A University of Wisconsin Medical School team helps craft new national pain standards
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Change is one of the most challenging factors we must deal with at academic medical centers. Wide-ranging changes driven primarily by economic and political forces continue to radically alter the landscape of American medicine, affecting health care delivery, insurance coverage, federal reimbursements, research funding, pharmaceutical marketing practices and patients' rights. These changes have been occurring at an amazingly rapid rate, and we can expect them to continue. For leaders at academic medical centers, this constantly evolving environment has required that we develop many new skills in order to succeed.

American medicine must also contend with change of another variety; namely, the process of transforming culture and practice, which often occurs more slowly than we want. This more resistant form of change may frequently relate to behaviors and attitudes, human forces that can be so hard to impact, as most of us know from personal experiences in trying to live healthier lives. In this issue of the Quarterly, two feature stories describe struggles to change deeply rooted habits and the way things “have always been done.”

For 20 years, UW Medical School Professor of Pharmacology Dr. June Dahl has chipped away in her own quiet, yet unfailing, way at the physician belief systems, patient attitudes, clinical practices and institutional inertia that have prevented pain assessment and treatment from being a national priority. As you will read, the efforts she has directed have paid off; the Joint Commission on Accreditation of Healthcare Organizations this year implemented pain management standards for all patient care organizations it accredits.

As with many medical schools, we at University of Wisconsin Medical School have been working hard to eliminate gender-equity barriers that have kept women from top leadership positions. In “Changing the Face of Academic Medicine,” you will learn about some of our efforts aimed at overcoming these obstacles, and you will read about the steps Dr. Susan Skochelak has taken in her journey to the position of senior associate dean for academic affairs.

I am delighted to inform you that we have begun planning the groundbreaking ceremony for our new Health Sciences Learning Center. The state must set the date for all construction, but we are hoping for the end of summer, perhaps shortly after Labor Day. We are expecting a large turnout and invite all alumni to attend, if at all possible. This will be a truly momentous occasion for our school, allowing us to take a quantum leap in terms of facilities.

According to the architects, Kahler Slater in conjunction with Davis Brody Bond, the building will set a new standard for health science education. Once completed, it will be one of the most sophisticated, technologically advanced facilities in the United States. Its resource-rich environment will accommodate the many needs of all health science students on the UW–Madison campus as well as those of established health care professionals across the state. Featuring an electronic version of The Wisconsin Idea, we will be linked to every Wisconsin hospital. This is a project that the Medical School needs, the State of Wisconsin deserves and all of our students absolutely require. I encourage all faculty and alumni who haven't already committed to supporting this exciting new building to do so now.
Farrell named vice chancellor for medical affairs

Recognizing the growing complexity of medical programs at the University of Wisconsin-Madison, Chancellor John Wiley has named Dean Philip M. Farrell vice chancellor for medical affairs. Farrell will continue as dean of the Medical School while assuming the new university vice chancellor role.

"Dr. Farrell is a renowned physician-scientist and a skilled administrator and leader," Wiley says. "I'm pleased he has agreed to take on this important role at the university."

Farrell will be the point person for medical-related issues at the university, working with UW-Madison administrators, government officials, business leaders and concerned individuals. He will devote his efforts to the further development of the three components of UW Health—University of Wisconsin Medical School, University of Wisconsin Medical Foundation and University of Wisconsin Hospital and Clinics.

He will serve as chairman of the board of directors of the UW Medical Foundation, the school's faculty practice plan—a non-profit, tax-exempt organization that manages clinical business matters of UW faculty physicians. In that capacity, he will be responsible for the continued successful integration of the foundation, which includes previous members of the Physicians Plus Medical Group.

"This appointment will help us more effectively address the first item in the Medical School's new strategic plan, which is to successfully integrate UW Medical Foundation with all its Madison-based partners in the synergistic combination of care, teaching and research. As clinical faculty integration proceeds, it will be especially important to achieve alignment with our main tertiary care hospital, UW Hospital and Clinics, and to enhance our relationship with Meriter Hospital," Farrell says. "This new vision and my expanded responsibilities should allow us to manage all medical affairs at UW-Madison in a more streamlined, efficient and effective manner."

Under Farrell's leadership in the past five years, the school has gone through a major curriculum revision and has expanded its research activities using a meticulous strategic planning/management process, putting it on course for its goal of comprehensive excellence in research, teaching, primary care and community service. He has also taken the lead in HealthStar, the school's ambitious fund-raising campaign supporting the construction of world-class academic facilities to enhance interdisciplinary health science programs on the west campus. As described in previous issues of the Quarterly, the instructional and administrative component of HealthStar, known as the Health Sciences Learning Center, will be built during 2001-03.

In view of his new responsibilities, Farrell will restructure his leadership team, delegating greater responsibility to senior executives in associate dean roles. He has named Dr. Paul DeLuca, currently associate dean for research at the school, the new vice dean. In addition to his duties as top research administrator, DeLuca will be integrally involved in policy making, the faculty recruitment and appointment process, and reviews of administrative units. "Most significantly, Vice Dean DeLuca will assume a central leader-
Farrell says, "One of the biggest challenges we face today is the increasing interdependence of the various components that make up an academic medical center — hospital, medical school, faculty practice plan — each of which has a distinct mission and specific fiscal issues," Farrell says. "The successful leader must find a way to get them all working together more effectively with program-aligned planning and funding strategies."

The expansion of Farrell's duties reflects a national trend in which increasingly more medical school deans have been given ancillary responsibilities and titles, such as vice president, vice chancellor and provost. Currently, deans at more than half of the 125 American medical schools carry such titles.

Farrell notes that assuming the vice chancellor role was possible only because of the strong leadership team he has assembled in recent years. "The combination of excellent associate and assistant deans, as well as outstanding department chairs, enables me to take on more responsibility and help Chancellor Wiley's administration advance all of UW Health," he says.

"This appointment will help us more effectively address the first item in the Medical School's new strategic plan, which is to successfully integrate UW Medical Foundation with all its Madison-based partners in the synergistic combination of care, teaching and research."

Farrell was given the new responsibilities following an extensive review of his tenure as dean, which included interviews with 55 faculty, staff, UW regents and outside consultants.
Otolaryngology group honors researchers

Two University of Wisconsin Medical School professors have been honored by the Association for Research in Otolaryngology (ARO). Dr. Donata Oertel has been named president-elect of the ARO for 2001–02, and will serve as president in 2002–03. Dr. William S. Rhode was recently given ARO’s annual Award of Merit. Both have made major contributions to understanding the way sound is converted in the ear to nerve signals and processed by the brain.

The ARO is an international association of over 1,900 members. The scientists and physicians concentrate on scientific exploration in otolaryngology, the branch of medicine dealing with the ear, nose, head and neck as well as the related functions of hearing, balance, speech, taste and smell.

For 30 years Rhode has studied the cochlea, or inner ear. His early research on cochlear mechanics boldly went against existing theories established by Nobel laureate Georg von Békésy. Later research by others confirmed Rhode’s initial work.

Rhode and his colleagues developed and adapted several instruments, particularly lasers, which allow them to detect movements in the cochlea as small as one-millionth the diameter of a hair. They’ve measured cochlear vibrations produced by sounds ranging from simple tones to complex speech.

Rhode’s team has also examined the way single nerve cells in the cochlear nucleus, the first of several brain centers sound travels through after it leaves the cochlea, process acoustic information.

Oertel is widely known among neuroscientists for her studies of single living nerve cells in the cochlear nucleus. Using tiny electrodes, she records signals from inside these cells. And a technique she developed to keep brain tissue slices of mice alive has allowed her to test living cells under varying conditions.

Psychiatry association taps Westman

Dr. Jack C. Westman, professor emeritus of psychiatry at the University of Wisconsin Medical School, is the unanimous choice for the American Psychiatric Association’s (APA) 2001 McGavin Award for a Distinguished Career in Child and Adolescent Psychiatry. The award and a $1,500 check will be presented to him at the APA’s annual meeting in early May.

Westman has devoted much of his 40-year career—and five years of retirement—to the prevention of child abuse and neglect. His 1979 book, Child Advocacy, now a standard resource text in the field, described a comprehensive, multidisciplinary approach to advocacy on behalf of children, stressing that parents and all professionals who bear responsibility for children learn advocacy skills.

Within the UW psychiatry department, Westman started and directed for 16 years a specialized out-patient child advocacy service, which provided psychiatric care for neglected, abused and traumatized Wisconsin children. During that time, he also trained scores of psychiatry residents.

Since his retirement in 1996, Westman co-founded “Wisconsin Cares” to improve the lives of children by working with families to prevent abuse and neglect. Consisting primarily of retired professionals, the members have helped establish home visitation programs and family resource centers throughout the state.

