prize.

Involving thousands of scientists from more than 100 countries, the IPCC was established in 1988 to conduct the most comprehensive scientific assessment ever on global climate change. Patz served as one of the principal lead authors on the first IPCC chapter devoted to health issues resulting from global warming, published in 1995, and a lead author for four subsequent IPCC reports.

"Through the scientific reports it has issued over the

past two decades, the IPCC has created an ever-broader informed consensus about the connection between human activities and global warming," said Ole Danbolt Mjøs, chair of the Nobel committee.

Patz co-authored World Health Organization monographs on climate change and has published many peer-reviewed publications on the subject.

In 1994, he brought the issue of climate change to the attention of the American Public Health Association, which will now make climate change the theme for the 2008 Public Health Week.

At UW-Madison, Patz, also a professor in the UW Nelson Institute for Environmental Studies, strives to build a major presence in what he calls sustainable public health, or "medical and public health efforts in the context of sustaining natural resources upon which health ultimately depends."

Patz was featured in the spring 2007 *Quarterly*.

State Public Health Group Honors Kindig and Remington



The Wisconsin Public Health Association (WPHA) recently recognized David Kindig, MD, PhD, and Patrick Remington, MD '75, MPH, with two top honors.

Kindig, emeritus professor of population health sciences at UW School of Medicine and Public Health (SMPH), was given the Distinguished Service to Public Health Award while Remington, professor of population health sciences, earned the Excellence in Public Health Research Award.

Kindig was honored for being "tirelessly committed to improving the health of the public in Wisconsin, even in his retirement," says the WPHA. He currently serves as co-chair of the Healthy Wisconsin Council. He also is the co-principal investigator on a new project titled "Advancing Evidence-based Health Policy in Wisconsin."

In the 1970s, Kindig played a key role in



organizations that worked for the health of communities, including the National Health Service Corps. The U.S. Surgeon General commended him for "outstanding contribution in providing more than 200 communities with needed health professionals."

Remington, director of the UW Population Health Institute, is deeply involved in issues ranging from chronic disease epidemiology to health communication. He focuses particularly on tobacco control and policy.

He and Kindig created the annual Wisconsin County Health Rankings, which often are used to support state and local health improvement efforts.

Remington also directs the SMPH's master of public health degree program, and provides research mentorship to a number of UW master- and doctoral-level students.

William Merkow, MD '43

Work Yields Longevity for an Active Surgeon

by Maggie Rossiter Peterman

From the beginning of the popular use of penicillin—to treat World War II soldiers—to the use of robots for vascular and transplant surgery today, surgeon William Merkow, MD '43, has staged a career that spans six decades during a most spectacular time in medicine.

At 87, Merkow is one of the oldest and longest-practicing physicians in Wisconsin, records at the Wisconsin Medical Society show. Merkow attributes his longevity to working.

"I thought I was one of the oldest docs," says the 62-year member of the state medical society. "Then I read a story in the *Wall Street Journal* that Dr. Michael DeBakey (the father of modern open-heart surgery) still makes rounds. He's 99."

For the past 17 years, Merkow has performed outpatient surgeries two and sometimes three days a week at QuadMed, a medical division of Quad/Graphics, at their clinic in Sussex, Wisconsin.

"I remove lumps and bumps, do biopsies and suture lacerations," he says. "Some mornings I might have four or five cases."

To stay abreast of new clinical developments, Merkow participates in continuing medical education programs, sits in on weekly seminars at Waukesha Memorial Hospital near Milwaukee and attends the biannual Senior Physician conferences.

He also subscribes to *The Medical Letter* and has a 20-year collection of

certificates he's received for passing multiple-choice exams administered by Yale University Medical School.

"I ace them," he says. "Twice a year I take the tests."

After more than 60 years in practice, Merkow says dozens of unusual cases have carved a notch in his memory. As he recalls a day in the 1950s when he was called to the emergency room at Waukesha Memorial, he still chokes back a lump in his throat.

While burning garbage, a 10-year-old boy sustained third-degree burns over more than 50 percent of his body when his clothes caught fire.

"The boy wanted to die many, many times," Merkow recalls. "That presented a terrific challenge of pain control. I had to remove the burn tissues that extended into the (body's) fat. It was like when you take a steak off the barbecue grill. It was a terrible case."

A plastic surgeon suggested cadaver grafts for temporary coverage to allow time for the boy's donor sites to heal, Merkow says.

"The boy was in the hospital eight months and in surgery over 30 times," Merkow says. "I never wanted to see another burn case."

Showing a photograph to verify another case, Merkow extracts a different story from his memory bank.

Before surgically removing "a tail" from the spinal cord of a six-week-old infant in the early 1980s, Merkow snapped a picture.

"It was like a pig tail all rolled up," he says, adding that he had consulted with a



As a captain in the U.S. Army Medical Corps in World War II, Merkow served as chief of surgery at Fort Eustis Hospital in Virginia.

neurosurgeon. "At the time, there were only five cases like this in world literature. I looked them up. Probably there are many more now."

Following graduation from UW medical school, Merkow enlisted as a captain in the U.S. Army Medical Corps during World War II, serving as chief of surgery at Fort Eustis Hospital in Virginia. He then returned to Mount Sinai Hospital in Milwaukee to finish the remaining three years in his surgical residency program.

"I earned \$25 a month as a resident," he says. "Now they start out at around \$44,000 a year, I hear."

In 1950, Merkow began four decades of daily rounds at Waukesha Memorial,

where he served eight years as chief of surgery. Over those years, he performed all kinds of surgeries, particularly cancer excisions.

His son, Steven Merkow, MD '80, an orthopedic surgeon, now holds the chief of surgery position at the hospital.

Kelly Gaffney, an administrative assistant to the younger Merkow for 22 years, remembers the senior doctor well.

"He worked every day until his work was done," Gaffney says. "If that meant a house call, he did it."

Patients still walk into the office to praise Merkow's work, Gaffney adds.

"I get lots of stories from parents whose children's lives he saved," she says.

For 25 of Merkow's 40 years at Waukesha Memorial, Donald W. Fundingsland was president of the hospital. The two served together on numerous committees.

"As a member of the medical staff executive committee, the hospital president has to sort through both good and bad comments from patients, families and members of the institution's staff," says Fundingsland, now retired. "When I think of Dr. Merkow, every thought is positive. And it isn't always possible to say that about your medical professionals, especially when you work in a management position!"

Fundingsland remembers Merkow as a "thoughtful, respectful, competent surgeon who is well-regarded. He's one extraordinary person."

Christie Engel, a registered nurse who worked side-by-side with the elder Merkow for nearly 10 years until 2001, when she changed jobs, says he embraced challenging cases.

When a specialist was needed, he made the call. "He wanted to get his patients the best care possible," she says. "He would



PHOTO: PAT GOETZINGER

speed things along by calling specialists. He's very caring."

If patients were unable to pay the bill, they would give him farm crops or livestock, Engel adds.

"He was never in it for the money," she says. "Families who were poor might bring him in a turkey."

In 1990, when Merkow was 70, a bout with bladder cancer forced him into temporary retirement. He wanted to go through the tortuous chemotherapy treatments and organ reconstruction unburdened by the demands of his surgical practice.

After surgeons removed his bladder, they designed an "Indiana pouch" from a portion of the large intestine. He uses a catheter to drain it about every six hours.

"Apparently they were successful," he says with a smile. "I'm still here."

Later in 1990, Merkow tapped the shoulder of a friend, Harry Quadracci—founder of Quad/Graphics, one of the largest printing corporations in North America—to ask for a job in the then-new Sussex medical clinic.

"I just want to take care of people," Merkow says. "I don't like to do administrative work. I don't want to hire or fire anyone."

These days he says his cases are as interesting as ever. Not long ago, he ordered an X-ray for a 30-year-old man complaining about chest discomfort. That triggered a memory of a lesson from a medical school professor who said that when you have a curious finding in the chest, check the abdomen.

So Merkow ordered a CT scan of the patient's abdomen. When the scan revealed a malignant tumor on one kidney, Merkow sent the patient to a urologist and following treatment, the patient fully recovered.

Saving lives is the name of the game, he says.

"That makes all the long hours worthwhile," he says. "If you work hard and don't worry about the remuneration, you're going to be successful."

Long hours means working at all hours, adds Merkow, a strong believer in on-call.

"If you want to work, you're available," he says succinctly. "It's the way to build a prosperous practice."

Despite all the hard work, Merkow rarely missed an opportunity to teach his three sons about the hazards of life's adventures, says Steve Merkow.

"Even though he was gone a lot, he liked to take us along," Merkow says. "If his patient was a motorcycle victim, he wanted to try to influence us not to get a motorcycle."

Merkow's sons mastered a portion of their dad's lessons: all three became physicians—even though they also all owned motorcycles. In addition to Steve, Alan Merkow, MD, is an anesthesiologist; and a third son, Robert Merkow, MD, an orthopedic surgeon, died in a 1989 plane crash on his way to care for patients at Shell Lake, Wisconsin.

Two of Merkow's daughters-in-law also are physicians. Alan's wife, Leslie Jameson, MD (PG), is vice chairman of the Department of Anesthesiology at the University of Colorado Medical School, in Colorado Springs. Steve's wife, Ann Bartos Merkow, MD '79, is an internist at QuadMed, West Allis Clinic.

Merkow and his wife of 65 years, Riva, also have 10 grandchildren.

Today, family members, friends and friends of friends frequently call Merkow for his advice. He reviews pathology



Merkow graduated from the medical school in 1943. Today he is one of the longest-practicing physicians in the state.

reports and often takes the time to examine the tissue himself.

"People value his judgment," Steve Merkow says. "He has so much experience and keeps up with continuing medical education. A couple of times a week, he will stop over to show me X-rays. He loves talking about medicine and medical problems. If he has specific questions, he will seek out my colleagues for an answer. Nothing gets in the way of him taking care of a patient or giving advice about one."

Although technology has changed enormously over the course of his long and rich medical career, Merkow remains an old-fashioned, black-bag kind of doctor. He believes that physicians need to do more than just order tests; they still must pay attention to a trio of basics.

"You still need to sit down and take a good medical history," Merkow says. "You still need to do a careful medical exam. And you still need to listen. It's so important."

