The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY

Seeking generational clues to Alzheimer's disease

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The Magazine for University of Wisconsin Medical School Alumni and Friends

EDITOR
Dian Land

ART DIRECTOR
Earl J. Madden

DESIGN AND LAYOUT
Stephanie Stone

PRINCIPAL PHOTOGRAPHY
Bob Rashid

CONTRIBUTING WRITERS
Lisa Brunette
Aaron R. Conklin
Linda Dietrich
Michael Felber
Kathleen Freimuth
Karen Ingwell
Tim Le Monds
Susan Pigorsch
Moira Urich

ADDITIONAL PHOTOGRAPHY
Douglas Austin
Joseph Blough
Pat Goetzinger
Karen Peterson
Greg Sutter

ALUMNI ASSOCIATION EXECUTIVE DIRECTOR
Karen Peterson

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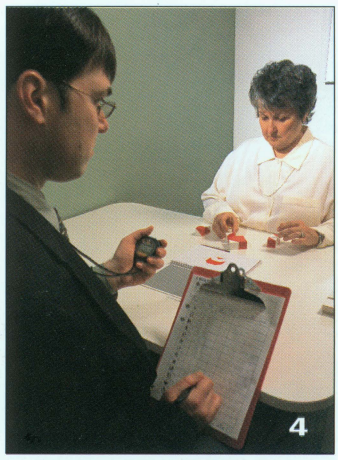
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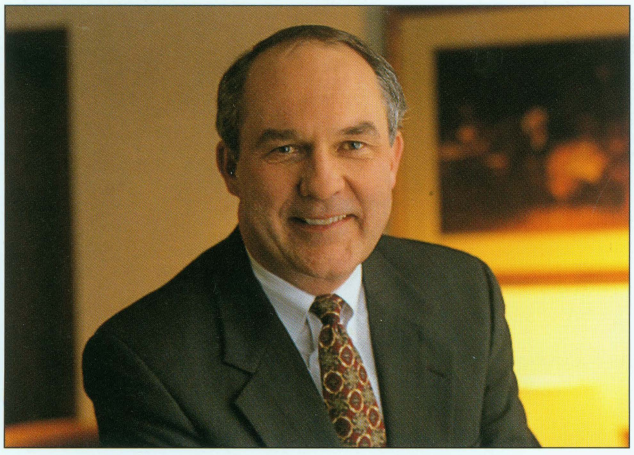
From the Dean

As we prepare for the end of the academic year and graduation, I'd like to commend the Class of 2002. More than any class I've known, this one has demonstrated an ability to overcome adversity—including the tragic death of a classmate. Many outstanding students stepped forward to unify and lead the class. The medical profession as a whole will need such leaders in the future as much as it needs them today.



Philip Farrell, MD, PhD
UW Medical School Dean
UW–Madison Vice Chancellor for Medical Affairs

University of Wisconsin Medical School and the Wisconsin Medical Alumni Association (WMAA) also can be thankful for the leadership skills and dedication of Dr. Harvey Wichman, '65. I want to express my deepest appreciation to Harvey as he steps down as WMAA president. He has admirably led the organization during an important time of transition. He and I worked together closely and effectively in hiring Karen Peterson as WMAA executive director. I was very impressed with his ability to accurately judge people; I realized fully what a great diagnostician brings to a search. During his tenure, Harvey was instrumental in rewriting the WMAA bylaws and creating the new affiliation agreements. He revitalized several programs, such as the very successful Milwaukee Winter Event. He was pivotal in fostering closer relationships in the essential triad consisting of medical students, the school and the WMAA. Harvey can be very proud of the job he did for us all.

Regarding another important leader, I'm extremely sad to note the untimely death of Dr. Paul Carbone, who died on February 22, 2002. Paul was arguably the most distinguished oncologist-scientist in the Medical School's history (see page 34 for more on his accomplishments). He was loved and respected by many people, including patients, students and colleagues. His death saddens me personally, as he was like a big brother to me. We arrived on campus the same academic year, 1976–77, both having worked previously at the National Institutes of Health. He helped me a great deal when I was chair of the Department of Pediatrics. And when I became dean of the Medical School, we worked as a team on the HealthStar Initiative—planning, fund raising and meeting with state leaders. It is very unfortunate that Paul will not see it all come to fruition when our new facilities are built, although he did enjoy watching as construction began on the Health Sciences Learning Center last fall.

With our cover story on Alzheimer's disease, this issue of the *Quarterly* highlights the Medical School's broad commitment to neuroscience. Dr. Mark Sager, director of our Wisconsin Alzheimer's Institute, joins other illustrious neuroscience leaders at the school. These include Dr. Ned Kalin, who is director of the HealthEmotions Research Institute and chair of the Department of Psychiatry, and Dr. Thomas Sutula, who is director of the Neuroscience Institute and chair of the Department of Neurology.

As you may know, we have identified neuroscience as a strategic program priority for the school, but I believe neuroscience should be a priority for us all. As our population ages, more and more of us will be susceptible to devastating neuro-degenerative diseases such as Alzheimer's and Parkinson's. Even if we are among the rare Americans not touched by these diseases personally, all of us surely will be affected by the financial burden we will share as a society.

I expect that UW Medical School will play a critical role in addressing these neurologic-aging problems. We are extremely fortunate to have much talent and many resources in place—including a strong foundation in stem-cell research, which offers tremendous potential for neuro-degenerative disorders. These capabilities, combined with advances made during the past "Decade of the Brain," make me extremely optimistic that we can contribute to the challenge in fundamental ways. Like Paul Carbone with cancer, our neuroscience leaders will catalyze the key advances in research, education and care.

WMAA President's Message

When I pass along the presidential gavel of the Wisconsin Medical Alumni Association (WMAA) to Dr. Chris Larson, '75, in May, I will do so with a great deal of pride and satisfaction. It's been a privilege to work with the WMAA board during the first decade of the new millennium and to help realize our big dream for the Medical School—the Health Sciences Learning Center (HSLC), now under construction.

From the beginning, our goal has been to unify our alumni to achieve the goal of building a new facility here at Wisconsin that is on par with the prestige of our faculty. We have encouraged contributions for the new center's Alumni Hall, a state-of-the-art, high-tech auditorium that will have an impact on generations of future alumni. We reached our goal of $2.5 million, which will be sufficient to complete this project.

Harvey Wichman, MD

As I continue on the WMAA board as an executive committee member, I will look forward not only to the dedication of the HSLC, but also to the growing synergy within WMAA itself. During the last two years, we have done much to reach out to and connect with the medical alumni of tomorrow. We have created a new scholarship fund, endowed at the University of Wisconsin Foundation, to help students reduce their debt load, which now totals an average of $100,000 per graduate. And we have also maintained alumni contributions to our low-interest student loan fund.

In response to WMAA's recently adopted strategic plan, the board has focused on how the organization can stay in better touch with alumni—starting from the moment they enter the Medical School as first-year students. We've formed a new committee to help us plan our major alumni events and make them more timely, more inclusive and more attractive to a larger percentage of our graduates.

We've also actively invited students to become involved with WMAA and attend our events. I've been touched by how much the little things can mean to those who have been studying around the clock, hoping to see light at the end of the tunnel. Attending a Homecoming brunch is one of them. And everyday comforts, such as WMAA-funded lounge furniture and mini-refrigerators, not to mention TGIF parties, make a huge impact in the harried lives of students. Computers placed in dorms at our Milwaukee campus have been much appreciated also.

While the continued nurturing—and feeding—of this next generation has been a major focus during my tenure, so too has been WMAA's relationship with the Medical School and the UW Foundation. The board has approved a binding agreement that will ensure the importance and longevity of the WMAA far into the future, giving alumni a greater role in the Medical School's admissions process and the selection of future deans. Our formal agreement with the UW Foundation guarantees that all alumni contributions will be handled expeditiously in the fashion donors desire.

Meanwhile, under the inspired leadership of Karen Peterson, WMAA's executive director, the staff and editorial advisors of the *Quarterly* have focused on making the magazine as fresh and dynamic as the newly reinvented organization it represents. Karen has infused us all with creative ideas and a commitment to making a difference.

In closing, let me encourage all of you to become more involved. I've made many new friends during my WMAA presidency, deepened my personal love of the university and discovered that it's true: the more you give of yourself, the more you receive back. Even after sending my five children to the UW, my relationship with this great university is now stronger than ever.

RESEARCHERS ENLIST GROWN CHILDREN OF ALZHEIMER'S PATIENTS FOR LONG-TERM STUDY

Seeking generational clues

BY TIM LE MONDS

Carol Czomak is a 55-year-old nurse from Madison, Wisconsin. One of her favorite activities is paging through her mother's photo album. With the turn of each page, memories from what seem to be yesterday begin to surface, often revealing themselves as smiles on her face. But in the last few years, this cherished activity has become tainted with a significant degree of sadness. Czomak's 88-year-old mother, Anne, has Alzheimer's disease, the nation's number one cause of severe dementia.

When Czomak shows her mother the same pictures, Anne's memories and smiles seem to be lost in some deep abyss. "I'll show her an old picture and say, 'Mom, who is this?' and she knows she can't remember, and those are hard things for me," says Czomak. "Millions of people like me are watching our parents fade away, and it's very, very sad."

Alzheimer's is a disease of a lifetime that manifests itself in people who are old, says Dr. Mark Sager.

Alzheimer's is a degenerative brain disease that usually begins gradually, causing a person to forget recent events or familiar tasks. How rapidly it advances varies from person to person, but the disease eventually causes confusion, personality and behavior changes and impaired judgment. Communication becomes difficult as the affected person struggles to find words, finish thoughts or follow directions. Eventually, most people with Alzheimer's disease become unable to care for themselves.

The disease is associated with the formation of abnormal structures in the brain called plaques and tangles. As these structures accumulate in affected individuals, nerve cell connections are reduced. Areas of the brain that influence short-term memory tend to be affected first. Later, the disease works its way into sections of the brain that control other intellectual and physical functions.

Recent evidence shows that grown children of Alzheimer's patients have an increased risk of developing the disease. With the knowledge of these genetic odds, the potentially at-risk children are not only left dealing with the worry, stress and financial burden of caring for their parents, but they must also live with the worrisome question: "Will I too eventually fall into this same lonely abyss?"

"It's looming out there in our future," says Czomak, conveying a sentiment that undoubtedly lingers in the minds of millions of people like her. One in 10 individuals over 65 and nearly half of those over 85 have the disease, bringing the total number of Americans diagnosed with Alzheimer's to an astounding four million. Unless a cure or prevention is found, the number will jump to 14 million by 2050.

Researchers worldwide are feverishly seeking clues to understanding what causes the disease and how to forestall or prevent it. Czomak and others in the same predicament are equally driven to find answers to the questions that may so personally affect their futures. One University of Wisconsin Medical School researcher, Mark Sager, MD, believes that the answers may lie within the very same people asking the questions—the adult children of Alzheimer's patients themselves.

Sager, who is director of the UW Medical School's Wisconsin Alzheimer's Institute (WAI), heads the nation's first comprehensive research study to test the theory. Czomak is one of the first participants in the new ground-breaking project, named the Wisconsin Registry for Alzheimer's Prevention (WRAP).

WAI, along with its primary sponsor, the Milwaukee-based Northwestern Mutual Foundation, began the study in February 2002. The project entails recruiting up to 500 people ages 40 to 65 from the Madison area to analyze genetic, lifestyle, dietary and other factors over a period of 15 years. Some volunteers will participate in clinical trials involving drugs, hormones and vitamins to determine whether those may change the odds of developing Alzheimer's.

"This is a whole new way of looking at the disease," says Sager. "In the past, Alzheimer's was defined as a disease of aging; in reality, it is a disease of a lifetime that manifests itself in people who are old."

Sager believes that the WRAP initiative could pay major dividends. "Our goal is to develop interventions and to understand those factors that influence the progression of the disease in people before they develop symptoms," he says. "WRAP research will be conducted similar to the way scientists evaluated the role of hypertension and high cholesterol in heart disease."

Czomak has undergone her first series of tests: three hours of neuropsychological exams involving problem solving, puzzles and deductive reasoning, as well as a battery of memory tests. WRAP researchers will also use modern imaging technology to look at the brains of volunteers who are asymptomatic, enabling the scientists to identify changes that may signal increased risk of developing the disease within a relatively short time.

"What we do now is wait until people develop symptoms, and only then do we try to delay its progression with medications," says Sager. "WRAP will look for signs of the disease in its infancy by tracking changes in the brain and in the participants' behavior and cognition. The goal is not to wait 20 years until these people develop Alzheimer's, but to find signs now that justify early treatment that will delay or even prevent it from developing."

Because Alzheimer's affects people in different ways, it is difficult for medical professionals to predict how an individual's disease will progress. Currently, there is no single comprehensive diagnostic test. Instead, physicians must rule out other conditions through a process of elimination, usually by conducting physical, psychological and neurological exams and taking a thorough medical history.

The fruits of some of Sager's other research in the UW medicine and neurology departments may also help in identifying people with mild memory problems potentially associated with Alzheimer's. In the first phase of one study, extensive memory exams were conducted on 200 generally healthy outpatient older adults. Researchers found that 20 percent were cognitively impaired; nearly half had mild cognitive impairment, a condition previously unrecognized and often seen as a precursor to Alzheimer's. In later phases of the research, Sager hopes to develop a scaled-down version of the test that also produces the same high level of diagnostic accuracy. He expects the outcome will be a brief and convenient-to-use test that will allow physicians and other health care providers to identify people with mild memory problems at an early stage before significant impairment has occurred.

As a volunteer in the Wisconsin Registry for Alzheimer's Prevention, Carol Czomak has undergone a series of neuropsychological exams and memory tests administered by research specialist James Cooper.

SAGER FIRST CAME TO UW AS A geriatrics fellow in 1985 before leaving to serve as the director of geriatrics at St. Mary's Hospital in Madison for five years. Returning as a faculty member in 1992, he spent the next seven years as an associate professor in the departments of medicine and population health sciences. Now a professor of medicine, Sager was appointed WAI director when the Medical School established it in 1998. He also serves as the director of University of Wisconsin Hospital and Clinics memory assessment clinic.

The Worker Education, Training and Assistance program addresses the high turnover rate of direct care workers in Wisconsin's nursing homes. The turnover problem links directly to the quality of care of facility residents, half of whom suffer from Alzheimer's or related disorders.

Supported by state funds and a grant from the Helen Bader Foundation of Milwaukee, WAI was created to improve the quality of care and availability of supportive services provided to people with dementia and their families. WAI is the only state-funded organization dedicated entirely to advancing knowledge about Alzheimer's disease through education, research and service.