Westman has also been a leader in the “Right From the Start Coalition,” a group of community-based family support agencies formed to ensure that all Wisconsin children get the best possible start in life.
CHAMPION OF CHANGE DR. JUNE DAHL

Her long fight for national pain management standards comes to fruition

BY LISA BRUNETTE

I talked to a group of doctors in Minneapolis last fall. They were very responsive and very positive, but one fellow came up to me and said, 'How long does it take to do a comprehensive pain assessment in a patient?' I told him the answer is perhaps as much as an hour to get everything done. You should do a physical exam; you might have to order some tests and so forth. And he said, 'Well, that's fine, because I have seven minutes.'

Dr. June Dahl, professor of pharmacology at University of Wisconsin Medical School, is discussing the culmination of nearly 20 years' worth of focused effort: the implementation of pain management standards for all health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Dahl and her colleagues worked step by step with the commission to establish the standards. In essence, the standards require accredited organizations to assess and treat patients' pain and to document those activities, to ensure staff competence in pain assessment and management, and to educate patients and families about effective pain management. This year is the first in which the approximately 16,000 accredited hospitals, home care agencies, nursing homes, behavioral health facilities and outpatient clinics will be scored for compliance with the standards.

No one doubts the profound, positive impact the standards will have on patients suffering from pain. As the Minnesota doctor's comments illustrate, however, the effect on physicians and other caregivers continues to generate vigorous discussion. They worry primarily about the practical realities of dealing every day with such a momentous change in practice.

'I suspect that most hospital administrators and physicians feel that they can't tolerate any more paperwork,' Dahl acknowledges. "My internist and his nurse tell me they spend a lot of time filling out forms. Once physicians understand the adverse physiological and psychological effects of pain, they're not insensitive, but they are rather overwhelmed. The thing we have to help clinicians understand, particularly if this is a patient who's not in crisis, is that you don't have to find everything out on the first visit."

The early days

Helping people understand pain, its impact on recovery and the best ways to manage it has been the driving force in Dahl's professional life for nearly two decades. In the late 1970s, she was appointed to the Wisconsin Controlled Substances Board by Martin Schreiber, then acting governor. In 1984, a bill to legalize heroin for pain control in terminally ill cancer patients was introduced in the U.S. Congress. Dahl, UW colleague David Joranson and others mobilized to defeat the bill and were successful. But even though they knew legalized heroin wasn't the solution, they realized that undertreatment of pain was a huge problem. They recognized that the regulatory board, in its legitimate efforts to prevent diversion and abuse of prescription medications, may have tipped the balance so far that physicians were reluctant to prescribe opioids for pain relief.

"The only thing worse than false hope—that is, heroin—is no hope," says Joranson, who now directs the Pain and Policy Studies Group at the UW Comprehensive Cancer Center. "We were left with the responsibility of doing something for people dying in unrelieved pain. It took us a while to figure out what to do, but we started with a very systematic approach—what are the barriers we have to overcome? We tried to tease out the systems—drug regulations, clinical practices, patients' attitudes, doctors' beliefs—that were implicated in the problem."
Out of those early efforts came the Wisconsin Cancer Pain Initiative in late 1986. Led by Dahl, this statewide group of health professionals created a network focused on helping improve the treatment of cancer pain. The Wisconsin Initiative served as a model for other states concerned with the issue, and its work was far ahead of the curve. It wasn’t until the 1990s that most health organizations began to issue statements on pain management.

But statements—and even professional education and training—were hardly enough to change practice. Even the best guidelines tend to sit on shelves. Dahl grew increasingly interested in finding ways to translate lofty principles and specific medication regimens into action.

“In the latter part of 1995, it seemed to us that one of the things that might work would be a manual that would guide people in how to go about the business of making pain management a priority in their settings,” she recalls. The upshot was a manual that would take users step by step through the process of integrating pain management into the very fabric of a health care organization—from who should serve on the pain team to how to give pain medicines intravenously. The manual, Building an Institutional Commitment to Pain Management, serves as a “cookbook” that relieves caregivers of the need to start a program from scratch.

Dahl’s work and reputation were by now getting her invited to plenty of national conferences on pain, and at a September 1996 meeting of the American Cancer Society (ACS), she co-chaired a work group charged with developing ideas for changing clinical practice. As the group considered options, Dahl volunteered to approach the Joint Commission.

“And frankly, I really didn’t know what I was talking about,” she says firmly. She did understand the Joint Commission’s importance, however, and when she learned that UW Hospital was to be surveyed by JCAHO the month after the ACS meeting, she approached a surveyor during the visit. Dahl told him that the UW Hospital pain management effort, led by clinical nurse specialist Debra Gordon, was so outstanding that it should be duplicated across the country.

“This surveyor, who had lost a daughter to breast cancer a few months before, agreed,” Dahl remembers. “He said—and this honestly happened—I’ll have someone call you.” And, bizarrely, someone did call me. That began the dialog with the Joint Commission.”
Bumps along the way

Dahl found an ally at the Joint Commission early in the process. Carole Patterson, then acting director of the standards department, encouraged her to move forward. Dahl asked the commissioners to approve introducing pain assessment into the Joint Commission accreditation standards. Then she got the phone call: They had approved establishing standards, but only for pain at the end of life.

"I was devastated," Dahl says. "And I thought, there goes the whole thing." Patterson, however, advised her to take a risk and proceed with the original plan to write comprehensive standards. That is what Dahl did.

With former hospice nurse Patricia Berry now on board as project director, Dahl—hoping for the best—started the formal process of meeting with the Joint Commission in the fall of 1997. The pain standards proposal had to go through six Professional and Technical Advisory Committees (PTACs), the first of which represented hospitals. Dahl's memory of the first meeting with the hospital PTAC was unforgettable.

"Oh, were they negative," she recalls. Many of the committee members worried about costs. Others didn't want more requirements put on hospitals. One said that hospitals already measured patient satisfaction and the results showed that patients weren't demanding better pain control.

"And I couldn't keep quiet," Dahl says. "I had to say, 'You must understand that research shows that patient satisfaction has no relationship to the quality of care, especially in pain management.' Patients have such low expectations that they don't expect relief."

Her argument did not prevail at that stage; the hospital committee voted not to approve the establishment of pain standards. But one alternate member of the committee passed her a note that said, "Hang in there."

She did, and the other PTACs—including those for home health, long-term care and behavioral health—were all enthusiastic. After the initial resistance, the project moved forward more smoothly with the benefit of strong research evidence that untreated pain is, quite simply, bad for patients.

"It's hard to argue with research evidence," says Berry, herself a former JCAHO surveyor. "Going in to argue it's the right thing to do isn't enough. There are lots of right things to do. The evidence is what really convinced the Joint Commission."

Both Dahl and Berry also give enormous credit to Patterson at the commission. Without her support, knowledge of the system and willingness to press for the cause, the standards likely never would have moved ahead.

After extensive work and many levels of review, the pain standards were ready for final commission approval in June 1999. They were approved and placed on the JCAHO Web site, but concerns about the practical impact on health care organizations persisted. As a result, full implementation was delayed until January of this year. That interim assessment period showed that the standards would not pose an overwhelming burden on accredited organizations.

Four quick questions

"I think we still have a lot of work to do in this regard, though," Dahl acknowledges. "It's very difficult in today's world because physicians are
so burdened with treating very sick patients. For this to be successful, they have to be in an environment where they can rely on their colleagues in nursing, in pharmacy, to help bear the burden. Even so, four quick questions can really get you a long way: 'Do you have pain? Is it mild, moderate or severe? Where is it? Do you know what's causing it?'

Some doctors remain fearful that they or their hospitals will be punished if, for example, they do not fully eliminate a patient's pain. One physician told Dahl about a patient who insisted his pain "rating" (with 10 being the worst pain ever) not go below a 6. The patient wanted to feel "alive" and not to be clouded by opioids.

"Nobody is going to 'ding' a hospital if in fact the patient has made that decision; there's always this kind of trade-off," she points out. But, speaking quickly and forcefully, she adds: "Why do some doctors get into trouble? Because they don't document. Because they throw pills at people and never evaluate whether they make any difference. Those doctors ought to be scrutinized. That's bad medicine."

Now that the standards are in force, Dahl still spends a great deal of time traveling around the country to explain, promote and offer practical guidance on implementing them. Earning the nickname her staff has given her—"the Energizer Bunny"—she travels in her Honda to hospitals in Wisconsin towns like Viroqua, Beaver Dam, and Appleton, and by plane to conferences in Maine, Arizona and Washington state. She averages about 50 trips a year and says it could easily be three times that number.

But her job isn't finished. She's working to get pain management courses into the UW Medical School curriculum, and says with a sigh that the whole managed care industry has to be assessed with regard to pain management policies. The hardest part of her work is finding the money to do it, since what she does isn't hard science and funding agencies often don't support work without a strict research design.

"June meets every definition of a champion of change," says Dr. David Weissman, director of the Palliative Medicine Program at the Medical College of Wisconsin and a frequent collaborator with Dahl. "She has energy, passion, vision and the leadership skills to motivate people."