Alpha Omega Alpha Class of 2008



The SMPH recently honored the new AΩA inductees at a banquet. Teresa Kulie (right) congratulated one of the students as she handed him an AΩA certificate.



The University of Wisconsin School of Medicine and Public Health (SMPH) recently honored the 20 SMPH medical students who were inducted into Alpha Omega Alpha (AΩA), the national medical honor society. To mark the achievement, the school hosted a banquet on November 9, 2007, in the Health Sciences Learning Center for the inductees and their families.

Robert N. Golden, MD, SMPH dean, congratulated the students and Herbert Chen, MD, chief of endocrine surgery at UW Hospital and Clinics, addressed the group with an inspirational talk.

The students were then presented AΩA certificates by the Dean and Teresa Kulie, MD, SMPH assistant professor of family medicine who is the AΩA councillor at the school. Kulie also presented the Frank Pelisek Medical Student Award, honoring the AΩA member who shows exemplary professionalism, to Laura Bonneau.

Congratulations to the following students for being inducted into the honor society: Jonathan Barlow, Laura Bonneau, Elizabeth Chapman, Bridget DeLong, Zobeida Diaz, Milad Hakimbashi, Aric Hall, Kathryn Hammes, Benjamin Heinzen, Jaime Hook, Adam

Kadlec, Marcie Navratil, Emily Ruedinger, Neil Sandu, William Schmitt, Shannon Straszewski, Kim Strupp, Kyle Swanson, Ryan Sydnor and Abigail Tokheim.

Established in 1902, the AΩA is known as the "Phi Beta Kappa" for medical schools. As the only national medical honor society, it pursues its mission to recognize and enhance professionalism, academic excellence, service and leadership within the medical community.

The AΩA also sponsors many competitions, awards, fellowships and visiting professorships.



by Sarah Leadley, Med 2

Dismal, depressing, definitely disturbing. Before my first day, these apprehensive words could describe my misgivings about my summer internship. With some nervous trepidation, I tried my best to prepare myself for what I anticipated to be a morbid and potentially haunting experience. I had just finished my first year of medical school so I had plenty of cadaver experience, but I was a little wary about passing my summer with the very recently deceased, up close and personal with death on a daily basis.

Ultimately, nothing could have prepared me for what I would see and learn while observing and researching at the Milwaukee County Medical Examiner's Office. Although some days were definitely more difficult emotionally than others, my interest in the scientific and social aspects of death overcame my initial anxieties.

A Public Health Experience

at the Milwaukee County Medical Examiner's Office

Under the guidance of Jeffrey Jentzen, MD, PhD, the majority of my research experience focused on sudden unexplained infant death investigation (SUIDI), but I also learned a great deal about medical examination, pathology and forensics in general.

In 2004, the Centers for Disease Control and Prevention (CDC), in partnership with many others, launched an initiative to improve the investigation and reporting of sudden unexplained infant death (SUID). The CDC introduced a SUID reporting form to standardize and improve data collected at death scenes and to promote the consistent diagnosis of the cause and manner of death for death certificates.

The idea is that improving this kind of investigation will allow us to monitor SUID trends, conduct better research to identify risk factors, design effective interventions to prevent SUID and then evaluate the prevention programs.

Causes of SUID typically include, but are not limited to, suffocation stemming from the child choking, wedging into bedding or being rolled on by another

person sleeping on the same surface; neglect or homicide; intoxication; poisoning; hypothermia; hyperthermia; sudden infant death syndrome (SIDS) and infection. Manners of SUID deaths are accident, homicide, natural and undetermined.

In an effort to improve SUID scene investigation, the Milwaukee County ME's office implemented a doll reenactment program in addition to adapting the CDC's SUID reporting form. The CDC has identified scene reconstruction using a doll to depict both "placed" and "found" positions as important in SUID investigation. It has been suggested that doll reenactment allows forensic pathologists to better visualize first responder observations and therefore provide more reliable death certification.

However, death investigators, law enforcement professionals and medical examiners remain reluctant to perform doll reenactments because of emotional concerns for the parents and for themselves. Using an evidence-based model, I read through SUID cases and documented the contributions of doll reenactment in the

investigation and certification of SUIDs by the Milwaukee County ME office.

I also looked at other factors in the SUID cases, such as incidence of co-sleeping (in which children share a sleeping surface with any other person, including adults and other children), the incidence of twins, smoking in the house, prematurity and birth weight. I reviewed over 200 infant death cases from 2003-07, looking at environmental, medical, physical and social factors involved.

I entered this information, death scene images, and causes and manners of death into a case management Web site (www.Mdilog.net), which will feed a national database for tracking and identifying infant death trends on local, state, regional and national levels. At the end of the summer, I submitted an abstract for a paper to the American Academy of Forensic Sciences (AAFS). My abstract was accepted and I will be giving an oral presentation at the AAFS scientific meeting in Washington, DC, in February.

In addition to reviewing SUID cases and learning about their investigation and doll reenactment, my



The medical examiner can reconstruct the scene of an infant's death using a doll to depict how the baby was placed and how it was found. Doll reenactment may allow forensic pathologists to better visualize first responder observations and therefore provide more reliable death certification.

summer experience included other activities that enriched my understanding of the issue. I attended a meeting of the Child Death Review Committee, which is composed of representatives from multi-disciplinary agencies and reviews all child death cases in Milwaukee County each month. Child death review is a collaborative process that works to understand why children die in order to identify ways to prevent future deaths, poor health outcomes and injury or disability in other children.

The intention of the committee is to create a more direct and interactive link between death investigations and prevention. I also sat in on a news conference with Dr. Jentzen regarding co-sleeping, a controversial issue that he feels is unsafe. I tracked related popular news stories locally and nationally and read relevant academic journal articles.

I also had the opportunity to observe three infant autopsies and to go to the death scene for the death of a young boy who died of neglect. I reviewed cases of pediatric homicides, looking for patterns in physical findings, such as retinal hemorrhages and trauma. I learned about shaken baby syndrome and battered baby syndrome. I looked at how many children died in motor vehicle accidents and documented it for another researcher. The experience was grim, but it certainly opened my eyes to a very important public health concern.

In addition to learning a great deal about SUID and its investigation, my experience was very much one of medical examination, pathology and forensics in general. Every morning I rounded on the new cases with the death investigators and medical examiners and stayed to observe many adult autopsies.

I saw a large variety of causes and manners of death. Some notable pathology I observed and learned about included sarcoidosis, dissecting aorta with pericardial rupture, ruptured heart due to a myocardial infarction, an exsanguination due to a bleeding ulcer, coronary thrombosis, pulmonary embolism, diverticulosis and thyroid cancer.

I learned about gunshot wounds firsthand (on my first day, a man had been shot 23 times!) and also in lectures given by the forensic pathologists. They also gave talks on toxic deaths, emergency crises such as plane crashes and heat waves, and radiology findings in child abuse. I observed the autopsies of several suicides, homicides, a motorcycle accident and a drowning as well as several decomposed bodies. I watched a post-autopsy tissue harvest (bones, tendons and skin). Khang-Cheng Ho, MD, from

the Neuropathology Division of the Medical College of Wisconsin, came on a weekly basis to cut brains of relevant cases, often those with seizure disorders. Dr. Jentzen discussed the histology and toxicology of all the cases with me as well.

During the entire experience, I learned a lot about the "upstream" and "downstream" aspects of public health.

For a good analogy, envision a crowd of people standing on a riverbank where water rages by. The crowd tries frantically to pluck out people who have fallen into the water and are being swept downstream. Many are missed and end up drowning, despite heroic efforts to rescue them from this fate. Finally, a scrappy group breaks off from the crowd on the riverbank and tromps off upstream to see exactly why people are falling into the river. They identify the problem, come up with a solution and then put it into action. The result: people stop falling into the river and are no longer at risk of dying.

Last summer I learned how medical examination contributes to public health knowledge in the same way. It gleans the furthest "downstream" information about infant death and sends it to many different levels "upstream," where hopefully the information can make a difference.

MEDICAL STUDENTS, IRONMEN

A Tale of **Commitment, Intensity** and **Passion**

by Vincent Laurence, Med 2



This past September, three UW School of Medicine and Public Health medical students finished what just might be the toughest endurance race going—an Ironman triathlon. They competed in the Ford Ironman Wisconsin, a race that begins with a 2.4-mile swim around buoys in Lake Monona, continues with a 112-mile bike loop through the western ‘burbs of Madison and concludes with what many would consider a sufficiently grueling challenge unto itself—a full-length marathon, 26.2 miles on foot.

Waukesha native Steve Almasi, 28, and Eric Bean, 31, from Chapel Hill, North Carolina, are both Med 2s. Ben Durkee, 26, from Pewaukee, Wisconsin, is a Med 1 as well as a third-year PhD candidate in UW-Madison’s medical physics program.

Their athletic backgrounds vary tremendously—Durkee had not competed in an endurance race until two years ago, while Bean took first place in the 18-24-year-old age group at the Ironman World Championship in Hawaii when he was 22. This past year they shared the not inconsiderable task of balancing studies with training for this race.

Durkee downplays the accomplishment, explaining that because he was in grad school last year, he had “a lot of flexibility in [his] schedule.”

Almasi feels “the training gave me an excellent balance, helped me burn off stress and [provided] a refuge from school where I could be alone and do something I loved. The training load wasn’t too bad until the summer.”

Bean, who placed sixth in the race (in a field of more than 2,400), had a somewhat more intense training schedule.

“Ironman triathlons at a pro level and doing well in med school are mutually exclusive,” he concludes. Still, he managed by doing the “heavy lifting over the summer.”

Durkee, who had two exams on the day after the race, is more philosophical.

“Sacrificing a day of studying was worth it. In 10 years I will not remember the exams, but I will always remember the Ironman.”

Certainly some of what will be etched in the memories of the student-triathletes will be not just the crowds and accomplishment of race day, but grueling time spent training alone. Each had tales about their toughest training day.

Almasi did several eight-hour “bricks” over the summer, in which he’d “swim for an hour in the morning,

then take a short break for breakfast, ride for five hours and then transition into a two-hour run.”

Bean’s biggest day started with a 140-mile ride in 105-degree heat followed by a 20-mile run.

“I wanted to run a mile in the middle at a 6:00 pace,” he says. “I ran 5:34.”