Shortly after its inception, WAI gained recognition for innovative initiatives such as its Worker Education, Training and Assistance (WETA) program. This collaborative effort with long-term care providers throughout the state addresses high turnover rates of direct care workers in Wisconsin's nursing home, assisted living and home care industries. The turnover problem links directly to the quality of care of nursing home residents, half of whom suffer from Alzheimer's or related disorders. WETA aims to educate and retain direct care workers by providing them opportunities for increased salaries, access to benefits, employee recognition, career advancement and insight into how to improve their work environment.

In addition to education and research, WAI is committed to addressing the needs of people in Wisconsin communities. Part of its mission is to establish and support multidisciplinary dementia diagnostic clinics in rural and underserved areas throughout the state. WAI currently has informal affiliations with thirteen organizations providing dementia diagnostic services in towns such as Oshkosh, Milwaukee, Eau Claire, Rhinelander, Beloit, Richland Center and La Crosse.

Another example of WAI's commitment to service is its Wisconsin Adult Day Services (ADS) program. WAI has been working with the Wisconsin Adult Day Services Association and other adult daycare groups offering a viable alternative for supportive care in the community. The ADS program enhances existing standards for dementia care, develops and implements an education program to disseminate standards, and recruits and trains mentors to provide information and technical assistance to adult day service organizations.

Sager believes the work of the WAI can begin to pay off in multiple ways in the near future. "Not only does Alzheimer's disease have an enormous emotional impact on families, but the financial burden can be staggering," he says. "If we can delay the onset of symptoms by as little as one year, the savings in long-term care dollars would be enormous."

According to the National Alzheimer's Association, the disease costs the United States at least $100 billion a year, and neither Medicare nor most private health insurance programs cover the long-term care that most patients need. More than seven in 10 people with Alzheimer's disease live at home, with almost 75 percent of the care provided by family and friends. The average out-of-pocket cost for patient care at home is approximately $12,500 per year.

Sager and other researchers are confident that breakthroughs in understanding the disease will continue to make news in the next decade. "The commitment we are making to education, research, advocacy and developing service programs substantially impacts the quality of life for people affected by Alzheimer's disease, and certainly makes their future brighter," he says.

Czomak says for her family it will very likely be a two-sided coin. "I know it's probably too late to stop the disease in Mom," she says. "But being involved in studies like WRAP gives me an opportunity to do something that can actually make a difference in the future. Hopefully, my three children won't have to deal with this disease."

Novelist shares her experience with Alzheimer's disease

Acclaimed writer Amy Tan, author of such books as *The Joy Luck Club* and *The Kitchen God's Wife*, visited Wisconsin on February 26, addressing nearly 300 UW Medical School alumni, friends, faculty and staff at the Milwaukee Hilton.

Tan, whose books consistently mine the theme of mother-daughter relationships, spent an hour recounting the poignant, sometimes endearingly funny, final years of her mother's struggle with Alzheimer's disease. She shared personal memories of her experience at a luncheon sponsored by the UW Medical School, the Wisconsin Alzheimer's Institute (WAI) and Milwaukee's Helen Bader Foundation.

***At a luncheon sponsored by UW Medical School, the Wisconsin Alzheimer's Institute and Milwaukee's Helen Bader Foundation, writer Amy Tan shared personal memories of her mother's struggle with Alzheimer's disease. Her presentation paralleled the story in her latest book,* The Bonesetter's Daughter.**

Her presentation paralleled the story in her latest book, *The Bonesetter's Daughter*, a novel about a Chinese-American writer striving to uncover the secrets of her mother's life before Alzheimer's erases decades of reminiscences. In tracing her family's history and discovering cherished memories, the book's central character comes to understand how intimately the links to past generations affect her life.

Joining Tan were Medical School dean Philip Farrell, MD, PhD, and Mark Sager, MD, Institute director. In his welcome, Farrell reinforced the impact diseases of aging, particularly neuro-degenerative diseases such as Alzheimer's, will have on the large number of graying baby boomers. He described Wisconsin's program as unique in combining a strong emphasis on caregiver support, epidemiological studies and basic research into the cause of the disease.

In his closing comments, Sager acknowledged the ongoing support of the Helen Bader Foundation and of the Northwestern Mutual Life Foundation, which recently helped WAI establish the nation's first comprehensive research study of children of people with Alzheimer's disease.

Linda Dietrich

FOR DENNIS MAKI, '67, TERRORIST THREATS ECHO RECENT HISTORY OF INFECTIOUS DISEASE

Expecting the unexpected

BY LISA BRUNETTE

University of Wisconsin Medical School's Dennis Maki, MD, was on the Tokyo subway in March 1995 when he noticed that his train was no longer making stops. When he reached his hotel, he turned on the television and learned that an obscure cult had released sarin gas into the subway earlier that day. A dozen people died, and hundreds were injured in one of the first terrorist attacks involving a lethal chemical agent.

Nearly seven years later, Maki ('67) again found himself in the middle of a bioterrorist maelstrom. The still-unsolved anthrax exposures that struck the nation last year plunged the infectious disease expert into a dizzying round of speaking engagements, media appearances, legislative committee hearings, professional seminars and phone consultations from around the country. Even today, his travel schedule is full of commitments to speak, teach and advise on preparing for future bioterrorist threats. But the events that came as a shock to most of the American public in the fall of 2001 did not strike Maki quite the same way.

"It didn't surprise me," he says. "The potential for terrorist groups or even nations to use chemicals or germs as weapons has been there a long time. I've been watching the escalation of terrorism for 25 years. At first, they only hijacked planes—but landed them. Then they started killing hostages. Then they blew up planes; then buildings. My biggest fear is that next they will get a nuclear device."

Maki's expectation that someday America would be the victim of a serious terrorist attack contrasted sharply with the shock most Americans felt last fall. But then, he and his colleagues specializing in infectious disease have had plenty of recent experience with complacency shattered by events.

"Closing the book" on infectious disease?

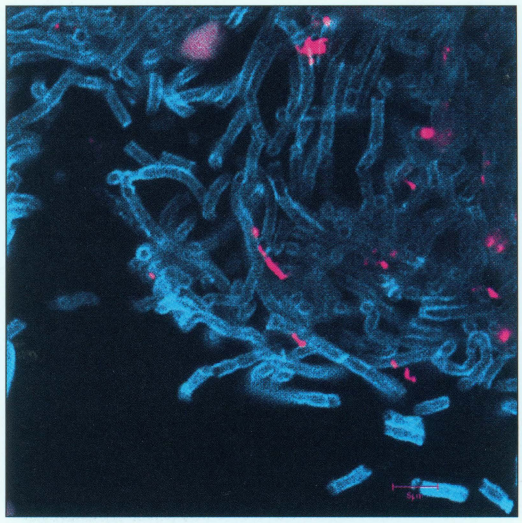
Fresh from his training at UW Medical School, Maki headed for an internship with the Harvard Medical Service at Boston City Hospital. The year was 1967. That same year, the surgeon general declared that the United States was 'ready to close the book' on infectious disease. The pronouncement echoed earlier comments by Nobel laureate Sir Frank MacFarlane Burnet affirming "the virtual elimination of infectious disease as a significant factor in social life." Maki remembers that year as the beginning of "the golden period of anti-microbial therapy," a time when powerful new antibiotics were coming quickly into the marketplace and doctors reasonably expected that they could and would conquer a host of serious infectious diseases.

"Antibiotics were quite limited before that," he points out. "We began to see new agents arriving on the market within a space of five to seven years in the late '60s, such as clindamycin, metronidazole, gentamicin, ampicillin and cephalosporins. Many people felt these would solve most of our infectious disease problems, but they did not fully appreciate what was going to follow. This was the beginning of the heyday of anti-infective therapy."

Like all of his colleagues in the late 1960s, Maki had a military obligation and was in fact drafted. Serendipitously, though, he was conscripted into the U.S. Public Health Service rather than into the armed forces. In 1969, he left Boston for a two-year stint as an epidemic intelligence officer at the Centers for Disease Control and Prevention (CDC), an experience that kindled a lifelong passion for epidemiologic research and deductive thinking, but also derailed long-standing plans to return to Boston for a surgery residency. Instead, he chose to finish his medical training, followed by a year-long infectious disease fellowship at Massachusetts General Hospital.

By the time he finished his residency and fellowship training and took a job at UW Medical School in 1974, new anti-infectives that had been in development when he first went to the CDC were on the market and proving to be powerfully effective in patients. Doctors then being trained in infectious disease expected clinical success and virtually unlimited progress.

And for a time, that's how it was. Maki kept a record detailing the patients he treated early in his career. "When I went into infectious disease, I never dreamed there'd be bacterial infections with micro-organisms resistant to all the antibiotics we have," he says. "In training from 1967 to 1974, I never treated an infection like MRSA (methicillin-resistant *Staphylococcus aureus*). And if you had written a novel in 1967 which described an infection that would cause a contagious loss of immunity, like HIV—well, that was almost beyond the ken of what was imaginable."



In addition to his extensive work as an expert in infectious diseases, including anthrax (shown above), Maki serves as an attending physician in UW Hospital's Trauma and Life Support Center (where he is seen at left).

New diseases emerge

The first hint that serious new infectious threats were emerging was the 1976 outbreak of what became known as "Legionnaire's Disease," caused by the previously unidentified Legionella bacterium. It was the beginning of a long and still-growing list of new or re-emerging infections that Maki can recite by rote: "Toxic shock syndrome, *E. coli* O157:H7, hemorrhagic fever in Africa, Lyme disease, Ehrlichiosis, Helicobacter. In the mid- to late '80s, it was 'mad cow disease' caused by prions. Most devastating, the world pandemic of HIV."

By 1980, Maki says, the infectious-disease community began to see drug-resistant pathogens emerge, and it was clear within just a few years that old foes were evolving to elude the best medicines available to doctors. This seemingly unlimited ability to adapt in Darwinian fashion allowed powerful microbes—once thought vanquished—to acquire new virulence. Maki described a recent window of three or four years in the mid-1990s during which no antibiotics were effective against vancomycin-resistant enterococcus. HIV, of course, remains incurable.

"Now we've gotten back a little ahead of the game," he notes, pointing to a recent renewed emphasis on antibiotics research. "However, almost all of the remarkable new progress in anti-infectives has been with antivirals, including anti-HIV drugs and anti-microbials for gram-positive organisms. The challenge now is to find new agents for multi-resistant gram-negative bacteria, a re-emerging problem."

Maki finds it fascinating that infectious organisms are being identified as the cause of peptic ulcer disease, coronary artery disease and

many types of dementia. "All diseases really have an infectious etiology," he notes half in jest. "We just haven't proven it yet."

According to those who know him well, Maki's own analytical mind was powerfully shaped by his education, his voracious appetite for both scientific and lay literature, and a deep interest in history and social forces that shape both medicine and society. He earned his bachelor's and master's degrees in physics at UW–Madison before attending UW Medical School.

"He asks questions related to clinical medicine, but a lot of it comes from his physics training," says colleague George Mejicano, MD, an infectious disease specialist and assistant dean for continuing medical education at UW Medical School. "He has done amazing work with physical materials, with infections caused by indwelling catheters, for example. I think his physics background allowed him to go to that area, looking at the surface properties of materials."

Maki's clinical training at Harvard helped forge a network of connections with the world's leading luminaries in infectious-disease research, an advantage Maki supplements with his own avid devotion to reading of all kinds. He confesses to being a *New York Times* junkie: "It's an hour of every day of my life, an hour I can't really spare, but it's a true joy and pleasure."

But Mejicano adds that Maki is a voracious reader who absorbs everything from infectious-disease journals to the *National Enquirer* in an attempt to monitor what's being thought and said at all levels of society. He is also a history buff whose conversation is peppered with references to past political and social decisions with repercussions that are just now being publicly recognized.

Maki may represent the ideals of medicine better than any one physician at the Medical School, UW Hospital or even in the state, according to Jeffrey Grossman, MD, president and chief executive officer of the University of Wisconsin Medical Foundation.

"I've had the privilege of working with Dennis for nearly 25 years. His vast knowledge of medical science still astounds me every time we discuss clinical matters, as does his brilliant devotion to his scholarly work," says Grossman, who is also senior associate dean for clinical affairs at the Medical School. "His energy for his work seems to grow, rather than diminish, with time."

"But what really sets him apart is the evident love with which he approaches every moment of his work," Grossman says. "People speak about the privilege of caring for patients; Dennis embodies and radiates that sense of privilege in everything he does. He is a doctor's doctor, a patient's doctor and a role model for every student, resident and faculty member with whom he has contact."

When the story broke

Maki's combination of historical perspective, rigorous analysis, careful attention to emerging threats and clinical reputation made him a "go-to" expert when the anthrax exposures took place. Although he had been lecturing on the topic for at least three years before, his schedule in the fall took a beating when dozens of organizations wanted his advice on bioterrorism. He also worked with UW Hospital colleagues to develop a rational protocol for dealing with possible exposures to dangerous biological agents.

With the flu season looming, he pleaded with his old agency, the CDC, to create a document for doctors delineating the difference in clinical manifestations between inhalation anthrax and influenza. He lectured both to professional and lay groups, reminding them that the history of bioterrorism reaches back centuries to the Tartars, who threw plague-infected corpses over the walls of besieged cities. Also drawing on his knowledge of recent history, he reminded audiences of the huge number of biological agents that the Russians weaponized during the Cold War, the potential role of the Soviet "Mafia" in selling "suitcase" nuclear devices, and the decade the United States lost to indecision after learning that stores of weaponized smallpox probably existed in the world.

"We can deal with infectious agents," he says today. "We are not where we need to be, but better preparation is the upside of what happened with the anthrax scare. U.S. Health and Human Services Secretary Tommy Thompson deserves enormous credit for initiating efforts to greatly expand our national supply of smallpox vaccine. The government knew about this threat for 10 years but didn't do a damn thing."

State government and federal officials also are doing a great deal now, with help from Maki. He leads the Wisconsin Medical Society's Task Force on Emergency Prepared-

Maki's calendar is full of speaking engagements around the world. Last fall he participated in a bioterrorism symposium the Medical School sponsored.

ness, has served as a consultant to the CDC on bioterrorism issues and is a member of the Governor's Commission on Bioterrorism in Wisconsin. His speaking schedule has slowed since the fall, but he still travels the world to discuss bioterrorism, the management of septic shock and other life-threatening infections, and his extensive research on hospital infection control.

Through it all, Maki remains optimistic about medicine's progress against both known and unexpected threats. The changes he has experienced in his own career mirror the evolution of modern medicine. When he was with the Harvard Medical Service, Boston City Hospital had no intensive care units; the residents not only drew blood from their patients, but they had to analyze it themselves in a tiny lab on each ward. If a night nurse was sick, the residents had to pass out medicines and take patients' vital signs.