Typically, Dahl describes her work more modestly. The soft-spoken scientist who grew into an internationally recognized advocate offers some perspective.

Clinicians can get a solid start on assessing pain by asking four quick questions:
• Do you have pain?
• Is it mild, moderate or severe?
• Where is it?
• Do you know what's causing it?
CHANGING THE FACE OF ACADEMIC MEDICINE

Women assume top leadership positions

BY Aaron R. Conklin

When Dr. Susan Skochelak was first appointed in 1995 to her current post as senior associate dean for academic affairs at University of Wisconsin Medical School, she could count on one hand—no, make that one finger—the number of female colleagues near her level of administrative responsibility. There had been one or two before, but at the time, only Dr. Judith Leavitt, then the associate dean for faculty, was a professional peer.

Skochelak may soon need to break out a scorecard. Today, eight women serve as either upper-level deans, center directors, department chairs or section heads at UW Medical School (see page 12 for a full list). While those numbers don’t yet equal the number of men who hold similar positions, they do represent a significant shift in the leadership at the school.

If medicine is still largely considered a male-dominated field, medical-school administration has been even more so. According to figures compiled by the Association of American Medical Colleges, there are only 180 female department chairs in the nation’s 125 medical schools—a paltry 7.5 percent. Women head only seven medical schools; three of them are interim deans. Leaders like Skochelak, who holds the highest-ranking position attained by a woman at the Medical School, have begun to reverse this trend.

With perseverance, outside encouragement and careful career planning, women physicians and scientists have been able to obtain the professional skills and experience needed to assume major leadership positions.

“One of the common characteristics of women in leadership roles at UW Medical School is that they reached their positions through talent, accomplishment and skill.”

As one number grows, so—the theory goes—will the other. “Female medical students will be inclined to want to emulate female role models,” says Farrell. “This has been true for decades for men.”

It certainly wasn’t always this way. Farrell describes the gender bias that existed when he began work as a resident at UW in 1970 as “absolutely pervasive.” The pace of change has been slow in subsequent years, he notes, but change has occurred.

In 1979, Dr. Elizabeth Craig arrived at the medical school to discover that she was the only female in her department. While this carried a number of challenges, it also turned out to be an unexpected advantage: “There was already a growing awareness of the need for gender equity,” Craig recalls. “I got asked to be on every committee under the sun.” Access to a wide range of choices allowed her to pick the assignments that would best help her learn the university system and advance her prospects. Today, she chairs the Department of Biomolecular Chemistry.
More recently, shortly after her appointment as associate dean for faculty, Leavitt began holding a monthly breakfast meeting for a small, but growing, number of women faculty. The women discussed a range of career-related topics, including when to apply for grants and how to become tenured. “It was enormously energizing,” says Leavitt. “It made a big difference for me and my female colleagues.”

Under Farrell’s administration, the Medical School has shown a renewed dedication to promoting gender equity. Several initiatives and work groups have sought to identify and remove gender-related barriers. Equity is a prominent part of the Medical School’s strategic—as well as its recruitment—plan. To the latter end, a representative from the Faculty Equity and Diversity Committee meets with search committees to ensure the application process encourages women and minorities to apply.

Farrell is the first to admit that there is still much work to be done, but he argues that in the last decade the Medical School has turned an important corner. “We’re past the threshold where opportunities are limited for women,” he says. “I believe it’s only a matter of time—particularly with the number of women graduating from medical school—before women are strongly represented in leadership positions.”

Change starts at the top, he says. “Unless the dean or chief executive officer is committed to ensuring gender equity through organizational change, it’s unlikely to happen.” In this respect, Farrell’s track record speaks for itself. From 1995, the year he was first named interim dean, he has appointed all eight of the women who serve in top leadership positions at the school.

One of those women was Skochelak, who began her administrative tenure at the Medical School as the associate dean for primary care. She’s been responsible for major innovations in the school’s recent curriculum revision—nationally recognized primary-care programs, stronger ties between the Medical School and community health providers, and an early clinical experiences program for medical students.

Her journey to the Medical School’s executive row wasn’t always a smooth one. “The reality for me was that at the beginning, there were no leaders who were women,” Skochelak says. “I recognized that if I was going to succeed in leadership, all my mentors were by default going to have to be men.” At the Medical School, she had several: Dr. Eugene Farley, former chair of family medicine, who first recruited her; and Dr. Chuck Loback, former associate dean for academic affairs, who helped her gain support for developing an interdisciplinary primary-care clerkship program. Skochelak praises Farrell for helping her map out a strategy to gain tenure—a key step she nearly overlooked in favor of curriculum development projects.

She credits much of her success to an interdisciplinary approach that was the core of her Robert Wood Johnson Clinical Scholars fellowship program at the University of North Carolina-Chapel Hill. It was there that she first learned the value of broadening her expertise and working with multiple departments to achieve her goals.

FOR BOTH MEN AND WOMEN, being prepared to handle a leadership position requires many things, not the least of which is training and experience. For women at some medical schools, unfortunately, the cart has tended to come before the horse.

“In some places, some women, including myself, are offered positions before they are ready, maybe in the hope that putting women forward would make a well-rounded team,” says Skochelak. “The danger can be that, in the interest of doing that, women are encouraged to move higher in administration than they really are ready to handle at the time.”
Eight women hold top leadership positions at University of Wisconsin Medical School

Dr. Carolyn Bell, associate dean for curriculum

Dr. Elizabeth Craig, chair, Department of Biomolecular Chemistry

Dr. Pamela Douglas, head, Section of Cardiovascular Medicine, Department of Medicine

Dr. Molly Carnes, director, UW Center for Women's Health and Women's Health Research

Dr. Gloria Johnson-Powell, associate dean for faculty and director of the Center for Research on Ethnicity in Medicine

Dr. Judith Leavitt, former chair, Department of the History of Medicine, and former associate dean for faculty

Dr. Susan Goelzer, chair, Department of Anesthesiology

Dr. Susan Skochelak, senior associate dean for academic affairs
To ensure that female faculty are ready when the window of opportunity opens, it's becoming more and more common for those interested in moving into middle- and upper-level management to take advantage of leadership training programs. The Executive Leadership in Academic Medicine (ELAM) is one such program.

In 1996, Skochelak was one of a handful of women who participated in the debut session of ELAM, a groundbreaking national effort sponsored by the Medical College of Pennsylvania. The program was designed to provide mentoring and training to women who were ready to make the leap to top leadership positions, but might not have received such training on their own campuses.

Women must learn the skills to advocate for a program and for themselves, especially around resources they may need. "That's tremendously important."

Networking and strategic planning are a big part of the ELAM experience, as are real-life exercises that teach leadership. Skochelak recalls one that required ELAM participants to return to their respective campuses and introduce themselves to leaders of key administrative sectors—the head of the hospital, the university legal counsel—as a means of learning more about campus and becoming more visible as a potential leader.

"At that point in our careers, many of us hadn't been exposed to these resources," says Skochelak. "And yet, such networking and reaching out provides an important context for the next level."

From the outset, UW Medical School has been a strong ELAM supporter; in fact, Farrell has served on the ELAM advisory board for the past three years. Since Skochelak graduated, the school has sent a representative to ELAM four of the last five years—and each woman has converted the experience into professional advancement, either at UW or elsewhere. Dr. Vanessa Gamble, a former Medical School faculty member who now is vice president of Community and Minority Programs with the Association of American Medical Colleges, followed Skochelak. Dr. Patricia Kokotailo, director of medical student programs in pediatrics at the Medical School, and Dr. Jannette Collins, who serves as assistant dean for graduate education, are also ELAM graduates.

DESPITE THE PROFESSIONAL GAINS women leaders have made at UW Medical School and other medical schools, subtle gender-related obstacles still exist. Deeply ingrained attitudes and behaviors are notoriously difficult to change. Women still are concerned that credit for their ideas and accomplishments may be given to the nearest male, that gender-sensitivity training hasn't filtered down to the small-committee level and that male colleagues continue to network over lunch or racquetball without them. They have had to find ways to deal with a culture and climate that doesn't always encourage their success.

Skochelak likes to illustrate the point with an instructive anecdote that she witnessed early in her career: A man and a woman join a medical school faculty at the same time. The man is told he'll be placed on several committees to heighten his visibility; the woman is told to delay committee appointments and focus on her job. The messages represent two diverging paths.

"You can see that those different messages could be an obstacle—and it was for that woman," says Skochelak. There is, however, a straightforward method she's discovered to minimize the problem. "When those things happened to me, I just didn't listen."

Instead, she focused on developing a detailed plan for the program initiatives she wanted to accomplish; when she was ready to present her proposal to her supervisor, she made sure she was well-prepared. "I don't think as women we always learn the skills to advocate for a program and how to advocate for ourselves, especially around the resources we may need," she says. "That's tremendously important."