Durkee’s story is the most entertaining. He had to get from Bowling Green, Missouri, to a bachelor party the following day in Lake of the Ozarks, with no transportation.

“So I biked 130 miles to catch up with friends on their way down. It was 96 degrees and very humid,” he says. “The good people of rural Missouri were not accustomed to cyclists in spandex and they made sure to comment as I stopped at local gas stations to buy Gatorade. By the time I met up with my friends, my backpack (which also had my suit for the wedding) was soaked with sweat.”

Training for triathlons is replete with challenges beyond the physical. Almasi recounts an experience in which he biked through a nesting habitat for red-winged blackbirds.

“The first time, I noticed a bird fly up as I passed by. Then I heard a loud ‘Squawk!’ and felt the bird smash into my bike helmet. When I rode by a week later,

the feisty fellow tried to do the same thing again.”

Bean mentions a sign he encountered as he entered the water at a triathlon in Camp Lejeune, North Carolina. It said: This is a natural American alligator habitat. Please do not pet or feed the alligators during your swim.

“That was my fastest-ever 2K swim!” he says.

The students’ future plans, athletic and otherwise, vary. Almasi says he’s just excited about having more time for studying and for friends and family. “Ironman is necessarily a selfish endeavor, so I don’t plan on doing another one anytime soon,” he says.

Durkee, too, says he’ll take a break from racing, both to work on his running and to “take on some new challenges in medical school.”

Bean, having qualified for next year’s World Championship with his showing, is weighing his options.

“I’d like to place top-ten in the Hawaii Ironman, but that would mean taking a year off from school. I need to decide if fulfilling a personal milestone is worth the opportunity-cost.”

And what of lessons learned from the Ironman experience? All three cite time management and the need to set priorities.

“The time commitment is substantial but the daily rewards—more energy, mental awareness, being



Opposite, from left: Ben Durkee, Eric Bean and Steve Almasi displayed their Ironman medals. Bean, above, placed sixth in last summer’s race.

happier—are definitely valuable counterweights to the stress of med school,” says Durkee.

Almasi’s sentiment was similar.

“Med school often seems like an impossible challenge. But, if you break it down into smaller pieces and tackle them one at a time, you can get through it. It’s the same with the Ironman,” he says. “The Ironman should remind physicians of how much the human spirit is capable of, whether it’s 13 consecutive hours of aerobic exercise, losing weight or overcoming a horrible disease.”

Or, as Bean advises, “Simply pursue everything you love with passion, dedication and intensity. Life is not a zero-sum game.”

Robotic Surgery



Urology Residents Train with Special Technology

by Bob Rashid

A four-armed surgical robot was spotted recently in the lobby of the American Family Children's Hospital. For a day, it left its home in the operating room at University of Wisconsin Hospital and Clinics for a public hands-on demonstration.

Intrigued by the unusual sight, many people stopped and were invited to test their "surgical skills." They pressed their foreheads against the cushioned computer console and looked into the three-dimensional scene that was magnified tenfold by the camera arm of the robot. By squeezing levers and gently turning their wrists, the would-be surgeons directed the robot to place minuscule rings atop tiny rubber cones. In every case, the machine performed exactly as the human operator at the controls wished. Most people stood up and said the same word: "Amazing."

David Jarrard, MD, associate professor of urologic surgery at UW School of Medicine and Public Health (SMPH), performs about five procedures a week using the da Vinci surgical robot. Jarrard has used the da Vinci since it arrived in 2005 and is now teaching the technique to four senior urology residents and fellows.

"The advantage of using the robot over straight laparoscopy is that the learning curve for more complex operations is shorter," he says. "It becomes a much better tool in the hands of more people compared to the standard approach."

At UW Hospital, which was the first in the state to obtain the robot,



Urology fellow Sam Sterrett is learning robotics from surgeon David Jarrard. He practices on the da Vinci in preparation for future prostate surgeries.

the da Vinci is used virtually every day for a variety of operations, including hysterectomies, pyeloplasties (repair of the renal pelvis of the kidney) and some cardiac procedures.

Typically, robotics are used for surgeries where access to the target site is difficult. In the urology community, the da Vinci has proven to be an excellent tool for prostate removal. Time in the operating room is now just over two hours, blood loss is down by two-thirds and patients are usually home the next day versus two to three days with open surgery.

Studies have shown that these factors help shorten a patient's recovery time. Of the 90,000 prostate surgeries done this year in the U.S., over 40 percent will be performed robotically.

"Laparoscopy has been used for prostate removal for years, but it was a very long and difficult operation,"

says Jarrard. "Actually, it was painful on the surgeons as well, because we were using straight sticks [instruments] to do the surgery and were constantly leaning at odd angles to make them work. But robotic surgery uses 'wristed' instruments. If you want to pick something up, you just move your hand a little and the robot makes it happen."

Once the prostate is removed during this complicated procedure, the bladder must be sewn back to the urethra. The wrists of the robot turn a full 360 degrees and allow movement that was impossible with straight sticks. The ease of movement, often referred to as "seven degrees of freedom," is particularly useful during suturing.

Samuel Sterrett, DO, who is working on a fellowship in endo-urology at SMPH that entails minimally invasive surgery, is currently learning the technique from Jarrard.

"The prostate is so deep in the pelvis that it is very difficult to see," says Sterrett, who will be working with Jarrard for one year. "The robot is particularly useful in places like this. Certainly you can do it laparoscopically with the sticks, but sewing is quite difficult in such a confined space. With the robot, you have those degrees of freedom, so it's a lot easier to put in the stitches."

The robot also uses offset cameras to produce a three-dimensional image in high definition, which is much easier to see than the 2D images used with standard laparoscopy.

During the training, Jarrard sits at the console and controls the robot while one of the residents stands at the patient's side and watches the monitor attached to the robot.

"The first step is assisting, learning the various nuances of placing the

ports [entrance devices] and everything you need to begin the procedure," says Jarrard, who has performed 300 surgeries using the robot. "We also have training sessions where we teach residents how to change the instruments and deal with the various aspects of the camera. By the time they are finished, they are very familiar with the technique."

Sterrett often stays after a procedure and uses the time to practice. One method he uses is to pass various instruments through a series of rings. For suturing, he sews together tiny pieces of Styrofoam and plastic. To work on hand-eye coordination, he slides a small rope from hand to hand.

"It's a combination of watching first and then practicing," says Sterrett. "Then you get to work on some of the less significant aspects of the surgery. As you progress, you go on to the next step."

Sterrett says he could have started a clinical practice and learned from there on his own, but opted instead for training with Jarrard.

"It's great to study with someone who has done as many surgeries as Dr. Jarrard has," he says. "It teaches you a lot of things and lets you become involved with the research and new innovative ideas concerning the robot."

Every residency entails a graded level of responsibility, notes Jarrard. Residents in urologic surgery start by making rounds and working directly with patients. They help with post-operative management and also work in the clinic.

"We teach the full spectrum of patient care," says Jarrard. "It's not just showing up in the operating room."



Jennifer Rehm, MD, is a second-year UW pediatrics resident who plans to sub-specialize in pediatric endocrinology. She graduated from the University of Florida College of Medicine in 2006.

She was active in the Arts in Medicine program in which writing a weekly journal about student experiences was part of the internal medicine clerkship. That's when Rehm wrote "Double Portions."

"I did quite a bit of journaling in medical school and I miss it!" Rehm says. She's looking forward to getting involved in the SMPH new Writing Table group, which provides interested students, residents and physicians dedicated time and space to reflect on their experiences in medicine.

Double Portions

by Jennifer Rehm, MD

Let me tell you about this patient I have at the Veteran's Hospital here in Florida. He's a character.

Usually, the only way I see him is to catch him as he sits out front of the hospital smoking a cigarette. I even placed his tuberculosis screening test on his forearm, right there in front of the hospital while he sat on the bench and held his cigarette with the other hand. I think that won me points with him—my willingness to be flexible. I need points with this guy.

My intern Mario and I admitted him late one afternoon a couple of days ago. He came via taxi from Tallahassee. All we knew about him was that he was an HIV/hepatitis C-positive homeless gentleman in acute renal failure who had left Tallahassee Memorial Hospital against medical advice three days before because he'd rather the VA pay for the dialysis he was told he needed.

"My kidneys are bad," he told us. "I need to get that thingy put in my arm, so let's go."

He didn't seem to understand that we wanted to run a few tests, maybe get a renal ultrasound, maybe try and find out why his creatinine was 11.4, find out why his kidneys were "bad."

We tried to explain about some of these tests and he got upset about "the student team" wanting to "experiment" on him. He didn't "hold with no women doctors either," he informed me.

And the next day, when we made him NPO [nothing by mouth] before

his tunnel catheter placement, he was pissed. He yelled at me and slammed his hand against the door frame, then stormed down the hall and out of the building mumbling about how we were starving him.

Now, I found this disturbing. Usually my patients like me. It's one of the skills I feel most confident about. So when he said things like, "You're too young, you may have all the book learning in the world, but I've got age and experience. I have wisdom, see? You don't have enough wisdom to talk to me," that hurt.

He yelled at me. He scared me. He made me doubt myself, my skills. I didn't want to work with him and he had pretty clearly stated that he didn't want to work with me. "No offense," he told me that morning, "but no more of this student team."

I relayed this experience to my young attending, who was the only member of the team who had so far escaped his wrath. He told me I could drop this patient but that part of medicine is learning how to work with difficult patients who might not like you. I told my attending that I didn't want to keep this patient, but that was a reason why I thought I should.

And so the next morning, I showed up (very early, before he went down for his morning cigarette) in the patient's room. I checked in with him about his concerns for the day, performed my focused physical and acted as if our confrontation the day before had never occurred. His breakfast was on its way, I told him. I also told him that we were going

to get him double portions from now on. Food was a big concern for this thin man. He didn't really want to hear about much else until he'd had something to eat. I had learned enough to know that.

Later that day, right after lunch, I persuaded him to sign a consent form to get some blood (his hematocrit was down to 24). A few days later, when the blood culture grew out clostridium, a bug that's usually confined to the gut, I talked to him about getting a colonoscopy.

That day was kind of a breakthrough. I told him about the procedure and asked if he had any questions. He actually said yes. And he let me answer. He wanted explanations. He wanted to understand what was going on with his health and he trusted me enough to ask. Or at least it felt like he did. I left the room feeling like maybe I was helping someone a little bit, that day.