Today, in addition to his work as an infectious disease consultant, he is in his 25th year as one of the intensivist attending physicians in the UW Hospital Trauma and Life Support Center. The unit has 24 beds dedicated solely to the sickest of the sick, and a staff of highly trained nurses, pharmacists and respiratory therapists.

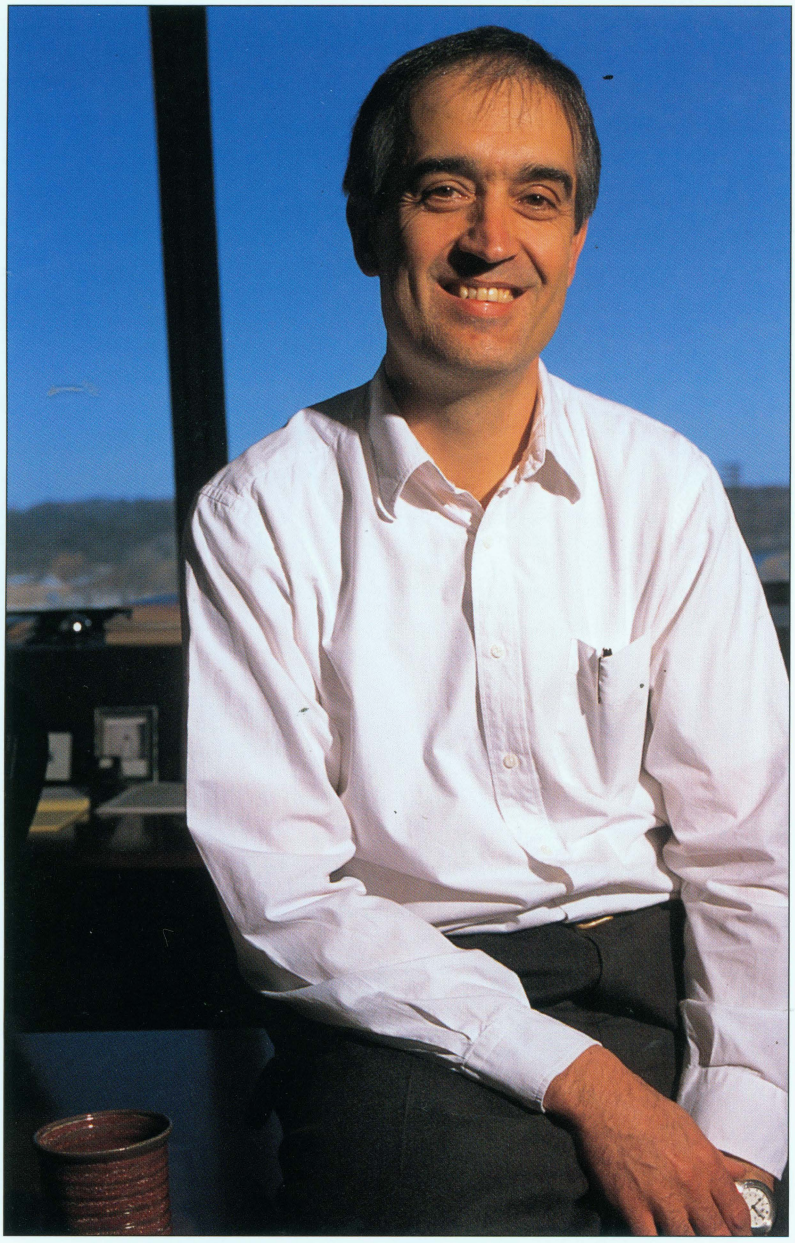
Maki believes the most important advances in the history of medicine have taken place in our lifetime. "We're living in an extraordinary time," he says. "When I began my career, most of what we did was empiric. Now practically everything we do, diagnostically or therapeutically, is supported by published studies of hundreds or even many thousands of patients. I can sit down and, in 10 minutes with a computer, do an in-depth literature search to stay current with the latest treatment advances for my patient. I am very optimistic about the future of medicine."

Maki concludes, "It has been a true privilege to have been able to be a physician in this country for more than 30 years, especially in the recent era where we can now do so much more to prevent disease and effectively treat most illness of all types. Our challenges for the 21st century will be to use all of the new advances in a cost-effective manner to find ways to ensure that *every* person in society receives first-rate medical care at every level, and to preserve and nurture the humanity of all we do."

New Leader Brings Unique Vision

BY AARON R. CONKLIN

Javier Nieto, MD, PhD, the new chair of UW Medical School's Department of Population Health Sciences, is a slender Spaniard, capped with a head of salt-and-pepper hair. All else that surrounds him in his professional setting is broad: the breathtaking vista from his seventh-floor office in the WARF building, his computer workstation, which features not one, but two sleek, flat-screen monitors.



Nieto's vision for the department he's been selected to lead is broad as well.

Fueled by what is expected to be a multi-million-dollar Blue Cross & Blue Shield disbursement—a significant portion of which has been earmarked to support population health programs—Nieto, who left a prestigious faculty position at Johns Hopkins University in Baltimore to come to UW Medical School, is ready to lead his department into a new era of prominence and prosperity, launching new academic programs and raising its profile nationwide.

"I think there is a will to rethink the department's entire academic structure and increase its visibility, both on and off campus," says Nieto. "I'm excited by the prospect of collaboration with the clinical departments in the Medical School and with the state public health agencies."

Landing Nieto, an internationally renowned teacher and researcher of epidemiology and cardiology is "a major coup," says Patrick Remington, MD ('81), MPH, director of the Wisconsin Public Health and Health Policy Institute (WPHI), and former chief medical officer with the Wisconsin Division of Health.

"He comes to us from a preeminent school of public health," says Remington. "Bringing that perspective to a school of medicine is adding something we didn't have before." Remington also points out that Nieto's book, *Epidemiology: Beyond the Basics*, co-authored with Moyses Szklo, is one of the most universally used textbooks on the subject.

Nieto joins a department with a long and storied history. Along with medical schools in Michigan and Minnesota, Wisconsin was among the original pioneers to launch a preventive medicine program in the Midwest—dating to the early 1900s. Unlike the other two schools, however, Wisconsin's program did not evolve into a school of public health.

The department recently emerged from a state of major transition. As little as a year ago, the Department of Population Health Sciences was known as the Department of Preventive Medicine. The name was changed, says Remington, to better reflect the breadth of the department's mission.

Expressing that mission isn't an easy task. For starters, the term "population health sciences" is a slippery one. In essence, it comprises the sciences that deal with the health of a population as a whole, as opposed to those that target the individual patient.

Population health includes epidemiology, which entails studying the distribution and trends of diseases in various populations, as well as analyzing the underlying causal factors and ways to influence them. It incorporates health policy research, and explicates the way in which health-care services are organized and maintained. It's a little bit basic science, a little bit sociology, a little bit psychology.

The fact that the title of his department is plural—population health *sciences*—isn't lost on Nieto, who reflects on the way in which it intrinsically conveys the program's expansive, multidisciplinary nature.

"Population health sciences has a wider, broader understanding of what health is," he says. "It's not just the absence of disease in individuals, but also their psychological and social well-being, and that of society."

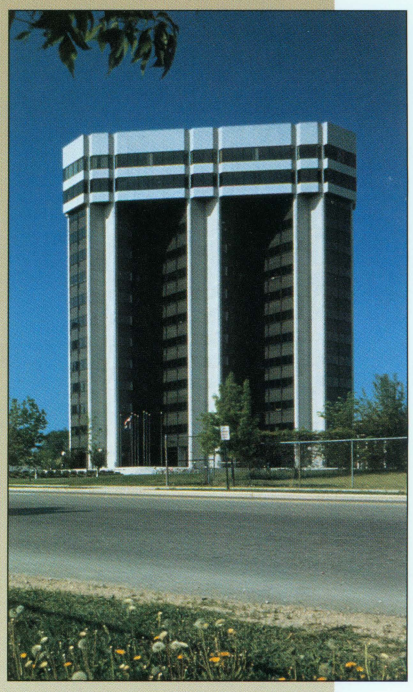
Pressed to provide a concrete example of a population health issue, Nieto turns to childhood obesity. "Why has obesity been increasing in children in this country in the last few years?" he asks. "Is it genetic? We believe it's probably more than just genes. Kids are not getting enough physical activity, maybe because they're watching too much TV. The population health scientist would say kids aren't running around enough, so to address this problem we have to do something at the population level. That may imply trying to get more programs in the schools for kids to play outdoors or increasing public transportation to other kinds of recreational programs. These activies might involve psychologists, sociologists, politicians, urban planners and school district officials."

NIETO TRAINED AS A PHYSICIAN AT the University of Valencia in Spain, after which he progressed through general and family and community medicine. His final assignment as a resident, to conduct a survey of health needs in a

Translating findings into practice

The Department of Population Health Sciences isn't the only UW Medical School public-health entity to undergo a recent flurry of sweeping change. Shortly after the department got its new moniker, the Wisconsin Network for Health Policy Research, which served as a bridge between population health sciences faculty and researchers and the state's health policy-makers, became the Wisconsin Public Health and Health Policy Institute (WPHI).

"We're the applied part of the equation," explains Patrick Remington, MD, ('81) MPH, who along with founder David Kindig, MD, PhD, co-directs WPHI. "Our role is to apply our skills—and the research that we produce here—to assess whether or not progress is being made on statewide public health initiatives."



The Wisconsin Alumni Research Foundation (WARF) building is home to the Department of Population Health Sciences and the Wisconsin Public Health and Health Policy Institute.

When the network began its life nearly a decade ago, its efforts were focused on partnering with health policy researchers throughout the state. Now, the focus has shifted somewhat to include public health researchers—both on campus, and in state and local health departments.

"Our name may seem cumbersome, but it represents an important bridge between health policy and public health practice in the state," says Remington.

That means broad, big-ticket items like obesity, alcohol use, domestic abuse, depression and, of course, tobacco smoking. One of WPHI's specific charges will be to prepare a report card comparing and contrasting the relative health of Wisconsin's counties, including suggested areas of improvement.

It's in initiatives like these that the Blue Cross & Blue Shield dollars—as well as a refocused Department of Population Health Sciences—will come in especially handy. "There's exciting population health research being conducted at UW Medical School," says Remington. "The institute hopes to help translate these findings into practice, to help improve the health of the public in Wisconsin."

Blue Cross & Blue Shield update

In late March, the Wisconsin Supreme Court cleared the way for eventual disbursement of the Blue Cross & Blue Shield United of Wisconsin stock conversion proceeds to UW Medical School and the Medical College of Wisconsin.

Nearly two years ago the state insurance commissioner, Connie O'Connell, approved the conversion and distribution of the proceeds from the sale of the stock to both medical schools. Two public groups, ABC for Health and the Wisconsin Coalition for Advocacy, had petitioned the court to hear challenges to O'Connell's decision. The Supreme Count denied the petition, making the proceeds of 31.3 million shares of Cobalt Corp.—the value of the Blue Cross & Blue Shield stock upon conversion—available to the schools upon sale.

The Medical School will now work with the UW Board of Regents to appoint a Public and Community Health Oversight and Advisory Committee. Release of the funds is contingent on the creation and approval of a detailed plan, and compliance with other requirements set forth in the insurance commissioner's order. Look for details in the summer issue of *Quarterly*. For more information, contact Eileen Smith at the Medical School, 608–262–2698.

rural area, awakened something in him, and Nieto's career took a sharp 180-degree turn.

"I became more interested in public health and preventive medicine," he explains. He traveled to Havana, Cuba, and completed a master's in public health degree. He then returned to Spain to use his newly gained expertise working for the government, organizing primary health care service in rural areas.

Spurred by a desire to develop skill in research methods, Nieto went to Johns Hopkins in 1987. When he left last year, he had earned a PhD in epidemiology and several years' tenure as an associate professor to show for his efforts.

On a personal level, Nieto was drawn from Baltimore to Madison by the relaxed, family-friendly quality of life, which appeals to this father of three. On a professional level, the lure was the challenge of leading the effort to build the departmental program. Interestingly, his efforts will be aided at least partially by his wife, Marion Ceraso, PhD, a population researcher in the area of tobacco control policies. Ceraso divides her time between WPHI and the UW Comprehensive Cancer Center.

Becoming an administrator and leader of an academic department is something new for Nieto, who spent most of his time at Johns Hopkins as an academic researcher. "Being actively involved in a leadership role is appealing to me," he says. Despite living and working in the U.S. for 14 years, Nieto remains a Spanish citizen, and his views on U.S. health-care policy are informed by an outsider's perspective.

He's learned that there's a difference between the rewards offered by clinical medicine and population-health research. "You often don't see the immediacy, the effect of your actions," Nieto admits of the latter. "Surgeons or orthopedists get somebody with a broken bone, they put it together, and that person is cured. We get satisfaction from doing what we think is good research and discovering something that can eventually shape the way the public thinks about health."

Nieto and his colleagues have big plans for the department, including the development of a master's degree program in public health. "There's a large demand for the degree," says Nieto, noting that it's likely to be made available to residents and in-state physicians via distance education technology.

And the fact that Wisconsin, unlike peer institutions Michigan and Minnesota, has never had a free-standing school of public health but instead will incorporate the program into its medical school, will be beneficial, adds Remington. "I think it's preferable to incorporate public health within a medical school," he argues. "It allows you to integrate the clinical and public policy angles seamlessly."

The addition of population health-based courses into the Medical School curriculum is also on the drawing board, elements that would likely include courses in epidemiology, biostatistics, health policy and health services research. Nieto is also working with Cynthia Haq, MD, chair of the new UW International Health Advisory Committee, and others in the health science schools to develop an internationally focused population health program.

On the statewide front, Nieto hopes to use the anticipated Blue Cross & Blue Shield proceeds designated to population health programs at the Medical School to re-organize and establish public health programs. "We are talking with clinicians to increase collaboration and help them do research on a broad range of public health topics," he says. The WPHI will be an integral part of this effort.

It's a full slate, one that should keep Nieto busy for a long time. "The possibilities are infinite," he says, smiling. "I try to be realistic, to remain aware that there are only so many hours in the day."