Skochelak's determination has obviously paid major dividends, both for her own career and for the Medical School. Not only is she extremely well positioned to shape important initiatives in the school, but she now finds herself able to serve as a mentor to the next generation of female leaders. In blazing that trail, she—and all the other women leaders—are changing the face of academic medicine at UW Medical School.
**GRAND ROUNDS**

**Hospital begins new drug sample program**

In a new program that aims to improve patient safety, reduce record-keeping problems and lower costs, University of Wisconsin Hospital and Clinics has begun a system that lets physicians give patients vouchers for a free trial supply of medication redeemable at any pharmacy.

The hospital's Pharmacy and Therapeutics Committee began looking at medication sampling in 1999, with the creation of a task force to look at the issue. The task force learned that drug companies handed out more than 750 million prescription medication samples the year before, and that keeping track of those samples, especially in large institutions, can be a nightmare.

Beyond record keeping, the liberal use of samples raised other concerns, including the costs to patients and health care providers, says Lee Vermeulen, director of the hospital's Center for Drug Policy and Clinical Economics. Drug companies usually sample the more expensive, newer drugs, he says, and physicians tend to continue prescribing them after they run out, even when less-expensive, established or generic options may be just as effective.

The biggest concern, however, has been patient safety. "With most dispensing of medication, a double check is in place," Vermeulen explains. "Both the physician and the pharmacist have the opportunity to check for drug interactions and allergies and to educate the patient. Sampling is the only situation in which this double check is bypassed—in this situation patients don't interact with their pharmacists."

Working with a company called MedSample, the hospital removed samples from clinic shelves and replaced them with the voucher system. Pharmacies fill the vouchers as they would any prescription, and record-keeping remains the same as for any dispensed medication. Patients still receive free supplies of medications, but the double check is now in place.

"The voucher program is an ideal way to provide sample medications to patients without running up costs," says UW Hospital preventive cardiologist Dr. James Stein, a member of the Pharmacy and Therapeutics Committee. "Physicians still receive industry-sponsored information about proper drug use and the results of recent research trials, but the pressure to use the newest drugs is reduced. Everyone benefits."

**Phone-in service helps with smoking cessation**

This spring the University of Wisconsin Medical School's Center for Tobacco Research and Intervention (CTRI) will begin providing tobacco cessation services to Wisconsin.

**Folkman visits surgery department**

The surgeon who discovered the biological process called angiogenesis, Dr. Judah Folkman of Harvard Medical School, came to UW Hospital and Clinics in January as the fifth annual Folkert O. Belzer Visiting Professor in the Department of Surgery. His discovery—that wound healing and tumor development require the growth of new blood vessels—has opened a new field of investigation pursued by researchers worldwide, including those at UW Comprehensive Cancer Center. The endostatin story, and UW's involvement in it, was featured recently on NOVA.

During his Wisconsin visit, Folkman also gave a Grand Rounds talk on angiogenesis, followed by case and research presentations from UW Medical School general surgery residents.
adults through a toll-free telephone number called the Wisconsin Tobacco Quitline.

"Smoking cessation research cites telephone counseling as effective either by itself or in combination with quitting medications," says Dr. Michael Fiore, CTRI director. "We believe the Quitline will help many people quit smoking for good."

The helpline will provide up to five telephone counseling sessions over a year's period to people who are trying to quit and who indicate they would like to participate. It will also offer referral services to existing programs and clinics, and self-help materials to people who request them. All Quitline services and materials are free.

CTRI and the Wisconsin Control Board have awarded Group Health Cooperative of Puget Sound (Seattle, WA) a contract to supply primary service for the Quitline. Selected from a field of four, Group Health of Puget Sound currently provides tobacco helpline services to the states of Oregon, Montana, Washington, Utah and Minnesota. Funding for the Quitline comes from the Wisconsin Tobacco Control Board and is part of Wisconsin's share of the multi-million dollar settlement with the tobacco industry.

According to 1999 statistics, 23.7 percent of Wisconsin adults—930,000 people—smoke. Over 80 percent of them have indicated they want to quit, and 55.7 percent have quit for one day or more.

For more information about the Wisconsin Tobacco Quitline, call (608) 262-8673.

Cancer center unveils newest weapon

University of Wisconsin Comprehensive Cancer Center recently unveiled the world's first tomotherapy unit, housed in the radiotherapy clinic at UW Hospital and Clinics. Designed to provide faster, more precise radiation treatments with improved outcomes, the device was developed by Dr. T. Rockwell Mackie, UW Medical School professor of medical physics and human oncology.

"We expect that tomotherapy will offer three very significant benefits to cancer patients relative to the type of radiotherapy available today," says Dr. Mineh Mehta, who heads the human oncology department at the cancer center. "First, it will potentially reduce side effects by ensuring that the radiation is considerably more precise. Second, it will allow us to give higher doses of radiotherapy and may allow patients to complete their course of treatment in a shorter period of time. Third, we anticipate that some patients currently ineligible for radiotherapy may now be candidates for treatment because of tomotherapy's enhanced precision."

The system is now in a research evaluation phase and is not commercially available, but clinical trials with patients are expected soon.

Mackie has spent 12 years developing the technology, which delivers hundreds of precisely configured radiation beams in exact doses directly to tumors based on their shape and location. He and his colleagues in the Tomotherapy Research Group and scientists at the UW Physical Sciences Laboratory built a prototype.

Mackie described the new technology to Sue Ann Thompson, former first lady of Wisconsin, at the unveiling.
A department and a discipline develop together

BY DIAN LAND

Last October, UW Medical School’s Department of the History of Medicine observed its golden anniversary, commemorating the occasion with a jubilee celebration. More than a dozen of the world’s top medical historians and ethicists came to honor the department, which, according to a recent survey, ranks number one in North America. The day-and-a-half program consisted of presentations on new research, an exhibit on the department’s history at the Middleton Health Sciences Library, a keynote lecture by distinguished alumnus Dr. Charles E. Rosenberg and a banquet.

Although the department today marks just over 50 years as a leader in the field, it can trace its beginnings back nearly a century. In 1909, UW anatomist Dr. William Snow Miller started a history of medicine club that met regularly in his Madison home. For years, an active group of influential physicians and others with a passion for history gave papers on medical achievements and physicians associated with them at the seminars.

“This approach was typical of the times,” notes Dr. Ronald Numbers, department chair. “Most people who taught and wrote about the history of medicine during the early 20th century adopted the ‘great discoveries and heroic doctors’ theme. As practicing physicians, these amateur, yet serious, historians used their studies and writings to inspire medical students and young physicians, as well as for their own personal growth.”

Building on the growing popularity of this kind of activity in America, Johns Hopkins University created the first fledgling program in the history of medicine, and UW Medical School was quick to follow. In 1947, with funds from the Brittingham Foundation, the school hired its first professor of the history of medicine, Swiss physician Dr. Erwin Ackerknecht. A commanding man steeped in European tradition and politics, he presented lectures, offered courses and worked with students as they prepared the dissertations that were required for medical degrees in those days.

Ackerknecht’s interest in the subject matched that of the school’s dean at the time, Dr. William Middleton. An active member of the William Snow Miller group, he too loved medical history and firmly believed it was important in clinical teaching. In 1950, he established the Department of the History of Medicine at UW Medical School and appointed Ackerknecht chair—a position he held for 10 more years. When Ackerknecht departed, a series of European physicians followed as

Dr. William Snow Miller might be surprised to learn that the history of medicine club he started nearly a century ago helped launch a department and a discipline.
visiting professors, until Dr. Nicholas Mani took over as head of the department from 1965-70. With the arrival of Dr. Guenter Risse, who was chair from 1971-77, a shift began to take place. Although he was a physician, Risse held the view that the field should become more professional, no longer driven solely by the sideline interests of doctors. In the meantime, academics based in university history departments were discovering medical history and began producing a new breed of medical historian.

By the time Numbers took charge of the department for the first time in 1977, a sea change had occurred. “The standards for completing doctoral degrees had become very difficult, demanding a commitment of time and energy that most physicians simply could not make,” he says. “For a while we saw some people getting both degrees, but the investment was too much.”

**Ethicists join historians**

Beginning in 1973, the Department of the History of Medicine became home to the Program in Medical Ethics, one of the first interdisciplinary bioethics programs established in a medical school. Faculty members are active in teaching UW medical, law and philosophy students. Eminent ethicists, they serve on national commissions and boards, making recommendations on issues such as use of fetal tissue in research, new reproductive technologies, brain death and organ transplantation, and access and rationing in health care.

The scope of the field was also changing. “It moved from concentrating on the contributions of great doctors to an interest in understanding the more mundane activities that were taking place in medical practice,” Numbers says. “Historians began studying ordinary doctors and their patients.”