Then today, after I read a note from the dialysis nurse saying that he had severe edema extending all the way to his thighs, I tracked him down in the hall. I examined him right there and then I talked him into coming back to his room to let me do a more thorough physical. I showed him how to look for swelling by pressing his fingers in and seeing if they leave a mark. I asked him to wait for me in his room before going down to have his cigarette the next morning so I could see how the swelling looked first thing. He agreed.

"No problem, doc," he said. And as I was leaving, he stopped me to say, "You know what? I think I was wrong about you. You're a good doctor. Yeah, you're going to do good. But keep those double portions coming, okay?"

So it was not my brilliance as a diagnostician or my caring and thorough bedside manner that

won this patient's confidence. It was the food. Well, I can live with that. Because it's not really the food. It's learning what's most important to the patient that makes the difference.

I don't always need patients to like me, but I do need them to work with me as I try to do my job and help make them well. If getting this guy double portions for all his meals is the way to get him to agree to give some blood, to get a colonoscopy, to take his meds, I can work with that.

Despite the pain that this patient has been in my you-know-what for the majority of his stay, I'm deeply grateful for the little bit of wisdom he has shared with me, for the reminder that no matter what I think is most important, the question I must always ask my patients is, "What is most important to you?"

Seeking Submissions

Healer's Journey showcases writing by members of the UW School of Medicine and Public Health (SMPH) extended family—students, alumni, faculty, staff—that reflect personal experiences in our world of healing. The writing can be prose or poetry. Our hope is that the writing and reading of such reflections will allow more humanity into our busy lives.

We seek well-written essays or poems that thoughtfully describe moving, humorous or unusual experiences occurring in the classroom, clinic or laboratory.

Our guidelines are as follows:

- Manuscripts can be no longer than 1,300 words
- Subject matter should relate to any aspect of working, studying, living at the SMPH or in the medical field generally
- Submissions are subject to editing

Send manuscripts to: *Quarterly*, Health Sciences Learning Center, Room 4293, Madison, WI 53705. Or e-mail: dj.land@hosp.wisc.edu.

Helping Problem Drinkers

Scale Back or Quit

by Joan Fischer

A man in inner-city Milwaukee confronted his four-a-day beer habit after developing early signs of liver disease. A father in rural Polk County wanted to cut down on his drinking to set a good example for his children. A woman in Wisconsin's Northwoods decided to quit after driving her car off the road while intoxicated.

Although these stories come from very different places in Wisconsin, the patients involved had something in common besides the bottle: namely, someone to turn to. All of them were seeing a health educator provided through the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL), a screening and assistance program for alcohol and drug abuse coordinated by the Department of Family Medicine at the UW School of Medicine and Public Health (SMPH).

The project is funded by a \$12.6 million grant from the federal Substance Abuse and Mental Health Services Administration and administered by the Wisconsin Department of Health and Family Services.

The program, which opened at 21 primary care clinics around the state last spring and summer, is simple and effective in early detection of at-risk or harmful drinking or drug use, numerous studies show. Four key questions that are included in any routine healthcare visit indicate which patients are at risk. Those patients then meet with an on-site WIPHL health educator to discuss their substance use and agree together upon options for change.

For many patients, this early and brief intervention—which includes one to three follow-up consultations—is enough to help them significantly decrease or stop their alcohol and drug use. Patients who need more intensive help—only about six percent of those who screen positive—are referred to treatment programs with costs covered by WIPHL if they cannot pay and do not qualify for other means of assistance. Studies have shown the effectiveness of the screening, brief intervention, referral and treatment process.

It's a service Wisconsinites clearly need. The Badger

State regularly lands at or near the top of national rankings for high-risk and heavy drinking, according to the Centers for Disease Control and Prevention. One out of four Wisconsin residents engages in illicit drug use or alcohol use to a degree defined as "at risk" by the National Institute on Alcohol Abuse and Alcoholism. Diseases and injuries related to alcohol and drug abuse make it the fourth-leading cause of death in our state and the fourth-leading cause of hospitalization.

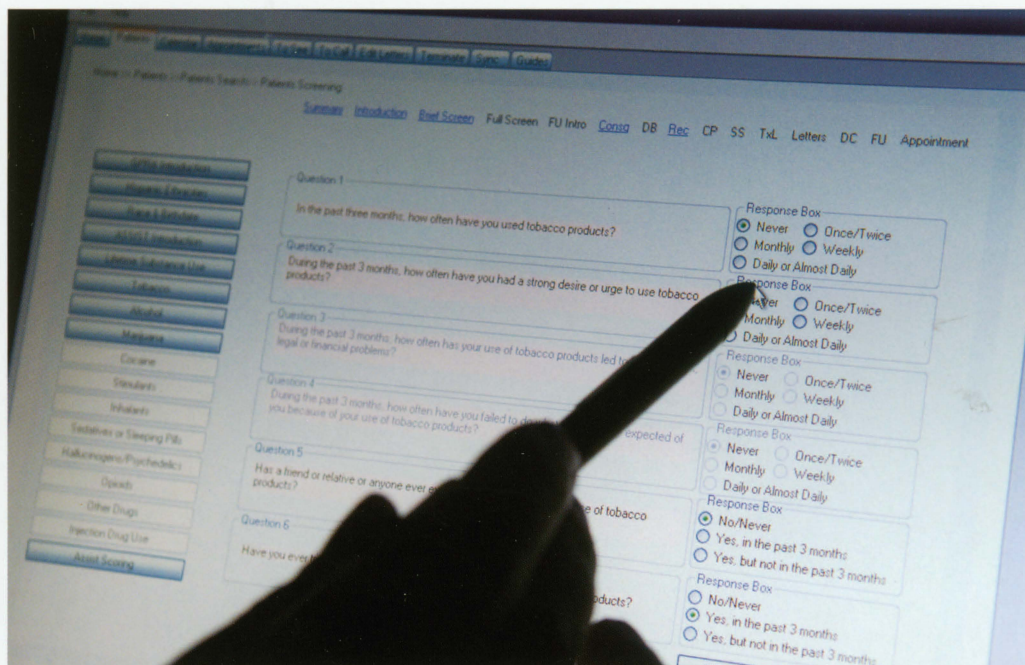
"Everyone in Wisconsin is touched by alcohol and drug problems, either through their own substance use or through problems in their families and communities," says program director Richard Brown, MD, MPH, an SMPH associate professor of family medicine. "That tragic toll could be greatly reduced if potential alcohol or drug problems were caught at an early stage, but until now we have not had a system in place to do that."

Not only are people's lives improved through the kind of assistance WIPHL provides, a Wisconsin study showed that the state saves nearly \$1,000 in healthcare and criminal

PHOTO: JEFF MILLER/
UNIVERSITY COMMUNICATIONS



Richard Brown, MD, MPH



Special software developed for WIPHL allows for efficient, thorough intake and assessment of the patient's health while maintaining a smooth interview flow.

justice costs for every patient receiving screening and brief intervention services.

Brown holds the lack of early intervention responsible for much of the pessimistic outlook that health professionals have toward alcohol and drug problems.

"If we always waited to treat cancer until it reached advanced stages, we'd find a high failure rate with that disease also," he notes.

Software engineers at Symphony Corp., working with WIPHL, developed a program that allows for efficient, thorough intake and assessment of the patient's health while maintaining a smooth interview flow. It combines questions developed by WIPHL with those developed by the

World Health Organization in its Alcohol, Smoking and Substance Involvement Screening Test program and other questions required by the U.S. government.

If a patient's brief screen results indicate that he or she may have a health problem, the health educator meets with the patient and conducts an interview guided by the software. Responses are entered into a computer tablet to form a confidential health record for each patient to support and enhance health education and help WIPHL track overall progress.

The good news is that early intervention often works. For many patients, one or two sessions with a health educator provide the wake-up

call they need. That was the case with the father in Polk County.

"This man was not dependent, but he was drinking more than he wanted to," says WIPHL health educator Terry Murphy, who is stationed at the Polk County Health Department in Balsam Lake. "More than anything, he didn't want his kids to think that drinking every night because you had a rough day at work was the right thing to do."

Working with Murphy, the patient created a plan for change with the goal of reducing his drinking to one or two nights a week. He was able to stick to the plan in large part because he was in charge of creating it.

WIPHL health educators use motivational interviewing to help patients identify and strengthen their own motivations for change as well as set their own goals. Many studies have shown that this method leads to excellent, lasting results in decreasing and eliminating problem drinking and drug use.

During the next five years, the WIPHL clinics will provide an initial screening to some 100,000 patients ages 18 and older; of these initial screenings, some 25,000 people will be in need of further assistance. More clinics will be added in coming years, and the effort includes a focus on changing public policy and standards of care so that services continue to be delivered on a permanent basis.

The time to provide such assistance is long overdue, notes Brown.

"For 12 years, government agencies and professional organizations have recommended that health-care settings routinely provide alcohol and drug screening, intervention and referral services to all patients," he says. "So far, few settings in the U.S. are doing so. This project is providing the training and resources that are needed to start delivering these services in urban, suburban and rural settings around Wisconsin."

Homecoming 2007





Centennial Celebrations, Record-High Alumni Involvement Propel Events

by Scott Hainzinger

The opportunity to catch up with former classmates and faculty, and to help their alma mater celebrate “A Century of Inspiration,” brought record numbers of alumni to the University of Wisconsin School of Medicine and Public Health (SMPH) for Homecoming Weekend 2007 on October 22-24.

The occasion of UW-Madison’s 100th homecoming proved a fitting setting for inaugural events for the SMPH 100th anniversary.

“Homecoming was an exceptional weekend for us, once again,” says Allen Hayman, MD ‘02, who participated in three SMPH events this year with wife and fellow alumnus, Jennifer Neels Hayman, MD ‘02.

The two Wisconsin natives—Allen’s from Frederic; Jen’s from Sheboygan—now live near Portland, Maine. Allen is an anesthesiologist at York Hospital and an instructor at Harvard Medical School in Boston. Jen is a pediatric hospitalist at the Barbara Bush Children’s Hospital at Maine Medical Center and a pediatrics instructor at the University of Vermont and other institutions. Taking part in SMPH alumni events is a priority in the Hayman household: Allen and Jen have missed just one gathering since graduating.