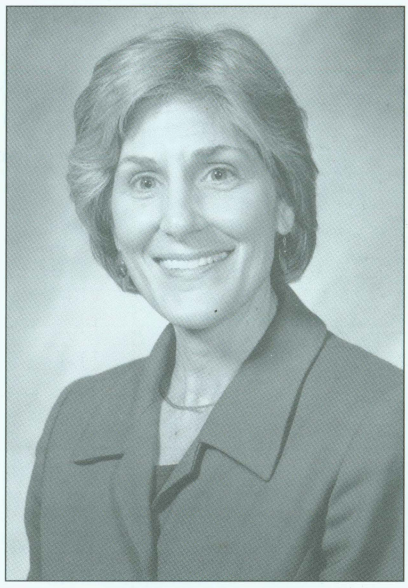
Women's health leader to speak at "Day on Campus"

Molly Carnes, MD, MS, director of the UW Center for Women's Health and Women's Health Research, will be the featured speaker at UW Day on Campus, May 10. She will present her talk, "Women's Health: Past, Present and Future," at 9:45 a.m. in the Pyle Center.

In her presentation, Carnes will show how an interest in the health of women has evolved from a sole focus on reproduction to a broader concept of health—one that places women's health in the context of women's lives.

"Within this framework, women's health includes issues not traditionally seen as health-related," says Carnes, the Jean Manchester Biddick Professor of Women's Health at the Medical School. "These issues can include violence, poverty, education, sexual harassment and gender-based discrimination in the workplace."

Throughout her career Carnes has concentrated on developing academic programs, first in geriatrics and more recently in women's health. In addition to leading the UW Center for Women's Health and Women's Health Research, which is designated a national center of excellence, she currently directs the women's health fellowship, a National Institutes of Health postdoctoral training program in women's health and aging. Carnes also heads the Women



Veterans Health Program and recently began the Institutional Transformation Program. Supported by the National Science Foundation, the latter program entails developing and evaluating strategies to recruit, retain and advance women in academic science and engineering.

Carnes did her undergraduate work at the University of Michigan and earned her medical degree from the State University of New York at Buffalo. She trained in internal medicine and geriatrics at UW, where she also earned a master's degree in population health.

"There was a time when women's voices were not heard," says Carnes. "Now is an exciting time. We have reached a critical mass of women in leadership positions. If we work together, not only will we be heard, but we will create a symphony of positive, healthy changes throughout the world."

Schedule of Events
Alumni Weekend 2002, May 9–11
Graduation 2002, May 17

Thursday, May 9

4:00–5:30 p.m.	Dean's Reception, Fluno Center
6:00 p.m.	Reunions for the classes of '42, '52 and '57

Friday, May 10

9:00–9:30 a.m.	"Day on Campus" Registration and Coffee, Pyle Center
9:45–12:00 p.m.	"Day on Campus" Educational Seminars at the Pyle Center featuring Molly Carnes, MD, MS
10:00–11:30 a.m.	*Quarterly* Editorial Board meeting, Pyle Center
12:00 noon	Reception for class of 1952, Pyle Center
12:15 p.m.	Class of 1952 Recognition and Brown Derby Awards, Pyle Center
2:00–4:00 p.m.	WMAA Board of Directors/Class Representatives spring meeting, Pyle Center
6:00 p.m.	Medical Alumni Awards Banquet (reception and dinner), Concourse Hotel

Saturday, May 11

8:30–11:30 a.m.	Alumni Breakfast and Scientific Program (CME), Clinical Science Center, 600 Highland Avenue
8:30 a.m.	Buffet breakfast
9:30 a.m.	Norman Fost, MD, will present "Ethical Issues in Stem-Cell Research"
10:30 a.m.	Dennis Maki, MD, will present "The New Plague: Bioterrorism"
6:00 p.m.	Reunions for the classes of '47, '62, '67, '72, '77, '82, '97

Friday, May 17

10:00 a.m.	Medical School Recognition Ceremony, Memorial Union, 800 Langdon St.
7:30 p.m.	Post-Graduation Celebration, Monona Terrace Convention Center (tickets required for admission)

MARJORIE BASS, MD, '81

Physician to an island community

BY MOIRA URICH

Some physicians view their first professional position as a step to other opportunities. Others, like Marjorie Bass, MD, Class of '81, become so enamored of their initial jobs that they have a hard time imagining anything else. From 1985 until 2001, Bass was the sole physician on Washington Island, located six miles off the northern tip of Wisconsin's Door County peninsula. Bustling with tourists during the summer, the island has about 700 year-round residents, which means, according to Bass, "you get to know everyone very well. The whole community feels like family."

Marjorie Bass' four-year commitment to serve on Washington Island evolved into a rewarding 16-year career. The community expressed its deep appreciation to Bass and husband Leroy at her retirement party last year.

Bass, who retired last fall, explains that rural medicine can entail valuable practices that have long since disappeared in larger communities—such as house calls. "I thought that when it was easier for me to go to the patients than *vice versa*, I should do that. In the process, I discovered that the more you know about a patient's background and situation, the more it helps you in your treatment."

Describing the island as "a beautiful place with wonderful people," Bass enjoyed the experience immensely. Her schedule was always busy, but she says that there was usually sufficient time to talk with her patients and get to know them. Yet it could be stressful to be always on call, and never to have time off in the summer when the island population could expand to as much as 3,000.

Her island practice was much like any other rural practice; the exception was the mode of transportation used to transfer patients from her clinic to a hospital. "Several times a month in the winter, and much more frequently in the summer, I would be with a critical patient in the ambulance as we ferried to the mainland. The ride takes 30 minutes in good weather, maybe four hours in bad weather. If the ferries aren't running because of bad weather, then the med flights aren't flying either."

In the summer, she would sometimes call the Coast Guard, whose boats could make the trip in just 10 minutes. In some critical cases—such as the time a woman was bleeding severely from a miscarriage, which happened during a

snowstorm in May—a large helicopter would be dispatched from Traverse City, Michigan, to take patients all the way to hospitals in Sturgeon Bay or Green Bay.

"For a time, we had a paramedic on the island, and that was a life saver in critical cases. When you are starting an IV, giving oxygen, administering medications and trying to stabilize a patient, it's difficult to manage everything alone." There were other tense situations, she recalls, such as acute myocardial infarctions, patients with psychotic episodes and children with life-threatening asthma.

Perhaps the most frequent injuries Bass saw were broken bones and lacerations—often from tourists falling off of mopeds. And of course, there were fishhook injuries. "One patient came in with a salmon hook injury, and this is a large fishhook with three hooks on one shank. One hook was in his nose, one in his upper lip and one in his lower lip."

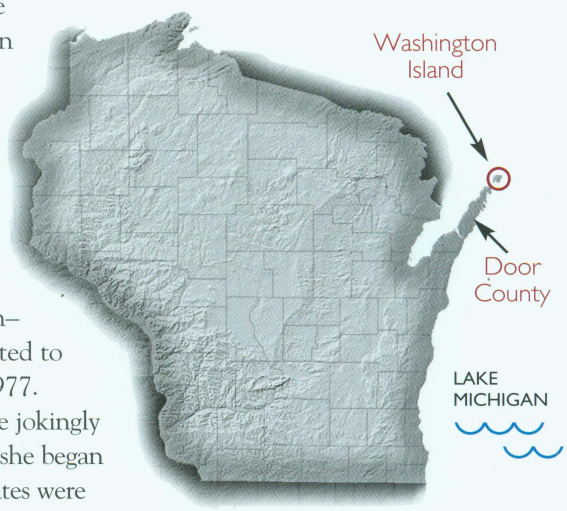
Bass was not daunted by the challenges on Washington Island, however, because it wasn't the first time she had faced them. Prior to her medical career, she and her husband, Leroy, lived in Georgetown, Guyana, for a number of years while he worked as a missionary for the Seventh Day Baptist Church.

There, the couple and their five children experienced earthquakes (made all the more dramatic because their home was on stilts), sweltering heat and humidity, and a return to 1920s-era household conveniences. Cooking from scratch and doing laundry—which entailed heating wash water and hanging out countless diapers to dry—took up most of her time.

"Sometimes by the end of the day, I was so exhausted that I was lucky if I managed to throw on clean sheets and get the mosquito netting in place before bedtime," she says. "Even though malaria was less prevalent than filaria, you needed the netting to keep the mosquitoes from practically eating you alive."

Bass had told herself prior to the move that if you make up your mind to be happy, you can be happy anywhere. "But while I was in Guyana, I realized that wasn't true, at least not for me," she says, laughing. After seven years, she returned to the United States in 1973, a year before Leroy did.

"I kept thinking that I would have had many more options if I had completed college. As time went on, I came to the conclusion that I had always liked science and I liked dealing with people, so I wanted to give medical school a try. When I told Leroy my ideas, he was very supportive."



When the entire family moved to New Auburn, Wisconsin, Bass began working toward her undergraduate degree at University of Wisconsin–Eau Claire. She was accepted to UW Medical School in 1977.

Despite being what she jokingly termed "an old lady" when she began medical school, her classmates were very accepting of her. "They treated me as one of them, so we had a good rapport. What was difficult was hearing from several professors that I needed to become more aggressive. After struggling with that, I finally decided that I could practice medicine in my own personality."

With three children still at home at the time, Bass took advantage of the school's independent study program, which allowed her another semester to complete her degree. She graduated in December 1981.

She knew she was drawn to family practice. She also knew that she wanted to make positive patient relationships a priority. "When we returned to the States, we were on medical assistance for a while, and one doctor treated me very shabbily, as though my daughter was ill because I didn't know how to care for her. I wanted to make sure I never treated patients like that."

She had earned a four-year scholarship from the National Health Service Corps to attend medical school, and when she finished she was expected to contribute four years of service in a physician-needy community. "Leroy and I looked at several options, but when we visited Washington Island, we knew we liked it best."

Bass' four-year commitment to serve in a physician-needy community evolved into a 16-year career she describes as very rewarding.

"In fact, I would urge medical students to seriously consider rural medicine," she says. "There are so many things more important than a big salary and the stresses that often come with it. Having time to really listen to your patients and to get to know them—it is such satisfying work. It's hard for me to imagine a more fulfilling career."

Ellen and Russell Lewis to receive Alumni Service Award

By Moira Urich

Ellen Lewis, MD, and and Russell Lewis, MD, both of the class of '41, have been named the 2002 recipients of the Wisconsin Medical Alumni Association (WMAA) Alumni Service Award. The award is given annually to an alumnus, or in this case two, who has made a major commitment to the WMAA over the years. The Lewises will be honored at the annual WMAA awards banquet on May 10th during Alumni Weekend.

Ellen and Russell Lewis.

Some of the contributions the Lewises have made to the WMAA are familiar to *Quarterly* readers, because the two not only have served on the editorial board for four years, but also have written a regular column.

"The Lewises have provided a unique perspective through their editorial columns," says Ralph Hawley, who was WMAA executive director for nearly 35 years. "Ellen also served for years as class representative, maintaining contact with classmates and helping organize class reunions."

In the decades after they earned their medical degrees, the Lewises focused primarily on their careers and families. Although they had dated each other from high school through medical school, they went their separate ways after graduation. Ellen moved first to LaCrosse, Wisconsin, where she was director of student health at University of Wisconsin–LaCrosse. She then moved to the Chicago area and worked as manager of licensing at G.D. Searle & Company. Ellen was a trailblazer of sorts, since she worked full-time for Searle while raising a family of five children.

"It reflects well on UW that our medical school was so accepting of women," says Ellen. "There were five other women who graduated in our class of 48 students, which was a high percentage for 1941. I know women elsewhere in the country had a hard time just trying to get into medical school." She had been inspired to apply to UW Medical School by her father, Walter Sexton, MD, who completed UW Medical School's two-year program in 1909 and graduated from Johns Hopkins School of Medicine in 1911.

After graduating from UW Medical School, Russell served in the U. S. Army, then returned in 1946 to his hometown to begin practicing at Marshfield Clinic. In part because of the post war baby boom, Marshfield was "desperate for obstetricians," Russell recalls. "I had liked obstetrics during my internship, so I returned to Madison for a residency and became certified in obstetrics and gynecology before returning to Marshfield in 1953."

During his 40-year career there, Russell delivered just over 7,000 babies. He was also instrumental in overseeing the growth of the clinic, where between 1946 and his retirement in 1987 the number of full-time physicians grew from 12 to 400. During his tenure, Russell served as president of the Marshfield Clinic (1960–62 and 1966–68) and was also named its first medical director (1968–77). He played a key role in forming an early HMO in 1971 and continued as its medical director until 1987. He also served on a number of statewide commissions and was president of the Wisconsin Medical Society in 1980.

Both Ellen and Russell were widowed in the 1970s, and it was in retirement—46 years after graduating from UW Medical School—that the two married and moved back to Madison. They say that their greater involvement in the WMAA was simply a matter of stepping forward when needed. Their self-deprecating sense of humor is apparent when Russell explains, "The WMAA asked us if we would be willing to help, and we said yes—we think they must have been desperate."

"And maybe that's the same reason we're receiving this award," Ellen says, laughing. "We care a lot about UW, and the Medical School in particular. So we're surprised but very pleased to receive the award."

Adds Russell, "It's a most appreciated honor."

Hawley best describes their commitment by saying, "The Lewises have provided a hallmark for the type of alumni you want to have: those with the dedication to help and the leadership skills to share."

VIEWPOINT

Are financial incentives for organ donation ethical?

By Hans Sollinger, MD, PhD

Currently, more than 80,000 people in the United States are waiting for life saving organ donations. Yet only 25 percent of them will receive organs in time. Each year, 5,500 people die waiting; in Wisconsin alone, 100 die yearly. We must find better ways to increase organ donation.

To that end, we—the University of Wisconsin Transplant Program—and many others are reviewing options related to increasing organ donation that healthcare professionals, patients and society at large deem ethical. One option under consideration is allowing for financial incentives to families that donate organs. The idea is neither a new one, nor one that is without considerable controversy. But as the gap grows between the number of available organs and the number needed for transplantation, the concept is gaining wider recognition and review.

Presently, financial incentives for organ donation is illegal, banned by the U. S. Congress in 1984. However, the American Medical Association (AMA) is now looking for ethical ways to increase the consent rate for organ donation. This may or may not result in changing existing laws on organ donation. Like the AMA, we believe that society must first determine if expressions of societal gratitude to donor families will indeed motivate additional organ donations.

Because we do not know the appropriate course to take in response to many of these questions, we intend to move deliberately and in concert with ethicists, patients, donor families, healthcare professionals and others before drawing any conclusions on this important issue.

We are most concerned that the human organ not be treated as a commodity; therefore, we feel that any approach that includes a direct payment or tax incentive for organs is wholly unacceptable. However, we may support some kind of reimbursement for funeral expenses or a charitable contribution that expresses appreciation for and gratitude to the family for their donation.

The AMA will convene in June 2002 and outline its plan to study methods to increase organ donations. In the interim, we will monitor these issues closely and base decisions on what is acceptable to the public and successful in increasing organ donation.