Over the years, the discipline has broadened even more, and current and former faculty members in the UW department have contributed significantly to this branching out. Dr. Judith Leavitt, chair from 1981-93, concentrates on women’s health. Dr. Harold Cook, chair from 1993-99 and current head of the Wellcome Trust Centre for the History of Medicine at University College in London, studies European medicine of the 17th and 18th centuries. Dr. Vanessa Northington Gamble, now a leader in the Association for American Medical Colleges, is interested in race in medicine. And Numbers specializes in religion and medicine as well as the history of American medicine in general.

The results of their research—publication of well over two dozen books—have placed the faculty among the most productive and respected group of scholars in medical history. Their stature as researchers has led them, in turn, to the top leadership positions in organizations such as the American Association for the History of Medicine and the History of Science Society.

The department is equally committed to academic excellence. Training of graduate students began in the 1970s, and presently an average of 30 students are involved in M. A. and Ph.D. studies, making UW one of the largest graduate programs in the country. More doctoral dissertations produced at Wisconsin become published as books than in any other North American program.

William Snow Miller would be gratified to know that the club he founded 92 years ago continues to meet in Madison, drawing casual medical history buffs and professionals alike. He might be surprised to learn that those first meetings he hosted helped launch a department and a discipline.
Dr. Gloria Johnson-Powell brings her work to Wisconsin

By Dian Land

Dr. Gloria Johnson-Powell, a nationally known child psychiatrist who has spent her career addressing factors that affect the psychological and emotional development of minority children, recently joined University of Wisconsin Medical School as director of the Center for Research on Ethnicity in Medicine. Formerly on the faculty at Harvard Medical School, she will also serve as UW Medical School's associate dean for faculty, concentrating on the hiring of women and minorities.

Johnson-Powell believes her new responsibilities will overlap significantly. "I feel the best way to increase cultural diversity at this medical school is to attract more minority faculty by further developing this unique center, which says to the world that we are deeply interested in minority health issues," she says. She fully expects activities at the center and information from research conducted there will spill over into UW classrooms to broaden perspectives of students and faculty alike.

The center was created five years ago by Dr. Vanessa Northington Gamble, who left UW Medical School to become vice president of Community and Minority Programs at the Association of American Medical Colleges.

"When I heard about the center needing a new director, I thought 'Ahaa, this would be a wonderful opportunity to apply everything I've been doing all my life—public health experience in Africa, working with minority children and families, teaching cultural competency,"' Johnson-Powell explains enthusiastically.

In a quieter tone she adds, "I also saw this as an exciting way to do what Dr. Martin Luther King wanted me to do. He told me many years ago to stay in school, because one day I was going to be needed. I've always been trying to figure out how to live up to that."

Johnson-Powell first met King during her student days at Meharry Medical College in the late 1950s and 60s. She grew up in Boston, where she attended the Girls' Latin School, then went to college at Mount Holyoke. Her consistently stellar academic record earned her full scholarships for college and medical school. She chose Meharry in Nashville because she had never been to the South or an all-black setting. When she got there, she was appalled by the segregation. Unlike her Southern classmates, who had adapted to the pervasive restrictions, she wasn't sure she could stand the intolerance. She had encountered racism in New England, but only sporadically. With the help of a supportive professor and his wife, however, she decided to continue at Meharry.

But during the next three years, as she completed her studies, she was swept up in something even bigger than medical school—the beginnings of the Civil Rights movement. Nashville was the center of the student sit-ins, the protests at lunch counters, department stores, restaurants, movie houses and churches that had always denied blacks access. Armed with the principles of non-violence, the backing of groups such as the Southern Christian Leadership Conference and the encouragement of King, Johnson-Powell and seven other college students—and growing ranks of others—endured verbal taunts, physical abuse and jail as they publicly and personally protested racism. A history of the Nashville sit-ins has been documented in David Halberstam's book, The Children, which is what King called the young activists.

As the movement gained momentum, with...
freedom rides on restricted interstate buses, marches into segregated churches and rallies in front of resistant mayors’ offices taking off across the South, Johnson-Powell and her new husband, fellow medical student Rodney Powell, planned on postponing medical school in favor of continuing their commitment to social justice.

“But when we told Dr. King about our plans, he was adamant that we stay in school and become physicians,” she says, adding that King encouraged her specifically to follow through on her life-long desire to be a child psychiatrist.

Following medical school in the mid-1960s, when her husband accepted an assignment as physician to Peace Corps volunteers in Ethiopia, Johnson-Powell served as staff physician at two hospitals in Addis Ababa. The couple and their three children also spent two years in Tanzania. Living in Africa was politically and socially extraordinary in many ways, she says, but one of the most devastating clinical experiences was seeing thousands of children suffering from severe malnutrition and infections for whom no penicillin or glucose was available.

Soon after returning to the U.S., the Powells separated, and Johnson-Powell concentrated on her career in child psychiatry at the University of California-Los Angeles, where she spent 15 years. Always interested in helping poor inner-city children, she created and directed a pediatric psychiatry out-patient program. In her research and clinical practice, she focused on the formative effect culture can have on the development of children. She taught her staff how to perform culturally sensitive psychological assessments of children. Her book, The Psycho-Social Development of Minority Group Children, published in 1983, was the first textbook written on the subject, and in 1997, she co-edited Transcultural Child Development.

Her first book, Black Monday’s Children, was about the first children to be integrated in Southern schools, a research project she had started at Meharry. As a national expert on segregation, she has helped 30 schools work through the desegregation process.

In the 1980s Johnson-Powell broadened the scope of her work, expanding into ways to conduct evaluations to determine if very young children have been sexually abused. She began a sexual evaluation training program for health care professionals, which she adapted for attorneys, and co-authored The Lasting Effects of Sexual Child Abuse.

At Harvard Medical School, Johnson-Powell was professor of child psychiatry and senior advisor for the Judge Baker Children’s Center, which provided psychiatric care to inner-city children in Boston.

At Wisconsin, Johnson-Powell hopes to diversify the membership base of the center by inviting people from a variety of disciplines—sociologists, lawyers, clergy as well as all health care professionals—to participate. Her goal is also to expand the focus of the center by urging people to think broadly about ethnicity. “In the next few decades, with the continued influx into America of people from all over the world, ethnic lines will be more blurred,” she says. “To be most effective, we will need to have this new-world perspective reflected in what we do here at this center.”
A career in international public health takes him off the beaten track

BY DIAN LAND

Even before he began medical school, Donald Whitson's interests took him off the beaten path. Beginning with small clinics in rural Wisconsin during his university days, his medical career has since taken him to cities, towns and villages throughout Latin America and Africa. As an international public health physician, his destination may be far afield, but his goal is always the same: to assist people who do not have access to health care services many others in the world may take for granted.

For the past 13 years, Whitson has directed an array of primary health care programs through a non-profit organization called Fundação Esperança ("Foundation of Hope") in and around Santarém, Brazil. His adopted hometown is located on a large river that joins the Amazon a three-day boat ride downstream from Belem. Somewhat larger than Madison, it has the rough feel of an "Old West" frontier town, he says. Few streets are paved, electricity was not available until recently and the water supply is unpredictable. The median income wage is about $180 per month, and many people cannot find work.

The health care infrastructure is equally poor. Some 75 doctors care for the one million-and-a-half people inhabiting the region. Only 250 hospital beds exist, and there are no intensive care units or even respirators. "The public health system has done a reasonable job of taming the endemic tropic diseases, in spite of scarce resources," Whitson reports by e-mail (he can be reached at fesperan@ax.apc.org). "But cutaneous leishmaniasis, leprosy and tuberculosis are common, and intestinal parasites are the rule rather than the exception."

Nonetheless, he finds much beauty in Amazonia, where he lives with his dog, cat and green macaw. The white sandy beaches on the banks of the clear, wide Tapajós River that runs by town rival those of the Caribbean. And the white wooden riverboats that serve as the main source of transportation, carrying passengers and cargo throughout the road-free region, are a beautiful sight as they pull out in the evening, he says.

Twenty-five years ago, Whitson's life was very different, but a clear hint of a theme was already developing. The summer after graduating from University of Wisconsin-Madison and before entering UW Medical School, he worked at a clinic for migrant farm workers near Beaver Dam, WI, helping physicians and serving as their translator. He began studying Spanish in seventh grade and continued through high school in Sheboygan, WI.

"I really enjoyed driving around rural Wisconsin visiting migrant camps, looking for people who needed help and informing them about the services we offered at the clinic," he remembers of the job he returned to for two summers during medical school. "This confirmed my interest in international health and in helping those without access to good health care."

He was happy to discover that the medical school offered senior students a variety of rotations. He took advantage of the flexibility and did an elective at a public health clinic on the Mexican border in Texas, a tropical medicine
rotation at the University of Puerto Rico and a reading course on issues in international health. “All of these were important in my decision to work in international health.”

He had also found his rotation in pediatrics at Gundersen Clinic in La Crosse, WI, to be the most memorable, so for his internship and residency he chose a small, selective pediatrics program at Harbor/UCLA Medical Center. The public hospital offered patients with a spectrum of problems as well as abundant opportunities to speak Spanish. After residency, he earned a master’s degree in public health (MPH) from UCLA.