A highlight for the Haymans this fall was time spent with current students during the SMPH Homecoming Dinner at Monona Terrace on Friday.

“We enjoyed getting the students’ impressions of the medical school, answering questions about our residencies, as well as



Members of the Class of ‘82, Suzanne and Eric Johnsrud, Peter Gutschenritter and a guest caught up at the Homecoming Dinner.

hearing about the new learning community “house” approach that helps students form study groups and establish friendships,” Allen says.

The Homecoming dinner drew a record 150 attendees, including nine new board members and six past presidents. In remarks reflecting on ten decades of achievement and burgeoning promise, Dean Robert Golden, MD, urged alumni to leverage the school’s rich legacy, as well as their own talents and abilities, as a springboard to unprecedented innovation and excellence.

John Kryger, MD ‘92, president elect of the Wisconsin Medical Alumni Association (WMAA), challenged board members to become very active and to support the new WMAA strategic plan. And, despite dipping temperatures outside, current WMAA President Sandy Osborn, MD ‘70, drew a



Top left: Members of the Medical Student Association were represented by (from left) Jamie Hook, Lisa Shen, Steven Singh and Sarah Endrizzi. Bottom left: Class of '77 classmates included Kusi Fordjour and Ronald and Julie Ackerman. Above, a centennial birthday cake was served.

warm reaction as she introduced the special Alaska cruise for UW-Madison alumni and WMAA members in July 2008. Music provided by a trio featuring Ron Meyers, MD '82, stoked the soothing vibe.

Alumni participation also reached new heights during activities on Saturday, owing to a large group of cardinal-clad alumni from the classes of '67, '77, '82, '92, '97 and '02—which all held reunions in conjunction with Homecoming.

Seventeen members of the Haymans' Class of 2002 were back on campus in

October. "About 70 percent of our class was from Wisconsin, so many former classmates still live in the Madison area," Allen says. Jen keeps in contact with several classmates, yet the Haymans were still surprised by how much has changed in their lives and those of their classmates in so few years.

"Both our jobs provide regular contact with students, but, somehow, spending time with students in 'our program' really made us stop and think," Allen says. "We are young enough to remember when we were at a similar place in the

program. Still, it doesn't seem like we should be at the point we're at with our lives and careers just yet!"

When all was said and done, a record 650 people turned out for the WMAA Tailgate at Union South. Then, with skies clear, breezes slight and temperatures hovering at a palatable 50 degrees, at least 620 of these tailgaters trekked through turnstiles at Camp Randall to watch Wisconsin whip Indiana, 33-3. For the record, Bucky bested the Hoosiers, 11-8, in 1907—the school's inaugural year.



Above: Chuck Ihle, '62, viewed the historical centennial display. Top right: Lisa and Russell Albert ('82) shared the fun with Bob ('82) and Pat Lebel. Right, back row: Eric Fisher, Daniel Petersen, '54, and Ann Petersen Fisher, '91, enjoyed the tailgate with the rest of the family.



During the 2007 contest, the clamor from the SMPH seating in the south end zone grew appreciably between the first and second quarters. That's when Dean Golden scrambled to the 10-yard line in the company of Wisconsin Lieutenant Governor Barbara Lawton, UW System President Kevin Reilly and UW-Madison Chancellor John Wiley for special recognition of the SMPH centennial in front of the 81,324 folks at Camp Randall.

In one of the day's most direct plays, Lawton handed Golden a plaque to

commemorate a state of proclamation that honors the contributions of the school and its 10,000 alumni. Not bad for a program that began with eight students in the attic of Science Hall!

At this point of the afternoon, many SMPH attendees donned custom-made white surgical scrub caps emblazoned with a the SMPH logo and bold type triumphantly spelling out "100 Years." The Camp Randall announcer invited school representatives to lead Badger faithful in a cheer, but, as Allen Hayman recalls, "People in our general area were

being so raucous, it was hard to tell how fans elsewhere in the stadium were responding! Yet other fans I could see appeared to be very supportive."

A few weeks later, Allen was already envisioning a new program twist to allow additional time for collegial interaction for Homecoming 2008, while Jen focused on a feeling: "Probably the biggest thing for me is just getting back to that Game Day spirit that everybody has," she says. "It's such a special time in your life!"

Reunions



1967

Front row left to right: Barry Bast, Fred Lamont, Mary Ellen Peters, Dennis Maki, Tom Jackson and John Jaeger. Middle row: Charles Wernberg, Leigh Iverson, Michael Kadin, Larry Johnson, Lee Tyne, Tom Winch, Richard O'Conner, Norval Bernhardt, Jan Weisberg and Jim Kuplic. Back row: Ed Kingsfogel, Phil Guzelian, Neil Hoffman and Bernard Kampschroer.

1977

Front row: Lynn Martin, Dean Whiteway, Ruth Rosenthal, David Howes and Jeff Schaur. Back row: Gary Schwarz, Bruce Melin, Rob Stanley and Chuck Frinak.



1982

Front row: Chuck Gehring, Gary Kindt, Curtis Studey and Russell Albert. Back row: Richard Roach, Larry Sisson, Barbara Stowe-Carpenter, Dennis Halbe, James Davidson and Jeffrey Snedeker.



1992

Front row: Jill Cardwell, Rise Futterer, Ronelle Moe, Renee Staehling, Ellen Neuhaus and Rick Papandrea. Back row: John Kryger, Steve Staehling, Donita Croft, Paul Kosmatka, Peggy Scallon, Matt Hattenhaur and Ryan Cooley.

1997

Front row: Jennifer Jaucian, Christina Granger, Jessica Young, Amy Herbst and Jayne Leszewski. Middle row: Marc Young, Jeff Collins, Christopher Regala, William Aughenbaugh, Trevor Buss, Derek Hubbard and Jonathan Wanagat. Back row: Kathy Ritger, Melissa Allan, Mike Allan and Mike Schnaubelt.



2002

Front row: Andrea DeMets, Bryan Wichman, Sarah Mirocha, Barbara Burns, Sarah Moore and Dawn MacNamee. Back row: Dan Kaiser, Jen Neels-Hayman, Allen Hayman, Derek Schneider, Anna Carley, Ben Lerner, Maria Vu, Russell Pachinski, Mary Tornehl and Chris Tornehl.

Class Notes *by Amanda Ciesielczyk*

Class of 1962

Larry Schmitt was pleased to learn about the Hedberg HealthEmotions Research Institute Building, which opened in Research Park this past summer. The building is a new addition to the HealthEmotions Research Institute headquarters. A psychiatry enthusiast, Schmitt retired in May 2005 from practicing child/adolescent psychiatry. "I am a proud member of the SMPH Class of 1962. Ours was the initial class exposed, as freshmen, to Milton Miller, MD, and William Fey, PhD," Schmitt says. "We experienced exceptional opportunities for learning about human psychology from them." Along with staying current with the psychiatry community, Schmitt spends time with his wife, Elizabeth, and their children, Mark and Laura.

Class of 1967

Alan V. Hendrickson is excited to have just retired from general pediatrics. He and his wife, Billie, now live in Washington state, where Hendrickson is active in providing support for children who have experienced abuse and neglect. He is currently the founder and medical director of a child advocacy center called Partners for Children and Families. He is also the proud father of two children, Derek and Heidi, and four grandchildren, Savanna, Riley, Jack and Griffin.

Neil A. Hoffman is enjoying reading, symphony, sailing, bicycling and his grandkids, having recently cut back to

part-time. He and his wife, Judith Kraines, now reside in Pennsylvania, where Hoffman has been chief of surgical and autopsy pathology and has had tenure for more than 28 years. Currently Hoffman retains a reasonably busy forensic pathology practice.

Michael R. Kadin is living in California with his wife, Janet. He is now working as the medical director of a worker's compensation company that covers 80 percent of firefighters and 50 percent of police officers in the state. As a qualified medical examiner for California, he often is called upon to prove that cancer is related to a police officer's or firefighter's occupation. Additionally, Kadin is consulting at Huntington Memorial Hospital and teaching cancer staging to the staff. When not busy working, Kadin can be found golfing and playing "over the hill" softball. He has also been doing a great deal of traveling. In the last four years he has visited China, Japan, Spain and Portugal.

Dennis G. Maki is a professor of medicine at the SMPH, specifically concentrating on infectious diseases and critical-care medicine. Maki enjoys spending as much time as possible with his wife, Gail, three children, five grandchildren and on his weekend farm. He has decided to begin to slow down and "slide into retirement" beginning in 2008.

Pierce J. Meier is presently living in Wisconsin with his wife, Carol. Meier is working part-time, two days every other week in a local clinic, "where I take orders from my daughter, Dr. Ann Meier." Most often Meier can be

found gardening, golfing and "brushing up on parenting skills" with his grandchildren.

Class of 1977

Ashley G. Anderson, Jr. remains in Madison with his wife, Beth. Anderson is on the faculty at the SMPH, is the medical director for the Madison Police Department, as well as the chairman of the Physicians Plus Medical Group board of directors. He also spends some of his time working as a consultant. Beth is working as a research coordinator for the SMPH allergy department.

Delores A. Endres retired in September 2005 from 25 years in the Indian Health Services at the Hopi reservation in Arizona and the Alb/Taos area in New Mexico. She now devotes her time to working part-time at a private family practice clinic in Taos. She also has nurtured her love of traveling over the years. She has visited Guatemala, Thailand, Peru, Bolivia, Ecuador, Mexico, Nepal and Cuba. She worked in a hospital in Zimbabwe for a month. Soon she will be visiting South Korea, Vietnam and Bhutan.

Ruth B. Rosenthal is specializing in psychiatry as the senior attending in the Department of Psychiatry at the Mt. Sinai Hospital. She is also a member of the board of directors for the Sinai Health System medical staff organization. Rosenthal says, "We recently bought a condo in Fitchburg and try to get to Madison frequently. We hope to retire there."

Gary S. Olson has recently been listed in *Best Doctors in*

America for 2007-08. He has been specializing in pediatrics in Missouri, where he has been chief of pediatrics for eight years. Olson is also the former chairman of the Cape Girardeau County Medical Society. He has been operating a solo practice since 2003. His wife, Cindy, passed away in 2006. Learn more about him at his website, www.garyolson.net.