In any case, I would like to remind you and your loved ones about some simple facts about organ donation:

- Anyone can be a donor, regardless of age.
- Almost all religions approve of organ donation.
- A national system, operated by the United Network for Organ Sharing (UNOS), ensures the fair distribution of organs in the United States.
- Medical urgency, blood type and body size are considerations in determining who receives an organ.
- Two simple steps can make anyone an organ donor: 1) say YES to organ donation on your driver's license and/or donor card; and 2) share your decision with your family.

The UW Hospital and Clinics Organ Procurement Organization is recognized as one of the most successful programs in the nation. It serves a population of 3.2 million people in areas of Wisconsin, Michigan and Illinois, and partners with approximately 100 hospitals in the region.

As we consider ethical ways in which organ donations can increase and, ultimately, save lives, please help us spread the word about the importance of organ donation.

Hans Sollinger, MD, PhD, is chair of the University of Wisconsin Hospital and Clinics Transplant Program. He was recently appointed to the newly created advisory committee on organ transplantation that will advise Health and Human Services Secretary Tommy G. Thompson on all aspects of organ donation, procurement, allocation and transplantation.

UW cardiologist carries Olympic torch

The Olympic flame traveled 13,500 miles through 46 states on its way to kicking off the 2002 games in Salt Lake City. And **Pamela Douglas, MD,** chair of the cardiovascular medicine division at the University of Wisconsin Medical School, was one of the 11,500 torchbearers to participate in the longest torch relay in the history of the games. Douglas carried the flame for .2 miles in Racine, Wisconsin, on an unforgettable afternoon last January.

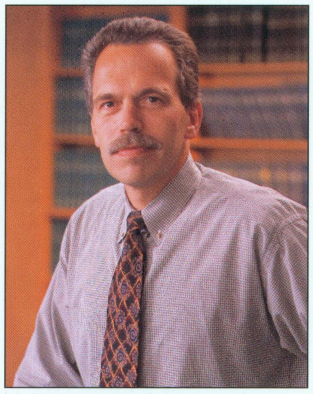
The cardiologist is no stranger to major athletic events. She's worked the medical tent at the Ironman triathlon on the big island of Hawaii since 1983. The grueling competition consists of a 2.4-mile ocean swim, a 112-mile bike race and a 26.2-mile run. Douglas developed the triathlon drug testing program used across the world, and she still oversees the U.S. triathlon drug testing program. She also supervised the elite medical tent at the Boston Marathon for several years.

In addition to her volunteer work taking care of athletes and their heart problems, Douglas does research on what makes athletes' hearts tick.

"Carrying the torch was a great experience," she says. "It's amazing the reverence people have for the torch as a symbol of the Olympic spirit."

Master's degree in biotechnology to be offered

University of Wisconsin Medical School will be offering a new master's degree in biotechnology beginning fall 2002. The part-time, two-year degree program will prepare working professionals for employment in the burgeoning field. Classes will expose students to a breadth of topics that cover the science, business and legal issues of biotechnology.



"The joint venture between the university and industry makes the program unique," says Dr. Richard Moss.

"The goal of the program is primarily to broaden students' understanding of biotechnology and prepare them for leadership positions in industry," says **Richard Moss, PhD,** chair of UW Medical School's Department of Physiology and director of the new program.

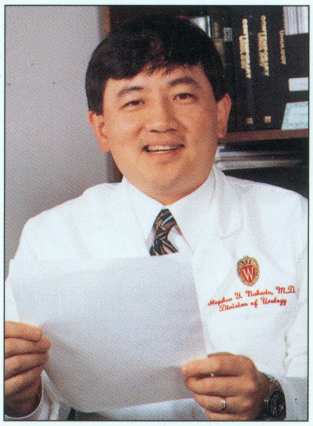
Students enrolled in the program will take eight courses taught by academic researchers and business leaders in the biotechnology industry. "The joint venture between the university and industry makes this program unique," Moss says.

While the program will initially serve people with a strong background in biology, Moss hopes to diversify the curriculum in coming years to meet the demands of other professionals, including lawyers and business executives who may require knowledge of biotechnology in the course of their work.

Faculty will include Alta Charo, JD, UW professor of law and medical ethics; Lloyd Smith, PhD, UW professor of chemistry; Carl Gulbrandsen, PhD, JD, director of the Wisconsin Alumni Research Foundation; Derek Hei, PhD, director of the Waisman Clinical Biomanufacturing Facility; Mike Roy, PhD, president of BioDevelopment Resources, Inc.; Anthony J. Clemento, Jr., MA, vice president of regulatory affairs, Covance Laboratories; Anne Miner, PhD, UW professor of business; Richard Salatino, MS, scientific training manager, Promega Corporation; Richard Schifreen, PhD, business unit leader, Promega Corporation; Karin Borgh, PhD, director, BioPharmaceutical Technology Center Institute; Gail Robertson, PhD, UW professor of physiology; and Richard Moss, PhD, UW professor and chair of physiology.

Topics will include molecular technologies, pre-clinical development, drug manufacturing, functional genomics, principles of biotechnology and the impact of biotechnology on society. During the second year, students will intern at a biotechnology firm.

Nakada is new urology chair and Uehling Professor



Stephen Y. Nakada, MD, has been appointed chair of the urology division in the University of Wisconsin Medical School's Department of Surgery. He also has been

named the David Theodore Uehling Professor of Urology, a new professorship honoring the man who led the division for the past 18 years. **David Uehling, MD,** a nationally known physician-investigator, will continue his research and clinical practice.

The urology division at University of Wisconsin Hospital and Clinics consistently ranks among the best in the country in surveys conducted by *U. S. News and World Report.*

Nakada has headed the division's metabolic stone clinic for the past six years. An expert in minimally invasive urology, he also maintains an active research laboratory. He will encourage continued emphasis on research. Three laboratories are currently functioning in the division, and several clinical trials are under way. The research projects examine issues such as urinary tract infections, incontinence, kidney stone disease and new treatments for kidney cancers.

The division has clinical depth is several areas, Nakada notes. "We have created a tremendous stone program here, and have developed clinical strength in pediatric urology and urologic oncology," he says.

He has begun hiring additional urologists, bringing the total number on staff currently to 12, with more hires expected soon. Nakada plans to expand clinical services into two additional areas—female incontinence and male sexual dysfunction.

"Female incontinence is a big problem among older females, but there are many new diagnostic techniques and promising therapeutic alternatives to address it," he says. "We expect to take a leadership role in providing comprehensive services in this area."

The drug Viagra has exposed a previously underrecognized problem in men in their 50s, says Nakada. "It's commonplace for men this age to experience some problems with sexual function, but medications have not been an option until recently," he says. "Several new drugs and other treatments are on the horizon."

"Dave Uehling created a division that was successful because of its outstanding research," Nakada says. "We plan to retain that research enterprise while expanding into these other areas of clinical expertise with a few key hires. Our goal is to have the resources to treat every tough urology patient in Wisconsin."

Researcher receives presidential award

Jack Jiang, MD, an associate professor of otolaryngology in the University of Wisconsin Medical School's Department of Surgery, has been selected to receive the Presidential Early Career Award for Scientists and Engineers from the National Institutes of Health.

University architects report that construction on the new Health Sciences Learning Center is proceeding on schedule. Underground utility work is almost completed, site excavation is under way and pouring of foundations has begun. The approximately 160,600-square-foot building will consist of two wings: a three-story, crescent-shaped north wing and a four-story south wing. The wings will be connected by a central atrium. One level of below-ground parking will also be built. Most of the current construction focuses on the south wing of the building. Contractors also have erected fences that will remain in place around the site for the duration of the project, which is expected to last through 2003.

Jiang and his research team use excised laryngeal preparations and computers to model how the human voicebox functions. His work has resulted in the development of a non-invasive way of measuring abnormal larynx function in patients with vocal cord lesions and neurological disorders such as Parkinson's disease.

In the letter announcing Jiang's selection, John Marburger, MD, director of the Office of Science and Technology Policy in the Executive Office of the President of the United States, wrote: "You are a shining example to future generations of researchers. You represent the best of the group of scientists and engineers who will be responsible for America's 21st century greatness."

Jiang's colleagues concur. "It is terrific to see Dr. Jiang recognized for his superb record of research and scholarship in the area of voice," says **Diane Bless, MD,** one of the professors of otolaryngology who was responsible for recruiting Jiang to UW. "One can hardly pick up an article on voice in either basic science or clinical arenas without seeing reference to the work of Jiang and his colleagues."

Jiang will receive the award at a ceremony to be held in Washington D.C.

International study tours offer valuable learning experiences

By Dian Land

During a recent Cuba trip, Med 4 Jessica Hollman makes a point as students and faculty from UW Medical School and Carlos Finlay Medical School in Camagüey, Cuba, listen.

Educators at University of Wisconsin Medical School, like those at many other medical schools, recognize the benefits of learning that takes place beyond the halls of academia. In addition to encouraging students to find medically relevant enrichment in extracurricular settings in and around Madison, the Medical School offers them the option of gaining valuable educational experiences through international health study tours.

The study tours are short, intensive exposures that introduce students to health care in mostly developing countries, illustrating the way in which distinct political, social, economic and cultural factors can influence health. UW tours have been organized for Cuba, Vietnam, El Salvador, Malawi, Iceland and China.

"The study tours are mini-courses providing experiential learning in cross-cultural and global public health," says Lynne Cleeland, MS, who heads the Options for Global Health Program in the Medical School's academic affairs division. "Entering medical students often have participated in international study or volunteer study programs as undergraduates, but not many have had direct exposure to the issues of health in the developing world."

From left, nursing professor Linda Baumann and former UW Medical School students Miriam Cremer, '97, Brendan Sherer and Sacha Ramirez, '00, visit with patients at Rosales Hospital in San Salvador.

Learning how other people beyond our borders think about health and health care can help future physicians provide better care for their patients, even in Wisconsin, where the population grows increasingly diverse, adds Cleeland.

Experiencing other cultures can also stimulate students to think about approaching established medical practices in this country with fresh eyes. "Mental illness in some other cultures, for example, is viewed as a social rather than a medical problem," says Richard Anstett, MD, PhD, MPH, UW Medical School associate professor of family medicine. "It can be treated very differently than we treat it here—and often just as successfully."

Anstett and Cleeland organized the first UW–endorsed international study tour, to Cuba, in 1995. The trip, which has since been followed by five others to the island nation, was an eight-day visit. Nine students, mostly Med 1s and 2s, scraped together funds to cover their individual travel fees and jumped over the required political hurdles to legally make the journey.

Recognizing the richness of the learning experiences, Anstett and Cleeland developed similar study tours in El Salvador through their

connections with Madison's sister city organization. Other study tours have been arranged through the contacts of UW faculty members who do international work.

The study tours are not spring break vacations. Detailed itineraries for each trip, carefully created to challenge students to expand their definition of health, are filled with a variety of activities. Groups may meet with government health care officials, tour hospitals and clinics, and interact with community organizations trying to address local health concerns. While no direct patient care is usually delivered, students have had opportunities to shadow local doctors, conduct household health surveys and teach community health education alongside village health workers.

A woman prepares to weigh herbs in a traditional Chinese pharmacy, one of several visited during last summer's China trip.

Before leaving Madison for any study tour, however, students must attend orientation sessions that familiarize them with the social and political environment in which they will be spending time. During trips, faculty and students gather nightly for small group discussion sessions that encourage reflection on the experience.

Cuba trips have typically included extended interactions with doctors and nurses in *consultorios*, the local clinics that serve as the focal point for neighborhood health care, ensuring access to primary care for everyone; larger *polyclinics* to which special cases are referred; an AIDS sanitarium; a "green" natural medicine clinic and a public health surveillance office that helps maintain prevention measures. On the lighter side, students might spend an evening immersed in learning one of Cuba's most popular cultural diversions—salsa dancing.

UW Medical School students generally rave about study tours. In post-tour evaluations some have claimed that the travels have been personally transforming. One student said, "A new-found respect of preventive medicine is an unavoidable gift received by any medical student or doctor who comes to Cuba." Another commented, "I learned from a doctor that the lack of resources forced Cuba to place greater emphasis on the major resource, the *human* part of medicine." Others said, "No amount of The Discovery Channel can match this experience," and "I tended to think of the U.S. as the 'center of the universe' medically. Now I have a broader understanding of what medicine means."

Last spring's trip to Cuba was an eye opener for Med 3 Jay Balachandran. "It was really one of my first trips to somewhere out of my 'comfort zone,' and it was worth it," he says. "I think that being exposed to such a different health care system will give us a valuable perspective when we enter our own health care system. I think that will help us be more constructive when it comes to improving the system."

A pleasant surprise for Balachandran was the interaction he and his UW classmates experienced with Cuban medical students. "We all developed a fantastic camaraderie, and it was invigorating to find out how similar our commitment to medicine and public health issues was," he says.

Med 4 Diana Hornung has been on three study tours, including one last summer to China. During their two weeks in and around Beijing, seven UW students and five faculty members were welcomed by their Capitol University of Medical Sciences hosts with an extensive itinerary that included sightseeing. The group visited an obstetrics hospital, where they observed Caesarean-section surgery and listened to a discussion afterwards; toured a bright and airy 700-patient psychiatric hospital; viewed herbal preparations in a traditional Chinese pharmacy and spent time at a Chinese medicine

The UW group attended a conference with staffers in the obstetrics/gynecology service at Fuxing Hospital. The woman in the middle wearing a black necklace is Dr. En-lan Xia, head of the service, who was a visiting professor in the UW Department of Family Medicine in the 1980's.

clinic that featured acupuncture. Hornung says she would like to have spent more time at the traditional pharmacy and clinic. In fact, she considered staying an extra month in China, but opted in the end for an international rotation in Australia this spring.

"For me, international travel has been about experiencing diversity," says Hornung, who plans to go into family practice and also hopes to be involved with a non-profit, non-denominational provider such as "Doctors Without Borders." "It's been about learning the importance of family and community throughout the world —the way family and community affect health and illness in very different cultural circumstances and societies, both democratic and socialist."

Long-term exchange arrangements with host countries are an additional benefit of some of the trips. Jonathan Temte, MD, PhD, '87, UW Medical School associate professor of family medicine, was on the China trip and looks forward to creating such an arrangement with physicians at Capitol University. The relationship was initiated by Dean Funk, MD, adjunct professor in the UW Department of Family Medicine, who was also on the trip. Planning is under way to bring a Capitol University physician to the UW Health Wingra Clinic, where Temte works, for an extended stay to learn about family practice.

"The idea of general practice is a new concept in China, which is very specialty driven in urban areas," says Temte. "China's goal is to create close to one million GPs and we want to help them. Our clinic, with its very diverse patient base, is a perfect place to do that."