Following a vacation in Brazil, Whitson knew that he wanted to live and work there, so he began studying Portuguese and looking for an international organization that might hire an eager new MPH with no overseas experience. He stumbled upon the Arizona-based Esperança, which had been created by Milwaukee physician-priest Luke Tupper. Before landing his current job in Brazil, he spent 1986–88 in Bolivia, and has traveled extensively as an Esperança consultant since then.

Today in Santarém, Whitson spends two half-days each week in an ambulatory clinic, where he sees referred pediatric patients with a huge variety of disorders. But the bulk of his time goes to overseeing the programs he designed and for which he acquired funding and technical support. “A Child’s Life” aims to reduce infant mortality in the poorest urban neighborhoods. Through mass media and training of community health workers who go door to door, the program encourages healthy behaviors, family planning and basic hygiene. For “The Well Program,” Esperança drills some 150 wells each year for families living where access to water is a problem.

Teams of health professionals involved in the “Quilombo Project” travel monthly by boat to isolated rural villages to provide preventive care, immunizations and AIDS prevention information. The “Women’s Health Program” offers clinic-based family planning services, cervical cancer prevention and management of menopause symptoms.

Working closely with a large vocational training school, the “Adolescent Health Program” emphasizes prevention of unwanted pregnancies and sexually transmitted diseases among teenagers. Nearly 1,000 patients participate in the “Diabetic Program,” which provides low-cost, neighborhood-based glucose testing and prevention services. And the “Children’s Center” gives low-cost quality care to nearly 1,000 children under eight as well as basic nursing care to walk-in patients from all over Santarém.

Every year Whitson has a chance to interact with many of the approximately 50 American volunteers who travel to Santarém to offer clinical, surgical and dental services in Esperança clinics. “Volunteers form an important part of our work, providing needed services and helping keep costs down, and also giving locals working in this isolated region some professional interchange and continuing education,” he says. Most volunteers stay for a month, some as short as a week, in Esperança’s comfortable dormitory, where food and laundry service is supplied as well as translation and support services. Assistance in obtaining visas is also available.

“Helping people who are vulnerable is fantastic, tremendously gratifying,” says Whitson of his job. “The challenge of designing sustainable, low-cost, quality interventions on a scale that will make a difference to a large number of people is really exciting, especially when we can measure concrete results—and we can.”
Executive Director's Message

GREETINGS!
I am honored to serve as executive director of your Wisconsin Medical Alumni Association (WMAA). Since I began this position on November 1, 2000, I've been given many opportunities and have faced many challenges. I have met many wonderful alumni and students, and I look forward to each workday. Now, down to business...

The Strategic Plan
When you read the article about the WMAA's strategic plan (on page 27), you'll see the commitment of the strategic planning committee shine through. These are all busy physicians like yourselves who volunteer their time on the committee. Like me, they want to improve the WMAA for its members—you! The plan is culled from many discussions with these dedicated members. We had a good time, while doing serious work. We discussed WMAA strengths, weaknesses and opportunities, as well as threats to the organization. This helped me, as a newcomer, understand the WMAA and the need for this strategic plan. The WMAA strategic plan will be our road map for the future. Our goals are divided into four categories, as described in the article on page 27.

My personal first-year wish list for the WMAA, which supports the strategic plan, is as follows:
- The WMAA will creatively use technology to communicate with alumni.
- The WMAA will increase student participation in all of our events/programs.
- The events sponsored by the WMAA will meet the needs and interests of alumni.
- We will identify leaders from the recent graduating classes.
- We will work successfully with class representatives to engage their classmates in WMAA involvement.

Alumni Weekend
We have developed an exciting agenda for alumni weekend. I hope you are able to attend the events outlined on page 30. Madison is so beautiful in the springtime, and there is so much to catch up on. We have the beautiful Frank Lloyd Wright-designed Monona Terrace Convention Center on Lake Monona and a new state-of-the-art athletic facility, the Kohl Center, not to mention the unbeatable view from the Memorial Union.

Twelve classes with graduating years spanning 1941-96 will be holding five- or 10-year reunions. Your class representatives are hard at work, and some of them are profiled on page 26. Contact my office or your class representative for information about your class reunion.

Alumni Directory
Are you wondering what happened to your classmates? A new edition of the UW Medical Alumni Directory will be published in 2002. It will feature more than 11,000 Medical School alumni. Soon you will receive a questionnaire and an opportunity to purchase this directory from Publishing Concepts, LP. Please take a few minutes to review the accuracy of the listings in the questionnaire and provide additional data where appropriate. The directory will list all Medical School alumni in four easy-to-use reference sections (alphabetical, geographical, class year and medical specialty). I hope this new edition will help you expand your personal and professional networks, and reconnect you with other graduates.

Please feel free to contact me at any time with your ideas, issues or concerns. I am an avid user of electronic mail. You can reach me at kspeters@facstaff.wisc.edu, (608) 263-4913, or write Karen S. Peterson, Executive Director, Wisconsin Medical Alumni Association, 4245 Medical Sciences Center, 1300 University Avenue, Madison, WI 53706-1532. I look forward to hearing from you, and I hope to meet you at an upcoming event.
Leadership in organized medicine

My introduction to the State Medical Society (SMS) of Wisconsin occurred during my senior year at UW Medical School. During the spring semester I spent six weeks each with two family practice preceptors. While I was working and studying with Dr. Gerald Derus, the annual meeting of the SMS took place in Milwaukee. Jerry was an active member, so he invited me to spend a day at the meeting, attending various activities. It left a very positive impression on me.

In spite of Jerry's encouragement, I believe there wasn't as much effort in those days to interest students and residents in organized medicine as now. Medicine has changed in many ways since the early 70s. One important change is that students and young physicians are being asked to help determine the future of medicine, and they are being supported in their efforts. Their perspective has more idealism, but it is also more tuned-in to the electronic age and the rapidly changing ways of caring for our patients.

After I began working as a pediatrician, I joined the American Medical Association, State Medical Society and Dane County Medical Society—it was an “all or none” package then. Within a few years I was asked to become an alternate delegate for Dane County to the annual SMS meeting. Soon I became a full delegate. I found it exciting to get involved in projects to better the health of patients and improve the working environment for physicians.

I was able to offer some ideas—at times new and unusual ones—arising from my experiences and perspective as a physician who also was a woman and a single parent. It's been fun to see some ideas that were rejected initially come back to be accepted. One idea I presented early to the SMS as a resolution at the annual meeting was to combine two memberships into one if a husband and wife were physicians. I had talked to women who didn't belong because their husbands were members and it was "too expensive" for both to pay for membership. My plan was to make the fee for couples less than the fee for two separate members and to send just one copy of the various publications and notifications to that one membership unit. It didn't sail at first, but did later.

When I became active in the SMS, the number of women in medicine had begun to increase. My UW Medical School class, Class of '70, had 13 women—the largest number up to that time. The increase in numbers was also reflected in other women becoming active at the county and state levels.

I was fortunate to become acquainted with a group at the state level. It included Dr. Patricia Stuff, the first women to become speaker of the House of Delegates of the SMS. I was the second—the only other woman to date. It also included Dr. Pauline Jackson, the first woman president of the SMS. Dr. Marcia Richards, also a member of the Class of '70, was the second woman president.

Being active meant involvement on committees, and that meant being observed by the membership and gaining some support. I became more involved in leadership. A male colleague asked me to tell him if and when I planned to run for SMS president so that he could give me his support. I had not considered the idea until then, but it began building in my thoughts. When I finally made the decision, it seemed to be the right moment for me—and the right organization.

As president of the SMS, I was as involved in as many activities in the organization as possible, and I took the “message” of the society to as many physicians around the state as I could. I believe those goals were appreciated and gave me credibility as a leader.

Young physicians interested in the future of medicine should recognize and seek the support and encouragement others might offer you to be an active member of organized medicine. Once you are involved, I believe that dealing with the issues is the best approach. Given the opportunity to become a part of the leadership, you can succeed if you choose to stay involved.
**Class Notes**

**1935**

Ken Seifert explains that the best way to stay healthy is to exercise both the body and the brain. At age 90, he follows his own solid advice by going for brisk walks, working out at a natatorium on alternate days and playing golf—he has just bought a new set of clubs, by the way. Now living in the Village, a planned resort community in Hot Springs, AR, he continues to travel with fellows from the American Board of Surgeons and just recently has returned from a trip to China. His medical career began with a surgical practice in Madison in 1935, and in 2001, he continues to offer, by example, suggestions for a healthful lifestyle.

**1941**

Living in Chapel Hill, NC, Clayton E. Wheeler, Jr., remains active as professor and chair emeritus of the dermatology department at the University of North Carolina School of Medicine. He continues to pursue his lifetime career in academic dermatology: teaching students and residents, seeing a limited number of patients and, occasionally, participating in a clinical study. He says, “I can think of no career I would have enjoyed more.”