Class of 1982

Russel Albert and his wife, Lisa, now reside in northern Illinois, though Albert is currently practicing obstetrics and gynecology in a multi-specialty group in southern Wisconsin. They have no trouble staying busy with their three children and church life. Throughout his bustling life, though, Albert still stops to recall fond memories during medical school—often playing Sheephead card games at lunchtime.

Lawrence Burns still remembers when both he and classmate Bob Lebel jointly fainted as they were drawing each other's blood during a class. "Thank you, medical school," he says. Now Burns and his wife, Susan, reside in Florida. He practices otolaryngology between spans of travel, golf, hunting and fishing.

Barbara Dennison and her husband, Christopher, still go sailing, a pastime they often enjoyed on Lake Mendota during Dennison's medical school years. Following graduation, she completed her pediatric residency at the University of Chicago. Now in New York, she is the public health director for the New York

State Department of Health. She also serves at the Bureau of Health Risk Reduction and the Division of Chronic Disease Prevention.

Anthony Graziano has taken part in several overseas medical missions with the Christian Medical-Dental Association. He is also a member on the LIFE International Board, an organization that helps establish and train pregnancy resource centers overseas. Further, Graziano is only three credits short of a master of arts in Christian studies through Trinity International University. He and his wife, Sharon, remain in Wisconsin, where Graziano practices emergency medicine. When he is looking for other things to do, Graziano enjoys the outdoors: canoeing, backpacking and biking.

Richard ParFitt II, a local Madisonite, and his wife, Peggy, have been busy with a new business in Middleton. Practicing facial plastic surgery, ParFitt runs the new private clinic called ParFitt Facial Plastic Surgery Center. With the clinic being just over a year old, ParFitt has been very active but still tries to find time for his four children and the joy of travel.

Benjamin Van Raalte looks back on medical school and recalls his "Mobile Emergency Surgical Squad" presentation and junior skits. Today Raalte and his wife, Marta, live in Iowa, where he practices plastic surgery and continues his hobby of swimming. Raalte is also engaged as chairman of the Illona Boy Scout Council and is a member of the Health and Safety Committee. Additionally, Raalte is the past president of the Iowa Society of Plastic Surgeons and recently finished leadership training offered by the American Society of Plastic Surgeons.

Class of 1992

Elise Beltrami currently works for the Centers for Disease Control and Prevention while practicing medical epidemiology. She has made a home in Georgia with her husband, John, and twin two-year-old daughters. When not working or chasing the kids, Beltrami spends her time reading, visiting Frank Lloyd Wright buildings and volunteering for SHARE, a pregnancy loss support group.

Jill Cardwell remembers her laughter when she opened her group's tank in anatomy class to find it full of Christmas bows and ribbons and a note that said: "Happy Holidays from 'the tank next door.'" She and her husband, Michael, live in Wisconsin. Cardwell is an anesthesiologist at Meriter Hospital, where she works part-time and spends the rest of her time caring for her three children, Jack, Max and Katie.

Class of 1997

Trevver C. Buss has stayed in Wisconsin with his wife, Laura. He specializes in family medicine, obstetrics and pediatrics. He is also the chair of the medical technology committee, the obstetrics/pediatrics committee and the physician IT steering committee at Sauk Prairie Memorial Hospital. With two children, Buss' time is "primarily split between working and spending time with family," he says.

Christina S. Granger has traveled to children's hospitals in Russia, Siberia and Argentina since leaving Madison. She is now living in Connecticut and trying to spend as much time as possible with her husband, Andy, two-year-old daughter, Hannah,

toddler John, two black labs and a cat. Granger specializes in pediatric urology and is now on staff at the Connecticut Children's Medical Center. "I am the pediatric urology residency coordinator and director of minimally invasive robotic surgery at our hospital," she reports.

Janet M. Legare remains active in the Colorado outdoors with her husband, Vivek, and children, Max and Gus. When not working as the head of pediatrics at Boulder Community Hospital, she is biking, cross-country skiing and hiking through the Rockies. Legare works with children with special needs and volunteers in India. She is a member of the American Academy of Pediatrics, the Colorado Medical Society and the Boulder County Medical Society. She is also a clinical assistant professor for the University of Colorado School of Medicine.

Christopher A. Regala completed his internship in surgery at Stanford University and a fellowship in otolaryngology at Boston University. Regala took off a year to do research at the Karolinska Institute in Stockholm, Sweden, and later presented a report on his work at the Nobel Forum. Regala later finished his residency in otolaryngology in Los Angeles. He now has his own practice, the Ear, Nose and Throat Clinics of Oahu, Hawaii, where he lives. When not working, Regala goes surfing, kayaking, scuba diving and marathon training, thoroughly enjoying his island state's resources.

Jannette H. Rivera currently has a private practice specializing in pediatrics in Florida. She resides there with her husband, Francisco, and children, Gabriel and Isabella. Rivera has also been involved in missionary work, providing free healthcare

to people in poverty-stricken communities in Central America.

Ryan J. Wubben and his wife, Deb Patrick (Class of 1998), currently live in Wisconsin with their two children, Ella and Lars. Wubben is on staff as an attending at the UW Hospital Emergency Department. He is also a flight physician with the UW Med Flight program and an active private pilot, flying his Cessna 172 out of the Middleton-Morey Field.

Class of 2002

Jason E. Heine is busy hiking, skiing and biking in rocky Colorado. Specializing in family practice, Heine now works for a community health center, Salud Clinic, which serves a large Hispanic population. He is also mentoring a high school student and supporting other mentors.

Sarah C. S. Schaettle says she is "enjoying being back in Madison after her fellowship in Iowa." Specializing in child and adolescent psychiatry, Schaettle is a partner at Regent Mental Health Group, a mental health center of Dane County psychiatrists, and a consultant at St. Colleta's of Jefferson County. She is also a member of the Hoofers Sailing Club and a community choir.

Stephanie J. Todd has been concentrating on global health and has recently returned from a medical trip to Kenya and East Africa. She specializes in pediatrics and is a member of the American Academy of Pediatrics. Todd has also been actively volunteering for Project C.U.R.E. She and her husband, Scott, reside in Colorado, where they are "living a life of leisure!"

Christopher K. Tornehl and his wife, **Mary Tornehl**, are currently busy caring for and enjoying their new baby,

Max. The family has recently moved back to Wisconsin from North Carolina. Chris specializes in urology and has joined a private practice urology group, Western Wisconsin Urology. Mary specializes in pediatrics and is considering several pediatric groups.

Bryan S. Wichman has remained in Wisconsin and is currently working at the William S. Middleton Veterans Administration Hospital in Madison. Specializing in anesthesia, Wichman also helps run UW's regional anesthesia fellowship. When not at work, Wichman can be found playing Nintendo Wii, studying the stock market, making model planes and spending time with his family.

Anna M. L. Carley, her husband, David, and their two children, Cole and Jade, now reside in Minnesota.

Carley specializes in breast and gynecologic pathology and is a staff pathologist at Region's Hospital. She is also a College of American Pathologists Safety Committee representative, a member of the U.S. and Canadian academies of pathology and a member of the American Society for Clinical Pathology. In her free time, Carley enjoys art, belly dancing, science-fiction movies, juggling devil sticks, and spending time with her family and friends.

Class of 2006

Lisa Baumann Kreuziger and her husband, T.J., now reside in Minnesota. Kreuziger is currently an internal medicine resident at the Mayo Clinic and has recently been named, along with Michael Cullen, chief medical resident for the 2009-10

academic year. "We look forward to the new challenges that the position offers," says Kreuziger, "and eagerly anticipate recruiting more UW alumni to Mayo Clinic."

Post Graduate

Artin Gevorkian graduated from the UW-Eau Claire Family Medicine residency program and has moved back to California. He is practicing in a multi-specialty group in the High Desert area. "I am very fortunate to have had the opportunity to train under the guidance of such high-caliber physicians and attendings associated with the UW," says Gevorkian. "Their guidance and tutelage will never be forgotten."

In Memoriam

Herbert Bandell '40
August 22, 2006
Claremont, California

Donald Carlson '87
January 27, 2008
Greensboro, North Carolina

Katherine Kulak PG
December 1, 2007
Madison, Wisconsin

Richard Shannon '41
September 22, 2007
Madison, Wisconsin

John W. Temple '43
September 10, 2006
Brookfield, Wisconsin

Letter to the Editor:

I am a graduate of the UW medical school Class of 1994. I receive the *Quarterly* and always enjoy "catching up" with what is happening with my alma mater.

In the last issue, I read the speech that was given to the entering class of medical students during their White Coat Ceremony and was really touched by what Dr. Jeffrey Grossman, who gave the speech, had to say.

I have been in private practice for nearly 10 years now and sometimes I find that taking care of patients with multiple

medical problems and the numerous time constraints in our daily work combine to distract physicians from the fundamental principle that Dr. Grossman was emphasizing.

I think that as we fine-tune ourselves as clinicians (i.e., getting better at making diagnoses and performing procedures with skill), our experience, while valuable to us as clinicians, distances us from our patients. We take for granted this truly unique relationship that we share with our patients.

Dr. Grossman's words really helped to remind me that the science of medicine can be taught but the art of it still requires diligence, patience and kindness. I will share that speech with my colleagues and "refresh" their memories also.

Thank you for a wonderful way to stay in touch with the UW medical school.

Traci Coffman, MD '94
Ann Arbor, Michigan



Dorothy Betlach, MD '46, who died September 15, 2007, contributed unfailingly to the Wisconsin Medical Alumni Association (WMAA) for more than 50 years.

Remembering Dorothy

by *Ralph Hawley, former
WMAA executive director*

The recent death of Dorothy Betlach, MD '46, awakened scores of memories of a dedicated alumna whose significant and diverse contributions to her medical school and the Wisconsin Medical Alumni Association (WMAA) over a half century will not be equaled in our lifetimes.

I have been asked to write some personal reminiscences of our relationship spanning several decades. Characteristically, what began as a professional interaction dealing with alumni matters developed into a lengthy friendship. For Dorothy, making friends was as natural as breathing.

I shall not paraphrase her obituary, but rather will relay here my own personal recollections augmented by comments from her son, Michael; classmate Bill Russell, MD '46; past-president of the WMAA Kathe Budzak, MD '69; and former long-time WMAA senior staff member Jean Froland.