Many UW faculty members who make the trips believe that the experiences can be valuable for their own clinical practices as well. "I'm interested in the health of Americans traveling overseas, and I also see many immigrants at the South Madison Community Health Center," says Rebecca Byers, MD, '86, who has

Anna Lin, UW Med 3, talks with a pediatric patient at the Shun Yi County Health Center in Beijing.

In a recent trip, UW Medical School students sat outdoors in a typical group meeting with ministry of public health officials in Havana, Cuba.

made the Cuba trip twice. "When we were in Cuba, we were impressed to see the excellent medical training and delivery of care, even in the face of scarce resources. This has helped me in some very practical ways in my work with both insured and uninsured patients."

Some of the study tours include a service component in which UW students and faculty help deliver care in the country they are visiting. "This teaches us to be aware of local factors that need to be considered in order for our help to be effective," says Anstett.

"The trips are two-sided experiences," adds Byers, a UW Medical School associate professor of medicine. "Hopefully, the delivery of supplies and medical care improves the lives of those we meet. Clearly the experience enhances our lives and broadens our view of health and community."

Since the first Cuba trip, some 200 UW Medical School students and 30 faculty members have participated in 14 international health study tours around the globe. The tours generally take place during students' first and second years, usually over breaks in the school year. Five of the 14 tours have been cross-disciplinary experiences, involving students and faculty from UW nursing, pharmacy and physician assistant programs.

Many students choose to further their initial experiences by undertaking an international elective in their fourth year of medical school. Almost one quarter of the Class of 2002 will have participated in clinical, research and language study electives this semester in 12 different countries. The number has doubled in the past five years, illustrating the growing interest in these experiences in global health.

New committee to unify international health activities

Building on several years of informal collaborations, representatives of the four health sciences schools at the University of Wisconsin–Madison and UW Hospital and Clinics have joined together to create a new International Health Advisory Committee (IAHC). Deans of the schools of medicine, nursing, pharmacy and veterinary medicine initiated the creation of the committee, which includes more than 20 faculty members and has been gaining momentum over past months.

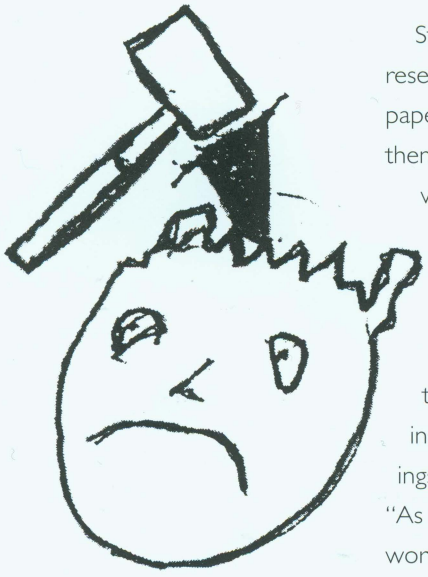
Members of the new committee include **(seated from left)** *Sybil Better, Medical School administration; Cynthia Haq, Department of Family Medicine; Linda Baumann, School of Nursing; Judith Ladinsky, Department of Population Health Sciences; Lynne Cleeland, Medical School academic affairs; and Javier Nieto, Department of Population Health Sciences.* **Middle row:** *Gilles Bousquet, UW International Studies and Programs; Ayaz Samadani, Wisconsin Medical Society and community practitioner; Daniel Cohen, Department of Surgery; Suresh Chandra, Department of Ophthalmology and Visual Sciences; Daniel Hutter, Department of Ophthalmology and Visual Sciences; and James Delehanty, UW School of Letters and Science and African Studies Program.* **Back row:** *Connie Kraus, School of Pharmacy; Curtis Johnson, School of Pharmacy; Bruce Christensen, School of Veterinary Medicine; Christopher Olsen, School of Veterinary Medicine; John Doyle, Department of Surgery. Committee members not shown: Carl Getto, UW Hospital and Clinics; Greg DéMuri, Department of Pediatrics; Gloria Johnson-Powell, Medical School administration; Jeffrey Nicholson, Physician Assistant Program; Sharon Trimborn, UW Hospital and Clinics; and Michael Hinden, International Studies and Programs.*

"Recent health and political crises have heightened awareness of global interdependence and have increased our commitment to contribute to improving world health," says Cynthia Haq, MD (PG), UW Medical School professor of family medicine, who chairs the committee. In addition, she notes, vast numbers of people are dying from diseases that can be prevented or cured. "The UW health sciences schools include many people who have made remarkable individual contributions to global health efforts. They are eager to collaborate to address urgent health needs in less developed countries," she says.

Closer to home, Haq and many of her committee colleagues believe that involvement in international health activities can enable health professionals to better address the increasing diversity of Wisconsin residents, as well as the needs of underserved and vulnerable populations in the state. "U.S. society has become a mosaic of cultures, languages and health values," she says. "We can take the lessons learned from around the globe and apply them to help people right here in Wisconsin."

The IAHC has identified several goals to help broaden international health opportunities available to UW faculty, students and staff. These include developing international health courses, organizing field experiences to observe and take part in community-based health delivery systems providing care where the need exists, and participating in research partnerships and exchanges.

"We will be working to strengthen curricula to provide better contextual frameworks for study tours and electives, and we hope to identify an array of extramural funding opportunities," says Haq. "We will also work closely with UW–Madison's Office of International Studies and Programs, and the Medical School's Center for the Study of Cultural Diversity in Healthcare to pool resources."



"Draw me your headache"

What does your headache look like? That's the question University of Wisconsin Medical School pediatric neurologist **Carl Stafstrom, MD, PhD,** has been asking children for almost 10 years. Based on the results of his decade-long study, published in the March 2002 *Pediatrics*, Stafstrom says that children's drawings can help doctors diagnose and plan treatment for different kinds of headaches.

In his study, Stafstrom found drawings to be an effective way to differentiate migraine from tension headaches in children. In 226 children who had complained of headaches, drawings were about 90 percent accurate in predicting the correct diagnosis.

Stafstrom conducted his research by giving children paper and pencils to keep them busy while he conferred with their parents. He asked each child to draw a picture of his or her headache. "Over time, I was amazed by the elaborate detail and insight the headache drawings were taking on," he says. "As they say, a picture is worth a thousand words."

As it turned out, artistic diagnoses correctly identified migraine headaches 87 percent of the time and non-migraine, or tension, headaches 91 percent of the time.

Children suffering from migraines typically drew pictures that showed objects hitting their heads, such as hammers, baseball bats, high-heeled shoes, bottles or rocks. By comparison, children who experienced the more common tension headaches drew pictures that showed a squeezing pain, such as a tight rope or band wrapped around the head.

Because the treatment for migraine and tension headaches can be different, Stafstrom's findings could be highly valuable, especially in the case of young children who cannot articulate their symptoms.

Advance made in preventing organ rejection

University of Wisconsin Medical School scientists have taken a big step forward in freeing transplant patients from the powerful and sometimes harmful drugs they must take to keep their bodies from rejecting new organs. Transplant surgeon **Stuart Knechtle, MD (PG),** recently reported optimistic results of a pilot study in which subjects who were given low doses of a different type of anti-rejection drug that produces fewer side effects experienced much less rejection.

"For years, patients have taken various drugs following transplantation with the hope that rejection would not occur," says Knechtle, an immune-suppression expert. "We are hopeful that we can vastly improve the quality of life for transplant patients, if these initial results hold for many years."

Transplant recipients who receive new organs typically take steroids, such as prednisone, and one or two other drugs—called calcineurin inhibitors—for the rest of their lives to prevent rejection. Though the drugs can keep the immune system from attacking the new organ, they also can cause serious complications, such as heart disease, kidney failure and diabetes.

Knechtle and colleagues were the first to show in 1996 that eliminating immunosuppressive drugs worked in primates. The UW team began the first human experiments last August with 24 kidney transplant patients who took an antibody called Campath–1H. The substance attaches to immune cells, preventing them from attacking and destroying what they perceive as foreign to the body, including transplanted organs.

Participants were given two doses of Campath–1H, one on the day of transplant and another a day later. In combination with Campath–1H, patients were administered a low dose of Rapamycin, a standard anti-rejection drug. Of the 24 patients, 23 have good kidney function and four have shown some signs of rejection that have been treated successfully, Knechtle reports. All patients are at home and doing well, he adds.

"Until now, we have never been able to completely discontinue or reduce immunosuppressive drugs without causing organ rejection," he says. "These results are extremely valuable for transplantation and could change the standard of care in the future."

Knechtle presented the new findings last February at the Fifth International Conference on New Trends in Immunosuppression. He and his colleagues have received additional funding from the National Institutes of Health and the Immune Tolerance Network to increase the number of study participants to 60, as well as to further investigate keys to immune tolerance.

Panel questions steroid use for spinal-cord injury

The use of a powerful steroid to treat acute spinal-cord injury may cause more harm than good in many patients, and therefore it is not recommended as a routine standard of care for patients with damaged spinal cords.

That's the conclusion of a national panel of seven leading neurosurgeons who have reviewed the evidence for and against the use of methylprednisolone, which has been commonly used in treating spinal-cord injuries since the early 1990s. The drug is believed to reduce swelling and subsequent damage to the cord after an injury.

Daniel Resnick, MD, UW Medical School assistant professor of neurosurgery, served on the expert panel, sponsored by the American Association of Neurological Surgeons and The Congress of Neurological Surgeons Joint Section on Disorders of the Spine and Peripheral Nerves.

The panel reviewed the published medical evidence worldwide on the treatment of spinal-cord injury and developed a set of more than 20 management guidelines. One of the guidelines concerns the use of methylprednisolone. The drug was approved by the Food and Drug Administration in 1990 for emergency treatment of acute spinal-cord injuries, and it is widely prescribed for that purpose. It must be given within eight hours of injury in order to have any neurological benefit.

However, despite some highly publicized studies showing the benefits of methylprednisolone, some physicians have remained skeptical. High doses of the drug often produce unwanted side effects, including blood infection and pneumonia. Just more than a year ago, a Canadian neurosurgeon said publicly that the risks of the drug outweigh its benefits in spinal-cord injuries.

The expert panel's report states that the evidence that methylprednisolone does more good than harm is not compelling and that, consequently, the drug's use should not be considered a "standard of care." Instead, the neurosurgeons' group advises doctors to consider high-dose steroids as an *option* for patients with acute spinal-cord injuries.

Resnick specializes in the treatment of complex spinal and nerve problems. He expects that the question of methylprednisolone use is likely to remain controversial until additional research is done.

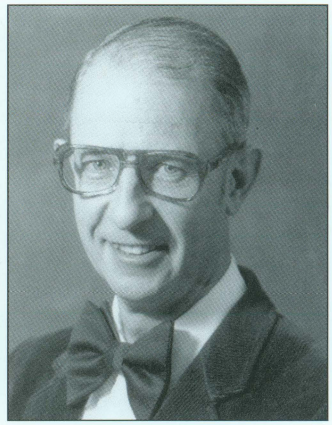
Class Representatives

In case you've forgotten who your class reps are, we'd like to refresh your memories. Below you will find updates on four of them, information on what they've been doing in their peronal and professional lives. They would love to hear what you've been up to. They encourage you to get involved in the WMAA.

Ted Fox
Class: 1957
Type of practice: Family practice.
Fondest memory of UW Medical School: The camaraderie of my fellow classmates—we were all in it together!
Hobbies/interests: Big game hunting, fishing, cutting wood, raising Morgan horses, raising trees.
Other news: The new UW Medical School!
Faculty member remembered most, and why: Dr. Robert Schilling, because of his concern for the students.
Message to classmates: Come to our 45th. You might not live for the 50th.
Plans for a reunion: Relaxed get-together to talk about old times. Our reunion dinner will be at The Edgewater on Thursday evening, May 9.

Charles H. Miller
Class: 1962
Type of practice: General surgery—retired.
Fondest memory of UW Medical School: Our class skit, which let the faculty know how much we disliked the current political problems that we felt hindered our education. It was a time of much upheaval at the Medical School and most of us felt faculty politics was interfering with our education. The skits were outrageously funny, but they got the point across. I think it kind of melded our very diverse class together.
Hobbies/interests: Golf, racquetball, reading (history, novels, religious books) and scanning the medical/surgical literature. Traveling with my wife Susan and getting to know our grandchildren. Singing at church and with the University/Town Choral Union.
Other news: We're 'downsizing' after living in a 100-year-old house for 30 years. We've gotten a condo nearby, which makes travel easier and helps with trying to avoid the expense of a big old house. We'll be able to spend more time at our cottage near Black River Falls on Lake Arbutus, too.
Faculty member remembered most, and why: A clinical faculty member, Dr. Sig Gundersen, Jr., at the Gundersen Clinic in LaCrosse, where I took my preceptorship with Mike McDonald. I operated with Sig almost very day as his first assistant for a month involving a wide spectrum of cases. It was a new world for me and set me eventually on the track to general surgery.
Message to classmates: We've had great class reunions for 35 years and hope that even more of you will join us in May. Our classmates have had many truly remarkable medical adventures and also managed a lot of other living. Come see, and reestablish old ties for a lifetime.
Plans for a reunion: If you haven't made your reservations at The Edgewater, do so now. We all look forward to seeing you Saturday, May 11. You'll be impressed with the positive changes at the Medical School. Take a little extra time to see it and to drive around Madison, which has also changed considerably.

Ted Fox, '57



Charles Miller, '62

Bernard Kampschroer, '67

Mary Ellen Peters, '67

Bernard H. Kampschroer
Class: 1967
Type of practice: Radiology—retired.
Fondest memory of UW Medical School: Births of my three sons. My classmates.
Hobbies/interests: Flying, golf, grandchildren.
Faculty member remembered most, and why: Otto Mortenson, he helped me a lot, and Richard Wasserburger, who was a great teacher.
Message to classmates: Don't save all your time-outs for the fourth quarter.
Plans for a reunion: In progress for Saturday, May 11.

Mary Ellen Peters
Class: 1967
Type of Practice: Pediatric radiology—retired.
Fondest memory of UW Medical School: The friendships made.
Hobbies/interests: Swimming, gardening, reading, knitting and music.
Other news: I'm currently serving on the non-resident admission committee for the Medical School.
Faculty member remembered most, and why: Durard Walker, he was a fantastic teacher.
Message to classmates: Looking forward to seeing all of you May 11, 2002 - OUR 35th CLASS REUNION!

CORRECTION: In the last *Quarterly*, we mistakingly stated that Charles W. Frinak represents the Class of 1997. In fact he represents the Class of 1977.