**1944**

On January 9, 2001, the Community Health Center of Lubbock and Texas Tech University Health Sciences Center celebrated the grand opening of the John A. Bueseler Eye Clinic, established for its honoree, John A. Bueseler. He also was given the Emeritus Distinction Award, which named him the founding dean and vice president for health affairs and health sciences. This award was made on the occasion of Texas Tech Health Sciences University graduating its 2000th physician on May 19, 2000.

**1950**

George L. Voelz was awarded the 2000 Distinguished Scientific Achievement Award at the 45th annual meeting of the Health Physics Society in Denver, CO, in June 2000. As a scientist and physician, he has garnered accolades for participating on scientific committees, serving as consultant and expert witness in radiation litigation cases, acting as journal editorial advisor and serving his community. A highlight of his career has been his involvement in the epidemiological follow-up of the original Manhattan District plutonium workers at Los Alamos, NM, which has provided significant information on the human health effects of exposure to plutonium. He currently is serving as occupational medicine consultant for the Los Alamos National Laboratory. Most recently, he has participated on a committee of the International Agency for Research on Cancer (IARC), which is preparing a monograph on the carcinogenicity of internally deposited radionuclides.

**1951**

“I used to be a steeplejack and climb forests in the sky. Now I am a teacher with a long grey beard…” is the poetic verse of Laurence Giles, a 76-year-old retired Madison physician who writes poetry almost daily. He became a physician when his experiences as a medic during World War II catapulted him into medical school. As a resident at the University of California-San Francisco, he was encouraged to write poetry by the renowned physician-poet, William Carlos Williams. His service to the Madison community through medicine, fused with published verse sharing his love of life, has been a gift to the Madison community.

**1970**

After spending her entire medical career at the Henry Ford Hospital in Detroit, MI, primarily focusing on patient care and teaching dermatology residents, Margaret Douglass took an early retirement in mid-March 2000. Highlights of her career at Henry Ford Hospital were serving as program director for dermatology residents since 1998 and as president of the Michigan Dermatological Society, 1984–85. Post-retirement plans include tennis, gardening, getting together with friends and reading, “all the pleasures in life our careers rob from us.”

**1976**

Donn D. Fuhrmann practices family medicine in New London, WI. He serves as chairman and past president of the Wisconsin Academy of Family Physicians. He enjoys hunting, fishing, and politics, an interest undoubtedly enhanced by the 2000 presidential campaign. He takes great pride in his five children and three grandchildren.

William A. Gahl and wife Mary live in Kensington, MD. He conducts clinical research at the National Institutes of Health and continues to study metabolic disorders and cell biology in treating abandoned populations. His hobbies include softball and volunteering as a high school wrestling coach.

Leaving private practice in 1998, David Goetz is currently director of orthopedic trauma at a level-one trauma center in the Greenville, SC, area and is established as an associate professor of orthopedics at the University of South Carolina in Columbia. His hobbies include golf and woodworking.

Thomas A. Lingen lives in Cumberland, WI, where he is a senior member of a four-partner, independent family practice. His activities include running marathons (personal best: 3:07), raising llamas (currently 17) and riding his Harley Davidson with his wife. He considers himself blessed to have survived the total loss of his home in 1989 to fire and, on a lighter note, to have survived five daughters in college all at the same time.

Suzanne Stanley Toce is professor of pediatrics at St. Louis University and practices hospital-based neonatology at Cardinal Glennon Children’s Hospital in St. Louis, MO, where she heads the “PATHS” (Pediatric Approach to Hospital Support) project. She also serves as medical director of the neonatal ICU at St. Mary’s Hospital in Blue Springs, MO. When finding time for relaxation, she and husband Joseph enjoy spending time in Cuba, MO, the “foothills to the Ozarks.”

**1980**

Moving back to Madison after living in Milwaukee and Minneapolis, Julie A. Jagemann enjoys having Lake Mendota “just beyond her yard.” Practicing internal medicine/college health, she works for UW-Madison
University Health Service. Her community involvement includes historic preservation, while her hobbies include home renovation and gardening.

1981

Juanita Halls lives in Monona, WI, with husband Doug and their two children, Andrea and Ben. She practices general internal medicine at UW Hospital and Clinics and enjoys the opportunity to teach medical students and residents. She serves as clinical service chief of the UW Section of General Internal Medicine. Her hobbies are boating, water skiing and downhill skiing.

Susan Nondahl (Porter), who lives in Middleton, WI, enjoys a private practice in pediatrics affiliated with Associated Physicians. She and husband Dave, who works as a statistician for the UW-Madison Department of Ophthalmology, are parents of twins Eric and Tiffany. Susan’s activities include gardening, camping, swimming and learning Spanish.

James A. Raczek lives in Bangor, ME, and specializes in family practice. He currently is chair of the Department of Family Practice of Eastern Maine Medical Center (EMMC); a part-time faculty member in the EMMC family practice residency program; vice president of the EMMC medical staff; and patient care administrator of the EMMC pharmacy department and the diabetes, endocrine and nutrition department. His hobbies are racquetball, running and golf.

Currently living in Carlsbad, CA, James Sinclair practices hematology/oncology in his roles as chief of staff at Scripps Memorial Hospital in Encinitas, CA, and medical director at Vitas Hospice in San Diego. Year 2001 has become a benchmark year for him: his wife completed law school and son Colin, the oldest of three children, graduated from high school.

Jami Walloch currently practices pathology/cytopathology. His affiliations include Midwest Diagnostic Pathologists, Inc., and Christ Hospital and Medical Center in Oak Lawn, IL. Recently married in spring 2001, he contemplates the family dynamic: two boys from his previous marriage plus two girls from wife Carolyn’s previous marriage translates into “a retro TV sitcom.”

1985

Residing in Minneapolis, MN, David J. Rhude is an assistant professor of medicine and director of rheumatology training at the Hennepin County Medical Center. He also serves as an advisor to the University of Minnesota Wilderness Medical Society student group. He was team physician to the 1990 International New Zealand Everest Expedition (six summiters). In the 1990 American Pamir Expedition, he served not only as team physician, but also participated as a climber. After undergoing five knee operations, which “slowed things down a bit,” he is now “mostly” a retired climber/runner. His hobbies include watching Badger sports!

1990

Sheri A. Morris of El Granada, CA, practices internal medicine at Kaiser Permanente in San Francisco. Admitting that she could not stay away from school for too long a time, she enrolled in classes to study acupuncture. Her hobbies include cycling, hiking, music and sharing quality time with her dog, Sierra.

1991

Mary McSweeney, anesthesiologist, was part of a Children’s HeartLink volunteer medical team that traveled to India, February 16–March 3, 2001, to provide surgery for children with heart disease. The team—led by Dr. Dan Cohen, pediatric cardiac surgeon at UW Children’s Hospital, and including colleague Dr. Greg Hollman, a pediatric intensivist who did his residency at UW-Madison—visited Madras Medical Mission, a prominent hospital and training center in Chennai (formerly Madras), India. The HeartLink team’s mission was to supplement the efforts of the Madras surgical team by performing up to 30 surgeries on needy children and to provide education and training for the Indian medical teams, particularly in the area of intensive care nursing and perfusion.

1992

Anne Fabiny of Brookline, MA, was awarded a five-year geriatric academic career award by the Health Services Research Administration, Department of Health and Human Services, in September 1999. In December 2000, she became director of the Fellowship in Geriatric Medicine at Harvard Medical School.

1995

Eric T. Boie lives with spouse Jennifer A. Lisowe in Pine Island, MN. He practices emergency medicine in his role as assistant residency director of the Mayo Emergency Medicine Residency Program and staff emergency physician at Saint Marys Hospital–Mayo in Rochester, MN.
Meet your class representatives

You may regularly get notices from your class representatives, and you may have memories of them from those years of shared experiences at UW Medical School. But what are they up to lately? What's new in their professional and personal lives? What are the things that keep them in touch with the school? With this issue of the Quarterly, we begin a new section that brings you up to date on your class representatives.

Like all of us, class representatives are busy people. But they've set aside time to work for the Wisconsin Medical Alumni Association (WMAA), doing what they can to stay connected with the school and their classmates. We tracked down a few of them to help you catch up before reunion time. Your class representatives want to hear from you. They encourage you to participate as much as you can in WMAA.

Diane C. Bohlman
Class of 1956

Type of practice: Anesthesia at the Middleton Veterans Administration Hospital in Madison.

Fondest memories of UW Medical School: The bake sale that the women had on Alumni Day to raise money for Helen Taussig's lecture (the pathologist who identified pediatric cardiac lesions). Cakes were made in the shape of organs.

Hobbies/Interests: Sewing, gardening and taking care of pets.

Other news: I'm retiring from my anesthesia practice in June.