At Dorothy's memorial service last fall and during the following luncheon, there was frequent mention of her many volunteer activities, which included service to her church, her children's schools and community organizations. These were all in addition to her major contributions to the medical alumni association.

Those activities included service as our first female president and as a

longtime member of the WMAA board of directors and the *Quarterly* editorial board. Most striking was her service as class representative nonpareil. Dorothy assumed that role after classmates Ben Lawton, Dick Wasserburger and Bill Russell all found that they were unable to devote the time required for the task.

With her typical energy and dedication, Dorothy began her long tenure as class rep by sending frequent newsletters to her classmates, keeping them informed of their colleagues' honors, changes of addresses and personal news. She also used the newsletters to urge attendance at coming alumni meetings.

Her efforts resulted in extremely well-attended class reunions. She always included the widows of deceased classmates as full-fledged members of the class. Throughout her lifetime, she referred to her classmates as "the kids in the class."

Froland has fond memories of Dorothy providing badly needed help during busy periods. She would appear, unbidden, even during winter months when the 50-mile drive from her home in Janesville, Wisconsin, could be hazardous. No task was too menial. Often she would bring Godiva chocolates for the alumni staff. The only dark side of Dorothy's character that has come to light was her addiction to chocolate.

When the board of directors initiated periodic meetings with the Dean and members of his staff and with student



Betlach's support of the medical alumni association motivated others to participate. She and classmates Hanno Mayer (left) and Dick Wasserburger all served as WMAA presidents.

representatives, as well as TGIF parties to bring students, faculty and alumni together, Dorothy faithfully attended. She also traveled to alumni meetings throughout the state.

Her enthusiastic support of the association helped to motivate her classmates to serve; the 1946 class produced four WMAA presidents: Ben Lawton, Hanno Mayer, Dick Wasserburger as well as Dorothy. She credits the influence of Lawton as a major factor in her WMAA involvement.

When she became president, it was a clear statement that the "old boy's club" was beginning to undergo a profound change—it was to become co-ed.

Kathe Budzak says that her own involvement in the WMAA, which has extended over 30 years, was due to Dorothy's example and encouragement. "Were it not for Dorothy, I would not have been president," she says.

Classmate Russell provided background on Dorothy's early professional activity in Madison—her hometown. Following post-graduate training in anesthesiology, Dorothy returned to Madison and joined an anesthesiology group that included Darwin Waters, MD, son of Ralph Waters, MD, founder and chairman of the UW Department of Anesthesiology—the first academic department in that discipline. Bill believes that Dorothy was the first female anesthesiologist at St. Mary's Hospital. Members of her group performed most of the surgical anesthesiology done in Madison private hospitals.

When her four children needed her primary attention, Dorothy retired from practice but continued to meet licensure requirements each year.

The Betlachs moved to Janesville, where Dorothy's spouse and classmate, Gene, practiced radiology. Very quickly, Dorothy assumed significant volunteer duties in a number of areas: she served as president of the St. William's Parochial School P.T.A., school librarian and member of the board of regents of Campion Catholic High School in Prairie du Chien.

In later years, Dorothy wrote a 50-year history of St. William's Catholic Church and reportedly paid for its publication.

Among other community activities, she volunteered at the Janesville Rotary Gardens and served as treasurer of a homeowners' association. These activities did not diminish her ongoing commitment to her alumni activities.

Dorothy's son, Michael, a microbiologist at a biotechnology organization in Fitchburg, Wisconsin, shared memories of his mother. In addition to performing the customary domestic duties of a housewife, she was an avid gardener—favoring peonies and roses—enjoyed entertaining neighbors and family friends and did needle point.

The family loved summer vacations in northern Wisconsin, with opportunities for hiking, boating, fishing and swimming. In later years, Dorothy and Gene traveled abroad extensively, with trips to Singapore, Hong Kong, Thailand, Australia and several European countries.

When Bill Russell and I drove to Janesville to attend Dorothy's memorial service, we exchanged memories of Dorothy as we had done several years before when we traveled to her husband's memorial service. The opportunity to talk with family members, friends and neighbors a second time gave us additional glimpses of this multifaceted friend.

The final time I saw Dorothy was briefly at her sixtieth class reunion in 2006. She was in a wheelchair but was happy to once again enjoy an evening of nostalgia and camaraderie with "the kids in the class."

New Board Members

Bring a Variety of Perspectives



From left: Renee Coulter, MD '79, Stephen P. Fox, MD '86, and Kay Gruling, MD '88.

by Amanda Ciesielczyk

Last spring the Wisconsin Medical Alumni Association (WMAA) board of directors voted in nine new members. The three-year terms began with the academic year.

"I'm very excited about the variety of perspectives these board members will bring to our organization," says Karen Peterson, WMAA executive director. "They represent an array of ages, specialties and regions of the state."

In the coming year, board members will concentrate on engaging alumni in their home districts, says Peterson, as well as continuing to support the school and the alumni association.

"The 25-member board plays a pivotal role in guiding the WMAA," she adds.

The following vignettes briefly introduce the new members.

Renee Coulter, MD '79

"We are so privileged to live in a country with the medical resources we have, and we are so fortunate to be doctors," says Renee Coulter. "To see how little others in the world have, and how grateful they are for the help that we can offer, is a humbling experience. To me, this is what being a doctor is about."

Coulter is currently one of nine practicing obstetrician-gynecologists at Advanced Healthcare, a multi-specialty group of over 200 doctors in the Milwaukee area. She has been with the group since completing her residency at the Medical College of Wisconsin.

Two of Coulter's early influences in medicine were Dr. Albert Schweitzer and

Dr. Tom Dooley, who was instrumental in helping start the Peace Corps. Coulter has been involved in medicine globally, "because my heart is in mission work."

Five years ago Coulter decided to learn Spanish, despite the demands of being the mother of five children. "I started to go to language immersion schools in other countries. I attended schools in Mexico, Guatemala, Costa Rica and Ecuador. This is why I do mission work in Central and South America."

Coulter sees serving on the board of directors as a means of reconnecting with the school and getting students even more involved.

"I would like to see current medical students involved in more service work, in the local community,

the nation or the world," she says. "This attitude of service and giving is important."

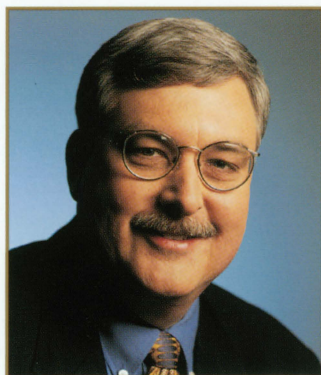
Stephen P. Fox, MD '86

Stephen Fox had been practicing in Wisconsin for 12 years. He worked in Portland, Maine, for 3½ years, but after relocating back to the Badger State, he realized, as he says, that he was "glad to be back in Wisconsin!"

Fox is presently a plastic and reconstructive surgeon in Wausau. Following graduation from medical school, he completed his general surgery training out east, at the State University of New York in Stonybrook, Long Island. He did a plastic surgery residency at the Indiana University Medical Center in Indianapolis.

-Continued on next page

From left: Thomas Mahn, MD '80, Patrick McBride, MD '80, MPH, and Steven Merkow, MD '80.



A proud member of the medical school Class of 1986, Fox says his interest in serving on the WMAA board stems from his desire to “reconnect with the medical school and students, and encourage other alums to do the same.”

Fox and his wife, Wendy, have three children. Their oldest, a daughter, is currently a freshman at the UW-Madison. “She represents the fourth generation of my family to attend the UW,” Fox says.

Fox’ various interests and recreational activities include hunting, skiing, forest land management, reading, traveling, politics and watching and playing most sports. He says Homecoming is his favorite WMAA activity.

“I really like seeing classmates and, of course, the Badger football games,” he says.

Kay Gruling, MD '88

“I enjoyed the WMAA trip to the Rose Bowl,” says Kay Gruling. “And the Badger Homecomings are always fun.”

Since graduating in 1988, Gruling has been practicing family medicine in Wausau, Wisconsin (for an in-depth profile on Gruling, see the fall '07 *Quarterly*). In 2006, Gruling created a medical service for nursing homes in Wausau and Merrill. Her medical interests revolve around preventive medicine and women’s health.

Gruling keeps busy with various medical groups. She has been a member of the Wisconsin Academy of Family Physicians and the Wisconsin Medical Society, among others.

She and her husband, Tim Buttke, have two children, Calla and Isaac, who are very involved in sports. The family is also quite musical, with the children, as well as Tim, all playing the violin. In addition to being engaged in her children’s activities, Gruling enjoys photography, music, sports, walking, biking, traveling and gourmet cooking.

“I am excited to be serving on the board because I enjoy promoting and enhancing

the medical school,” Gruling says. “I am eager to bring a different perspective to the board, especially that of younger doctors.”

Thomas H. Mahn, MD '80

“I just started on the board and I really enjoyed the football game activities,” says Thomas Mahn.

Mahn is an interventional cardiologist based in Milwaukee. His private cardiology practice focuses on the diagnosis and treatment of coronary artery disease, valvular heart disease, cardiac arrhythmias and congestive heart failure. He regularly performs invasive and interventional procedures, such as cardiac catheterization, coronary angioplasty and stenting, pacemaker insertion and echocardiography.

Following graduation, Mahn completed his internship and residency at the University of Michigan Hospitals and St. Joseph Mercy Hospital in Ann Arbor. He then returned

to Milwaukee to complete a three-year fellowship in cardiovascular disease at the Medical College of Wisconsin (MCW). He has continued to be active as a medical director of clinical instruction for residents at MCW.

Mahn is also involved in the Christian Medical and Dental Society, the Wisconsin Medical Society, the Milwaukee County Medical Society and the American College of Cardiology. He has been chief of the section of cardiology at St. Joseph Regional Medical Center since 1994.

Mahn has been married for 29 years and has four children, Caitie, Becca, Andrew and Carolyn. His interests include spending valuable time with his family, attending church and related activities, traveling, and watching and participating in sports.

Patrick McBride, MD '80, MPH

“I think I would have been voted the least likely in my class to get a job at UW



From left: Ann Ruscher, MD '91, Ann Schierl, MD '57, and Sally Schlise, MD '76.

and become an associate dean of students! I hope that I am proof that some people can change," says Patrick McBride.