Events committee boosts outreach

By Susan Pigorsch

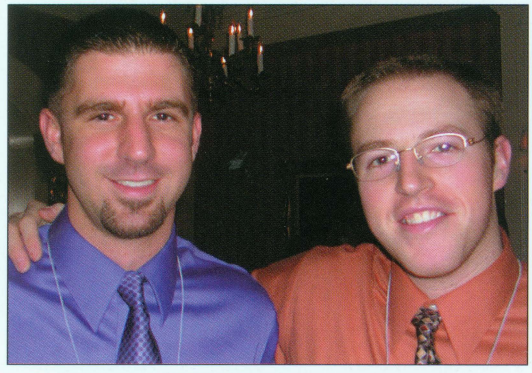
When the board of the Wisconsin Medical Alumni Association (WMAA) began to visualize outstanding new facilities for the University of Wisconsin Medical School, it also began to adopt a new vision for the alumni association itself. The vision was recently documented in the WMAA's strategic plan for the 21st century.

Central to that plan is a commitment to a new organizational committee structure. "We realized that we needed a way to reach out to more alumni than ever before," says Harvey Wichman, MD ('65), past president of WMAA. "One of the best ways to get started was to appoint an events committee to rethink our outreach efforts." William Nietert, MD ('78), of Wausau, Wisconsin, was named chair.

"We're one of the biggest medical alumni associations in the country," says Nietert, "yet we're only involving five percent of our 9,000 alumni. Those who are involved with us are extremely happy with our current programs, but we think that there are ways to bring more of us together."

In an era of targeted, generational marketing, it is not easy to appeal to recent graduates and retirees alike. But after an initial meeting in Milwaukee, the WMAA Events Committee had some better ideas for getting started. For example, one member suggested that some events should be focused on alumni with young families, who might be more likely to join a crowd of 100 colleagues at a cookout if their children could also be part of the party—and maybe meet Bucky Badger. Family time is more important than ever to this generation of doctors, the committee concurred, and expense is an issue.

"On the other hand, we were in Milwaukee in the first place to do a sophisticated continuing medical education event for alumni at the Wisconsin Club," says Nietert. "Some might feel that this sort of venue is stuffy. But my goal as events committee chair is to find ways to bridge the gaps and get more people involved across the board."



After reviewing attendance data, the Events Committee agreed to try a new format for a winter gathering in Milwaukee this year. Rather than sponsoring WMAA's traditional Sunday brunch, the group decided to hold a meeting on a weeknight in the center of the city, inviting UW's esteemed stem-cell researchers to speak.

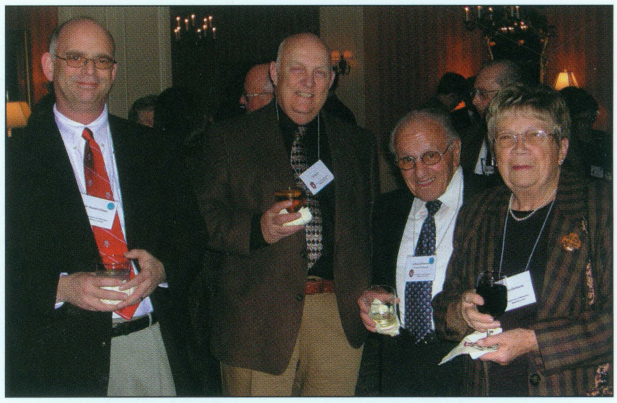
"The program highlighted how UW research may contribute to the future care of patients," says Wichman. "Because it was a weekday evening event, young alumni were better able to attend. A few students could attend. The format also attracted non-physicians who are strong backers of the Medical School."

Inclusivity is a key WMAA goal. "I think the future of medicine will be about banding together," says Nietert. "The cost of health care, the growth of non-traditional health care, and

The Events Committee held the Milwaukee Winter Event on a weeknight this year, enabling record numbers of people to attend. Participants included (above) third-year students Brian Mamerow and Thomas Westfall. Pictured at top (from left) are Marianne Lubar, Philip Farrell, Alice Farrell, Sheldon B. Lubar and Richard Boxer, '73. Shown in picture at bottom left are Walter Schwartz, '55, Frank Urban, '54, Roger Laubenheimer, '50, Patty Porter and June Schwartz.

specialization have been drawing us apart. But maybe alumni gatherings, which are non-political, are the way doctors from the same background will come together collegially to help each other, the students and our school succeed."

With the medical knowledge base doubling every 18 months, Nietert says that students need more help than ever to make it through medical school in four years. "When students face the mental and physical challenge of taking in all this knowledge as well as the financial challenge of attending the third most costly public medical school in the country, perhaps we can help students' sense of altruism in the profession," insists Nietert. Rekindling alumni interest in the school and in each other would be a fine outcome as well.



Dan Gilman and Ed Howe share a moment with Alfred DeSimone, member of the UW Board of Regents, and Bernice DeSimone.

Harvey Wichman, '65, WMAA president, and Karen Peterson, WMAA executive director, are joined by evening speakers Drs. Clive Svendsen, Thomas Sutula, Paul DeLuca, and Dean Philip Farrell.

Kristin Rusterholz, Med 3, John Brill, PG, and Jason Slaikeu, Med 4.

First-year students Brian Haugen and Mark Reischel visit with fourth-year student Holley Ashley.

Third-year students (from left) Dan Jackson, James Sasaki-Adams, Brian Markhardt, Brian Mamerow, Deanna Sasaki-Adams, Kristin Rusterholz, Thomas Westfall and Lee Brock enjoy themselves.

Classnotes

1947

Jerry Baum lives in Givaat Savyon, Israel, with his wife Charlotte. There he is active in a chest clinic to advance early detection of tuberculosis. He also chairs the Center for Jewish Medical Heritage and is working to establish a museum to advance the center's enterprise.

Noting that "the swimming is fabulous in Maui," **Robert Natelson** is enjoying life in Kapalana, Maui, HI, with his wife Beverly. His hobbies—understandably—are snorkeling and photography. The Natelsons also maintain a home in Los Angeles, where they live part-time. They have two children and six grandchildren.

Ray Rotter and his wife Muriel live in Madison, WI, where he continues to work at the Middleton Veterans' Administration Hospital two mornings a week. He also serves as medical director of a local insurance company. Roy and Murial have three children and five grandchildren.

1948

Digby G. Seymour reports his surprise upon seeing a photograph of his UW Medical School roommate, **William Hedberg** (Class of '48) in a book titled, *Battle for Korea: III. History of the Korean Conflict*, by R. Dvorchak. Captain Hedberg was photographed treating a wounded GI near Taegu, Korea (formerly South Korea). He received the distinguished Silver Star for heroic actions under fire. Seymour currently lives in Knoxville, TN; Hedberg died several years ago and was buried in his hometown of Fort Atkinson, WI, where he was given full military honors.

1952

Dean M. Connors, a retired pathologist, lives in Mineral Point, WI, where he is president of the Mineral Point Historical Society and owner of The Foundry Books, an out-of-print antiquarian bookstore emphasizing Wisconsin historical documents and maps. His future plans are to do more of the same, that is, delve deeply into the history of the Badger State.

Raymond L. Hansen, a retired pediatric allergist-immunologist living in Marshfield, WI, with wife Elaine, received the Rotarians' Service-Above-Self Award and the Silver Beaver Award from the Boy Scouts of America. Although his future plans are to "slow down and smell the roses," his present activities do not reflect it. He is involved in a condominium development business and in timberland management; he enjoys wood cutting, traveling, genealogy, a lake cottage and his grandchildren.

For the past 33 years, **Donald Lieberman** and his wife Janice have funded the annual Henry M. Castello, MD, Award, which is given to an outstanding first-year resident at the University of Wisconsin Medical School. Retired from practice and preventive medicine activities, he currently lives in Santa Clara, CA, where he is active in tournament chess.

Benjamin Schuster of Dayton, OH, was the recipient of three awards showcasing his service to community: the Outstanding Philanthropist for 2001 Award selected by the Awards Committee, National Philanthropy Day; the Richard A. DeWall Award from the American Heart Association in recognition of significant contributions in cardiovascular medicine; and the 2001 Honoree by Big Brothers/Big Sisters of Greater Dayton in appreciation of outstanding dedication and service. He currently is medical director of Kettering Cardiovascular Institute and clinical professor at Wright State University School of Medicine in Dayton.

1957

H. Leon Oxman and his wife Karen live in Golden, CO, where he practices psychiatry part-time at the Colorado Department of Corrections and maintains a half-time appointment at the University of Colorado Health Sciences Center. His interests are tennis and running. He plans to continue working in the Colorado prison system, which offers a rewarding experience.

E. Dolf Pfefferkorn, now retired from general practice, lives in Three Lakes, WI, with his wife Carol. He serves as a volunteer fireman in the northern Wisconsin community and helped to form "1st Responder," an ancillary group of Three Lakes emergency medical services (EMS). His future plans include spending time with three daughters and three grandchildren and traveling in Europe.

Retired from anesthesiology and now living in Stevens Point, WI, **Anne Gilfry Schierl,** known in those parts as a "community activist," is focusing on fundraising activities to benefit youth through the Community Foundation and UW–Stevens Point. She loves dancing and living in the Pointers community with her three sons who run the family business. However, she admits, she would like to find a dance partner!

Richard Stiehm, past distinguished recipient of UW–Madison and UCLA Medical Alumni Citation awards and the Mead Johnson Award for Pediatric Research, lives in Santa Monica, CA, with wife Judith. He practices pediatrics and immunology at UCLA Mattel Children's Hospital in Los Angeles. His future plans allow for little relaxation: He contemplates finishing the fifth edition of *Immunologic Disorders in Infants and Children.*

1959

On November 2, 2001, a special dinner was held to pay tribute to the accomplishments of **David L. Cram** and to establish the David L. Cram, MD, Fund for Parkinson's Disease Research at the University of California Medical School, San Francisco. His latest publication, *Answers to Frequently Asked Questions on Parkinson's Disease: A Resource Book for Patients and Families,* is his fourth in the past five years and bears testament to his long-admired and prestigious career as a caring physician.

Steven Hammer, '83, reports that his small clinic in Guatemala "provides office visits for about $1.50 and medicines for $.80."

1962

Living on 40 acres of wildlife preserve in the Kettle Moraine area of Wisconsin, **Bernard (Bernie) A. Huizenga** maintains over a mile of trails through its varying terrain. He quit performing surgery in 1993, but continued to follow his patients through post-operative healing, and back to good health. He officially retired from medicine in 1997. He and his wife Judy travel extensively in their motor home and attend a few bluegrass festivals every year. His combined interest in travel and family genealogy took him last year to Argentina, where he welcomed meeting his Huizenga cousins.

After 14 years as chairman of the Department of Diagnostic Radiology and Nuclear Medicine at Rush Medical College and Rush-Presbyterian St. Luke's Medical Center in Chicago, **Jerry P. Petasnick** retired from his position at the end of 2001. He continues to practice musculoskeletal radiology and will assume the directorship of the Radiology Residency Program. He and his wife Barbara have lived in the Chicago area for the past 40 years. He hopes to do more traveling, working on his golf game and enjoying the company of Alexander, his first grandson.

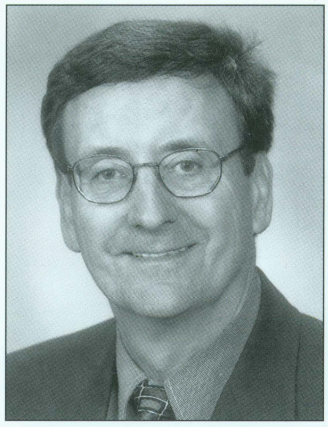
David Strang has lived for approximately 16 years in northeastern Pennsylvania, where he practices dermatology at the Veterans Administration Medical Center in Wilkes-Barre. He runs the dermatology clinics, which are integral to the center's internal medicine residency program, and a local family practice residency. He finds it ironic that he is working "harder than ever" as he approaches the end of his professional career. A singer since his days in grade school, David now sings weekly in a Latin Rite choir and considers himself fortunate to hold season tickets to the New York Metropolitan Opera.

1964

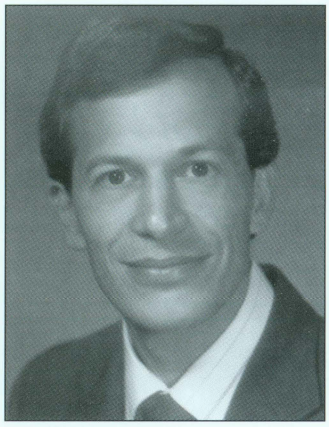
After doing volunteer work in Tanzania, Africa, retired orthopedic surgeon **Ernest Pellegrino, Jr.,** decided to focus his volunteer efforts on his community in Middleton, WI, and surrounding areas by starting the Benevolent Specialist Project (BSP). The project supports a free clinic to serve uninsured patients who fall through the cracks in the current healthcare system. Volunteers consist of 28 specialists in 15 different fields and include such local notables as Drs. Ray Chun, Robert Schilling and Walter Sundstrom.

1967

David L. Bearman received the 1999 Santa Barbara County Medical Society Humanitarian Recognition Award and the 1999 Santa Barbara Neighborhood Clinics Health Hero Award. Residing in Goleta, CA, he maintains a solo practice in Santa Barbara, where his specialty is public health/addiction medicine. He also testifies as an expert witness. Active in community service, he has served one term on the Goleta Water Board and four terms as a member of the Goleta West Sanitary District. He hopes to focus in the near future on writing a book on the history of drug policy.



William Charboneau, '67



Andrew LeRoy, '67

Susanna Forbes Buchanan retired from family practice in West Chester, PA, in 2001 and moved to Salisbury, MD. For the last three years, she has served as medical director for Community Volunteers in Medicine, a free clinic funded through private donations for the uninsured in Chester County. Much of her spare time is spent renovating an older home on the river, quilting, reading, gardening and swimming. Her interests in traveling are currently limited by her husband David, whose new job is provost of Salisbury University.

Neil A. Hoffman works in surgical and forensic pathology at the Reading Hospital and Medical Center in Reading, PA. He is the recipient of the 1999 Berks County Medical Society Community Service Award. He has been involved in investigation of genocide and crimes against humanity in the former Yugoslavia. He and his wife Judith Kraines live in Sinking Spring, PA, where he is an active member in the Lions Club and his synagogue, and she is an elected county official.

1976

William Charboneau and **Andrew LeRoy** received the 2001 Mayo Clinical Diagnostic Radiology Carmen Award for Clinical Excellence. The award is bestowed on two radiologists each year, by a vote of the 120 staff radiologists, to recognize excellence in clinical radiological care.

1982

Paul R. Kaesberg of Madison, WI, has been appointed clinical vice chair of human oncology at UW Hospital and Clinics. He served as chairman of Physicians Plus Oncology/ Hematology from 1994 to 1998.

1983

After working in southeastern Wisconsin in the 1990s, **Steven Hammer** moved back to Guatemala. There he has been working with the local church for the past two years to provide primary health care in the semi-rural area. He and his colleagues have a small clinic and have opened an elementary school.

In Memoriam

1995

Matthew F. Connolly of Racine, WI, is the current medical director for Latin American Medical Providers, a group of primary care physicians and surgeons delivering medical care to needy patients in Guatemala. He has helped provide care to Guatemalan patients since 1998.

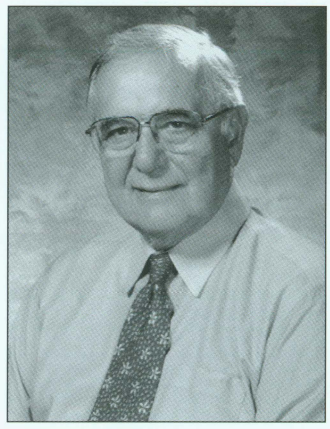
1997

A general surgery resident at the University of Pennsylvania in Philadelphia, **Subhasis Chatterjee** is the 2001 recipient of the Vivien Thomas Young Investigatory Award of the Council on Cardio-Thoracic and Vascular Surgery of the American Heart Association. When finding time to relax, he enjoys a competitive game of tennis.

Taking the summer off after residency rejuvenated **Jayne A. Laszewski,** who started a private practice in psychiatry in downtown Portland, OR. She and her partner, Lance Anderson, who is also a psychiatrist, are enjoying camping, hiking and cross-country skiing in the Northwest's great outdoors.

Cortland J. Lohff reports that, after being taught in medical school how to take care of patients, he ironically does not do it. He is assistant state epidemiologist at the Iowa Department of Public Health. Notable recent examples of his work include dealing with the anthrax scare and other threats of bioterrorism, investigating disease outbreaks and providing health information through all venues—from television to one listener at a time.

Paul Carbone



Internationally known cancer expert Paul Carbone, MD, former director of the University of Wisconsin Comprehensive Cancer Center (UWCCC), died unexpectedly February 22, 2002, in Singapore, of an apparent heart attack. Carbone, 70, had been in Singapore since December, helping develop a comprehensive cancer program at the National University of Singapore.

"Paul Carbone was very likely the most distinguished oncologist-scientist in UW Medical School's history," said Medical School Dean Philip Farrell, MD, PhD. "He was loved and respected by many people—patients, students and colleagues. His death is a huge loss to us all."

Carbone is survivied by his wife Mary and seven children, three of whom are physicians. Kathryn Carbone, MD, of Adamstown, Maryland, graduated from UW Medical School in 1983.

"Dr. Paul Carbone was one of the most thoughtful, attentive and caring cancer physicians I have known," said John Niederhuber, MD, UWCCC director. "Above all else, he was the ultimate husband, father and grandfather. In his long and distinguished career, he touched the lives of many students, faculty colleagues and patients—not only here at Wisconsin, but around the world. I will personally miss his wise counsel and the privilege of working with him each Wednesday afternoon in clinic."

Carbone was internationally recognized for researching new treatments for Hodgkin's disease, testing and developing new chemotherapy drugs and treating breast cancer. He shared the Albert Lasker Prize for Medicine, awarded in 1972. He was also chairman of the Eastern Cooperative Oncology Group for 20 years and served as president of the two most prestigious cancer research societies in the country, the American Society of Clinical Oncology and the American Association for Cancer Research.

Under his leadership, the UWCCC played an integral role in cancer research, outreach and education throughout Wisconsin. As center director he helped develop the state's first tumor registry, which researchers and government officials use to identify cancer trends. He oversaw creation of the Wisconsin Cancer Council, a coalition of 50 statewide organizations concerned with cancer. He was instrumental in establishing UW Medical School's Center for Tobacco Research and Intervention as well as ensuring that UW–Madison was the designated site for the federally funded Women's Health Initiative.

Carbone received his medical degree from Albany Medical College in 1956 and worked at the National Cancer Institute as associate director of medical oncology from 1960 until 1976. He joined the UW Medical School faculty in 1976, serving as head of clinical oncology. He was chair of the Department of Human Oncology from 1977 until 1987 and was the second UWCCC director from 1978 until 1997.

After retiring in 1997, Carbone served as emeritus director of the UWCCC. As associate dean for the Medical School's HealthStar campaign, he was deeply involved in raising funds for the new Health Sciences Learning Center. He was also instrumental in creating the Don and Marilyn Anderson Hospice-Care Center in Fitchburg, Wisconsin.

He perhaps will be remembered most fondly as a teacher—in the classroom, at the bedside and on the golf course.

Bessie M. Beach, PG
April 26, 2001

Richard E. Christianson, '77
July 27, 2001

David A. Freed, '52

Carl Greenstein, '37
March 15, 2001

George C. Hank, '42
December 12, 2001

George T. Huckle, PG
October 1, 2001

John H. Lee, '35

William W. Leifer, PG
November 12, 2001

Alice M. Lemanski, '43
February 22, 1999

Robert H. Pfeifer, '42
August 5, 2001

Milton G. Radewan, '40
July 20, 2001

Bryant H. Roisum, '45
November 25, 2001

George W. Savage, '52
February 24, 2000

William L. Sprague, '52
July 14, 2001

Edwin C. Welsh, '43
November 12, 2000

Appreciating excellence in research

In October, Ellen's grandson Charlie and his wife Kristen visited us from Boston. Eight years ago Charlie had the opportunity to enter Harvard Medical School or its PhD program. He wanted a career in research, so he chose the doctoral-degree track. Two years ago, he received his PhD in molecular biology and is now working on his post-doctoral degree there. Kristen, also in molecular biology, gets her PhD in 2003.

Thanks to our friend and neighbor Tim Reilley, who recently retired from raising money for the Wisconsin Alumni Association, arrangements were made for us to take Charlie and Kristen on a deluxe tour of the new portion of the Waisman Center. We were greeted by Acting Director Marsha Mallick Seltzer, PhD, who gave us a 15-minute introduction. She then personally escorted us to three of the main new areas—featuring stem-cell research, brain imaging and bio-manufacturing—where we were met and shown around by the head of each.

We were overwhelmed by what was being done in this most modern facility. Charlie, on returning home, wrote his parents that he and Kristen were so impressed that they both would like to work here if the opportunity arises after Kristen finishes at Harvard.

When we graduated from UW Medical School, we knew little about research. In our first year, we learned that Drs. Meek, Eyster and Herrin were doing good basic research and publishing papers in physiology. Dr. Bast in histology was an authority on the ear, and Dr. Mossman in anatomy had done fine things in embryology. Dr. Tatum in pharmacology, a second-year course, had introduced mapharsan as the best arsenical drug for the treatment of syphilis. In our clinical years, we were aware of no research being conducted by our teachers. It might have been happening, but we only knew that they reported on occasional clinical experiences.

After World War II, in the 1950s and 60s, the federal government began to take an active interest in research and started funding many projects as well as buildings. Two national political leaders from the U.S. House of Representatives—Democrat John Fogarty of Rhode Island and Republican Melvin Laird from Marshfield, Wisconsin—led these efforts. UW Medical School's McArdle Laboratory for Cancer Research is an early example of the outcome of those activities.

Recently it was announced that the University of Wisconsin–Madison ranks second in the country in research funding received.

Ellen and Russell Lewis
co-chairs of the Alumni Editorial Board

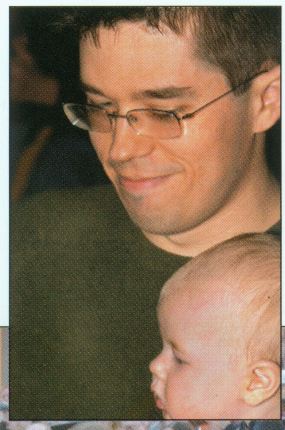
We appreciate that many of those grants have been awarded to the Medical School because of its demonstrated research excellence.

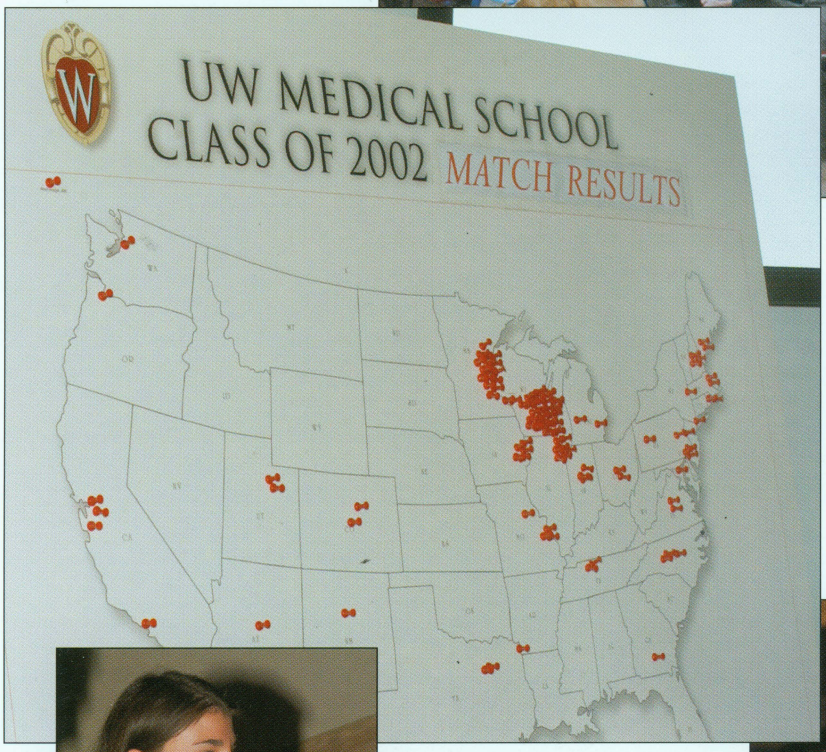
As we look back at the 60 years since we graduated, we see many changes. Back then, we learned how to make a diagnosis in order to give an accurate prognosis. Today's students learn to make a diagnosis so they can cure many diseases. These days about 50 percent of students are women; that's a big change. And knowledge is so abundant today that students must be smarter to learn so much more in the same amount of time as we had. The Department of Pediatrics now consists of 68 full-time faculty. In our day, it was only Drs. Gonce and McDonough, plus a local part-time physician, Dr. Tenney.

But perhaps as important a change as any has been the development of the Medical School as a research facility as well as a teaching facility. Amazingly, this has been accomplished while quality of patient care has also increased. Today much of our old Wisconsin General Hospital has been converted to basic and clinical research laboratories. As unbelievable as the Waisman Center is in its excellence today, it is only a part of the total picture.

Match Day 2002

On Match Day, March 21, UW Medical School students—and all other graduating medical students across the country—learned where they will be spending the next several years in residency programs. The training prepares them for work in clinical areas with which they likely will be associated the rest of their professional lives. This year, 57 percent of the 133 UW graduates who soon will begin residencies are entering a primary care program. Other specialty selections included general surgery (6.8 percent), anesthesiology (5.3 percent) and obstetrics/gynecology (4.5 percent).





Members of the Class of 2002 will disperse to residency programs near and far. Class president Allen Hayman, above left, was elated at the news that he will be going to Maine Medical Center in Portland for a general surgery residency. His wife, Jennifer Neels-Hayman, will enter a pediatrics residency there. Nathanial Kieler, above with his baby, learned that he will soon begin a pathology residency at UW Hospital and Clinics. Kieler is one of 25 graduates to enter a UW-affiliated program.

Alaba Robinson gets a congratulatory hug for landing a medicine/ pediatrics residency at University of Cincinnati School of Medicine. Diana Hornung, left, will be heading west to Fort Collins, Colorado, for a family medicine residency.

Online CME

Expanding your options

CME Immediately

The Office of Continuing Medical Education will soon have a new portal available for online CME courses and lectures. At this site you will see many new and valuable features:

1. A one-time account sign-up will generate a password that can be used for all future courses. Payment for your continuing medical education Internet courses will be processed online through our *secure SSL connection.* (We will still accept payment by fax, phone or U.S. mail.)
2. Quizzes will be automatically graded with a newly developed–and much easier–quizzing process.
3. Credit letters will be downloadable immediately after successful course completion.

Customize Your Own Site

This new portal will offer you the best of CME online courses with an added personal site that you can customize for your own purposes. For instance, the "My Channels" will let you choose from 20 major sites like Reuters Health Information, pubmed, MD consult and the New York Times, providing news and medical information at your fingertips. These sites all update automatically so you will always have just-in-time information.

Until we are fully launched, all of your CME conferences, home study, online courses, visiting fellowships, PICME and Physician Assessment information can still be found at *http://www.cme.wisc.edu*

Grand Rounds Online

Watching Grand Rounds on your computer and receiving CME credit from the University of Wisconsin Medical School will become a reality this spring. The Department of Pediatrics and the Office of Continuing Medical Education are jointly developing a new program called CME@HOME. CME@HOME uses Internet technology to make programming more accessible to practicing physicians around the state, the country and, increasingly, the world. When the program is fully operational, you will be able to access CME programs from your desktop, complete a quiz and pay a nominal fee to receive credit. Initially, only Pediatric Grand Rounds will be available. Several other departments (such as surgery, medicine and ophthalmology) plan to offer on-line conferences in the future.

You are invited to preview the program using your favorite web browser. Point it to www2.medsch.wisc.edu/gr.html. Inquiries about the program and requests for technical support can be directed to Curtis Olson, PhD, project director, at (608) 265–8025, caolson2@facstaff.wisc.edu.

CME Courses

May 18
Congestive Heart Failure
Milwaukee, Wisconsin

June 6–8
Ralph M. Waters, MD, and Professionalism in Anesthesiology: A Celebration of 75 Years, A joint meeting of the *Anesthesia History Association (US)* and the *History of Anesthesia Society (UK)*
Madison, Wisconsin

June 13–15
State Cancer Pain Initiatives Meeting
Richmond, VA

June 20–21
Health Issues & Concerns of Women of Color
Washington, DC

July 11–14
Phonosurgery Symposium
Madison, Wisconsin

July 13–14
Mohs Surgery
Madison, Wisconsin

July 24–27
Translational Approaches to Cardiovascular Disease
Madison, Wisconsin

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 location. **Photographs** are welcome.

Name_____ Year_____

Home Address_____

Email Address_____

City_____ State_____ Zip_____

Recent Activities_____

_____

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