In addition to his SMPH leadership role, McBride holds a joint appointment in the UW Division of Cardiovascular Medicine and the Department of Family Medicine. He is also the associate director of preventive cardiology at UW Hospital and Clinics.

After graduating, McBride completed family medicine training at the University of South Carolina, where he also received a master's in public health degree. He switched to preventive cardiology in 1997. He conducts research into the management of cholesterol disorders and the quality of cardiovascular disease prevention in clinical practice. He has also recently published his first book on preventive cardiology.

McBride has served on a number of national clinical guideline panels focusing on cholesterol education in adults, cholesterol levels in

children and adolescents, and physical activity relating to cardiac rehabilitation.

McBride is happy to serve on the board and "give back to the school that gave me a great education."

He is also looking to help generate overall funds for facilities at the school.

"The board hopes to support the new anatomy labs in honor of our great anatomy professors," he says.

Away from work, McBride enjoys life with his family: his wife, Kim, and their two children, Sean and Gabrielle.

"I love reading history and am a runner, biker and outdoor enthusiast," he says. "I really enjoy working on our barn and farmhouse in central Wisconsin."

Steven J. Merkow, MD '80

"I'm interested in being more connected with the school by helping to generate more interest and renewed camaraderie among alumni, being more connected to the medical students and their interests, thoughts, futures

and helping students with any difficult decisions," says Steven Merkow. "I'm looking forward to just plain giving back."

Merkow, an orthopedic surgeon, started practicing in January 1986 at the Orthopedic Associates of Wisconsin. Prior to that, he completed his general surgery residency at the Hennepin County Medical Center in Minneapolis, Minnesota.

The founder of the Waukesha Sports Medicine program, Merkow has been heavily involved in his community by helping orchestrate athletic medical care programs for eight area high schools and a division-three college.

Sports and medicine both run through Merkow's family.

"My wife, Ann, is an internal medicine physician practicing at the Quad Medical Clinic of West Allis, Wisconsin," Merkow says. "My son Max, 25, is a fourth-year medical student at Columbia Medical School in New York City. My son David, 22, is a

professional golfer who recently graduated from Northwestern University. My daughter Alana, 16, is a junior at Hartland Arrowhead High School and a varsity athlete in basketball and track. My son Gabriel, 12, is a seventh grader at Swallow Middle School and loves most sports, especially golf and basketball."

Merkow personally hopes to contribute experience and enthusiasm to the WMAA board of directors.

"I see the board trying to increase more participation in UW medical functions and activities among alumni," he says.

Ann E. Ruscher, MD '91

Ann E. Ruscher is a practicing pediatric anesthesiologist at UW Hospital and Clinics.

"I did my undergraduate degree in biochemistry at Texas A&M University, then attended medical school here from 1987-1991," Ruscher says. "I went to the Children's Hospital of

Pittsburgh for my fellowship training in anesthesiology. I have been practicing here with the university since 1998 and will be moving to the American Family Children's Hospital when the operating rooms there are completed."

Ruscher is also co-clinical curriculum director, with Yolanda Becker, MD, working actively to update the MD curriculum at the school.

"Our goals include meeting new Liaison Committee on Medical Education standards," she says. "We are also working to incorporate ethics, public health, cultural diversity and professionalism into the curriculum."

She also participates in the Society for Education in Anesthesia, the Society for Pediatrics Anesthesia, the American Society of Anesthesia and the American Association of Medical Colleges.

Outside of work, Ruscher concentrates on spending time with her family.

"My husband, Leonard Go, is a pediatric surgeon with the Dean Clinic," she says. "We have three children, Maggie, Michael and Maria. We are all big Badger fans, especially football and basketball!"

The family enjoys swimming, dancing, piano lessons and traveling.

"We especially enjoy traveling to warm locations, such as Disney World," she says.

Ann Gilfry Schierl, MD '57

"I love to travel," says Ann Schierl. "I've been to all seven continents. I also enjoyed the alumni association Rhine River cruise in 2006 and I plan on doing the alumni Alaska trip next summer as well as a river trip to Russia with my son and his special lady."

Schierl was the only practicing anesthesiologist in Stevens Point, Wisconsin, from the early 1960s until her retirement in 1989. She is very excited to be serving as a board member.

"I look forward to interacting with students and hope to help get more alumni involved, which I hear the board is attempting to do," she says. "It's too early to tell what my favorite activity is, but I know it will be something with the students."

Schierl spends a good deal of time involved in her community.

"I do a lot of fund-raising for the UW-Stevens Point Fine Arts College as well

as our Symphony Band. I also am involved with our community foundation," she says.

She also participates in community theater. She says, "When there is a part for a senior citizen, I jump on it. The more outlandish, the better!"

Schierl and her late husband had three sons, all of whom help operate the 50-year-old family business, a series of convenience stores and service centers in Wisconsin and the Upper Peninsula.

Six grand children "keep grandma busy," she says.

Schierl is an avid UW-Madison and Green Bay fan—she's been a Packers ticket holder for 47 years.

Sally Schlise, MD '76

Sally Schlise doesn't have to look forward to vacationing in Door County, like everyone else. She lives there and grew up there as well. Schlise and husband Neil Fullan, MD, a child psychiatrist, moved to Sturgeon Bay a few years back to be close to her parents. Her 93-year-old mother lives next door and her brother and sister-in-law reside on the same block. "Talk about a close family!" she says.

A radiation oncologist, Schlise began her clinical

practice in the oncology department at St. Vincent's Hospital in Green Bay, then moved to St. Vincent's new satellite clinic in Sturgeon Bay, the Door County Cancer Center.

She's served on several state and local boards of directors over the years, including the American Cancer Society, the American Heart Association, Green Bay Symphony, Green Bay Arts Council and others.

She says her friend Chris Larson, MD '71, approached her about joining the WMAA board and she became interested. As a new member, she wants to work on retaining and increasing membership in the association, especially among new grads.

"Since I have a son in medical school, I also hope to contribute to interaction with students," she says.

Schlise enjoys getting in touch with classmates and colleagues at the WMAA-sponsored Homecoming tailgate each year.

She loves to travel, cook, sew, knit and crochet. "I also love to garden," she says. "I have a beautiful rose garden that I'm very proud of."

Build It and They Will Come



*Christopher Larson, MD '75
Editorial Board Chair*

For decades, people have been interested in the benefits of healthier communities. We know that the monetary returns of elevating the general health of a population are predictable and measurable: increased job productivity and lower absenteeism in the workplace, to mention two.

These benchmarks, together with the prospect of lower healthcare consumerism in our later years, are strong arguments for programs designed to proactively improve the general health of all ages. The dividends derived from people who need less healthcare, who “get it,” and

who embrace health literacy by taking positive steps toward better health and personal fitness are what we at UW School of Medicine and Public Health desire.

I wrote this essay from the vantage point of a person who lives in a medium-sized community (Sheboygan) in which members, after several failed attempts to raise money to expand existing public middle and high schools, were able, finally, to pass a referendum to finance those necessary school improvements and at the same time add two public fitness centers.

Two failed referenda in the early '90s left few alternatives to acquire dollars for the required structural changes to make space to accommodate a growing student population. But the third referendum included opportunities for community members to use fitness centers as part of the proposed building plans, allowing participation in fitness classes during attractive hours, and access to state-of-the-art equipment and knowledgeable staff. This referendum passed with an unprecedented 63 percent favorable vote, allocating the necessary \$32 million to make those changes in the existing schools and add the

fitness centers, one at each of the two public high schools.

As I talked with Steve Scharrer, director of the Sheboygan Community Recreation Department, several questions came to my mind, but one in particular. With over 92,000 visits to the two fitness centers in the first 11 months, why is our community participating in physical activity in a structured environment at such enormously high levels?

The initial proposal and public relations efforts to optimize the success of the referendum, as it turns out, were great lead-ins to increased awareness of the centers. Modern equipment, supervision and relatively easy public access to the facilities also are noteworthy.

Since the facilities opened, the recreation department's quarterly newsletter and word of mouth are the only tools that have been used to bring motivated individuals, many of whom are new to the concept of structured exercise, to the centers.

Measuring the amount of physical activity in a group or population is difficult. Yet the data Steve shared with me is impressive. It shows the number of visits per day, week and month broken down to indicate the hours during which the facilities are

busiest. Most users rate their experience at the centers as “outstanding” and feel the centers have improved their “overall level of fitness.”

There appears to have been an initial spike related to the novelty of the facilities upon opening, but trailing data show continued use at a remarkable level.

In publications addressing issues such as access to recreational facilities, the number and convenience of parks, the safety of streets for walking and the availability of bike trails, we often see attempts to correlate individual usage with convenience and access. The opportunities, though often adequate, do not necessarily translate into active pursuit of exercise or training, and measuring utilization and the impact upon the health of the surrounding population is difficult. The Sheboygan experience is unusual in that use of the fitness centers is measurable and takes place in a pleasant environment outside the workplace.

Surely the idea of a community taking on this kind of initiative—which assures that local moneys be made available for both improving schools and giving residents access to fitness centers—is a model for others to follow.

Calendar of Events

February 2008

FEBRUARY 15
WMAA WINTER EVENT
Milwaukee Art Museum

April 2008

APRIL 22
EAU CLAIRE FOUNDER'S DAY

May 2008

MAY 8-10
ALUMNI WEEKEND
Class reunions for classes of
1948, 1953, 1958, 1963 and 1968

MAY 16
CLASS OF 2008 GRADUATION

10 a.m. Recognition Ceremony
Memorial Union Theater
7:30 p.m. Graduation party at
Monona Terrace

July 2008

JULY 22 – AUGUST 4, 2008
WMAA/WAA ALASKA CRUISE AND
CRUISE/TOUR

October 2008

OCTOBER 24-25
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
750 Highland Ave.
Madison, WI 53705

Rather connect by computer?

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



PHOTO: JEFF MILLER/UNIVERSITY COMMUNICATIONS

Framed by the arch of one of the historic murals in the UW-Madison Memorial Union Rathskeller last February, students gathered around a table next to a warm fireplace for an evening of conversation.

University of Wisconsin
Medical Alumni Association
Health Sciences Learning Center
750 Highland Avenue
Madison, WI 53705

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