Faculty member remembered most, and why: Dr. George Rowe. He was supportive of students and created such an excitement about discoveries and observations in the catheterization lab, which was just opening its doors for the first open-heart surgical cases. He followed his patients and checked that what he saw in the cath lab was what the surgeons saw.

Message to my classmates: Come and see Madison in 2001 and learn about the new Health Sciences Learning Center being planned for the new millennium.

Plans for a reunion: Please join our class at the beautiful Monona Terrace on Saturday evening, May 12, for our class reunion. Call WMAA for additional information at (608) 263-4915.

Kenneth H. Oberheu
Class of 1961

Type of practice: I am a cardiovascular and thoracic surgeon. I started the open-heart program at Miami Valley Hospital in Dayton, OH, in 1968.

Fondest memories of UW Medical School: Those times spent at the Phi Chi house and the camaraderie of my classmates.

Hobbies/Interests: Yard work and growing roses and dahlias. I also do some plate collecting.

Faculty member remembered most, and why: Dr. Joseph Lawlich (pathology), who always piqued my interest in looking for that third coronary artery.

Message to my classmates: Please consider joining our class for a reunion dinner on Saturday, May 12, at the Maple Bluff County Club. If you need any further information, please do not hesitate to call me at (941) 463-0373. Email: ken5340@aol.com

Marc Williams
Class of 1981

Type of practice: Clinical genetics (40%); associate medical director, Gundersen Lutheran Health Plan (60%).

Fondest memories of UW Medical School: 1. Falling in love and marrying my wife (23 years together this year); 2. Gordon Koltis' balloon animals; 3. Watching Jay Veenendaal being dragged through the grass by the entire sophomore class, while tied to a tug-of-war rope during field day.

Hobbies/Interests: I sing in the LaCrosse Chamber Chorale and play trombone in the City Band and the LaCrosse Trombone ensemble. I collect ceramics and works on paper and travel.

Other news: I'm chair of the Economics Committee of the American College of Medical Genetics and a WMAA board member. Our daughter, Alyson, graduates from high school this year and will attend UW-Madison. Christiana is a freshman in high school. My wife, Janet, works as genetic counselor and is very involved in church activities.

Faculty member remembered most, and why: Too many good ones to limit to one! Dr. Jim Patterson was one of the most effective teachers I've ever encountered. Others were Drs. Norm Jensen, Richard Friedman and Warren Olson, all of whom were willing to give a naive and occasionally headstrong Med III more responsibility than he likely deserved. Dr. Hans Sollinger; Dr. Don Detmer and last, but not least, Dr. George Bush (anesthesiologist), my personal friend and mentor in so many things—medical and non-medical.

Message to my classmates: Hope you all are happy and healthy. I think about many of you often. I hope that, in one way or another, all of you are sharing your many and varied gifts with others.

Plans for reunion: Please join our class at the new Holiday Inn on Saturday, May 12. Please contact WMAA for more information, (608) 263-4915. You can also contact me via email: mwilliam@gundluth.org

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Alumni Association Creates
"A Plan for Our Future"

The newly approved strategic plan for the Wisconsin Medical Alumni Association (WMAA) will help pave the way for increased benefits and services for alumni. The plan was created by Executive Director Karen Peterson, in conjunction with the strategic planning committee, and was approved by the WMAA Board of Directors in February.

"The plan gives us the road map we need to reach our goals," says Peterson. "WMAA has a diverse membership, and the aim is to develop programming and services that can meet each member's needs." WMAA serves graduates of UW Medical School and UW Hospital residency programs, students, and current and former faculty.

The plan will also increase synergism, says Dean Philip Farrell. "I'm excited that the WMAA strategic plan has been developed collaboratively to advance the Medical School and its outstanding alumni association in an integrated fashion," he says. "The WMAA will focus its efforts on strategic priorities and will be even more effective and collegial in the future."

Dr. Harvey Wichman, (class of '65) president of WMAA, participated in creating the strategic plan. "The timing for this plan was perfect," says Wichman. "We were looking for a common direction, and this document defines a clear-cut relationship between the Medical School, the Alumni Association and the UW Foundation. It will be helpful because we developed four main goals—and so everything we pursue must fit into these goals in a positive way."

WMAA has three core functions: "Communications" serves the association with the Quarterly magazine, correspondence and a Website. "Events" encompasses reunions, Alumni Weekend and Homecoming, and honors and awards. "Student initiatives" helps students with loan programs and scholarships, and promotes activities such as the Dean's Cup, "TGIFs" and community projects.

Through the strategic plan, WMAA plans to improve communication, participation, the school's physical facility and financial support in the following ways:

Communication. WMAA plans to increase the quantity and improve the quality of communications with all constituents. A major effort related to this goal is to strengthen the role of class representatives and provide job descriptions for them. WMAA will also restructure its editorial board for the Quarterly to ensure better alumni representation and participation in the magazine. WMAA will hold more events and programs in areas where the census of alumni is highly concentrated. In addition, the use of the Website for global communications will be increased.

Participation. WMAA will survey the membership to determine what types of programs and services are most important. Continuing medical education offerings, specialty updates and other educational opportunities will be increased based on the survey results.

Current students and their participation will also be targeted by the strategic plan, and the WMAA will increase collaborative efforts with the students. The goal is to have at least 50 percent of members participating in events.

Facilities. WMAA will be housed in the new Health Sciences Learning Center (HSLC) in Fall 2003. A welcome area will be developed that will include class photos, historic memorabilia and an awards area to honor recipients. The HSLC will be used for events when appropriate. The $2.5 million fundraising goal to support Alumni Hall in the HSLC has almost been met.

Financial Support. All student and Medical School programs need appropriate financial support, and WMAA will help by spearheading a fundraising campaign. The goal will be to double the number of alumni who contribute to the school.

Overall, the goal of the strategic plan is to create an environment for professional relations among peers, opportunities for education and referrals, and a cohesive group of students, graduates and faculty to lead us through the beginning of the next century.

The WMAA thanks the members of the strategic planning committee for their participation: Dr. Kathryn Budzak, Dr. Robert Jaeger, Dr. Christopher Larson (chair), Dr. David Riese, Dr. Robert Schilling, Dr. Harvey Wichman, Dr. Bry Wyman, Dr. Marc Williams, Dean Philip Farrell, Kathleen O'Toole and Karen Peterson.

David Henningsen
Class of 1991

Type of practice: Family practice in hometown of Rice Lake, WI, a multispecialty satellite of Marshfield Clinic.

Fondest memory of UW Medical School: Relay races at Medical School picnics, third-year skits, cardiovascular surgery rotation.

Hobbies: Wakeboarding, skiing, hunting, wrestling with kids—Luke (8), Sam (6) and Becky (3)

Other news: I was recently dismayed to learn that I meet all the criteria for a Bush Foundation Grant for a "mid-career rejuvenation."

Faculty member remembered most, and why: Dr. Ed Bursu (anatomy), who allowed me to study in his lab/office my second year (in exchange for my advice on difficult anatomy problems).

Message to my classmates: I'm really hoping we can raise enough cash to make a generous contribution to the new Alumni Hall. (If you haven't heard about it, call me; we'll talk.) 234-6157 or e-mail: hennindg@mfldclin.edu

Plans for reunion: Please contact the WMAA at (608) 263-4915 for details about our class reunion plans.

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Class mentor introduces music, musings and “soul food”
By Dian Land

Once or twice a month this year, a foreign sound has emanated from UW Medical School’s Alumni Hall during the lunch hour—live music. Dr. William Scheckler, mentor to the class of 2004, organized the informal “Brown Bag Music Lunches” as one way for students to find a respite from the rigors of medical school.

“During students’ first days of orientation to UW Medical School, we urge them to strive for a degree of balance in their lives, including trying to incorporate physical and intellectual activities not related to their studies,” says Scheckler, a professor of family medicine. “The music lunches offer something a bit different—a chance for them to informally get together and relax and share their talents.”

Some students have been too shy to perform, but others haven’t hesitated to sing or play guitar, violin, piano or drums.

“It’s a great opportunity to see a different side of classmates,” says Greg Gniepentreig, who was a piano performance major as an undergraduate at UW—Madison. He adds that the chance to play keeps him motivated to squeeze in a little practice time now and then. He played a Beethoven sonata for the group that assembled one noon last fall.

One of only two or three in the country, the Medical School’s 15-year-old mentor program appoints a veteran physician to each entering class to serve generally as a resource for the first-year medical students, following them until graduation four years later. With an assignment to “go through medical school again,” mentors attend lectures and participate in laboratories. They also impart practical advice and share perspectives they’ve gained from their years of experience. They’re encouraged to try any strategies they think might foster connections with the students.

In addition to spending most mornings with the students, Scheckler writes “Mentor Musings,” a weekly e-mail to the class. In them he offers thoughts on topics such as dealing with uncertainty and the value of networking.

“The thing that seems to work best is what we call ‘soul food,’” says Scheckler. “At the dinners my wife and I host for small groups of the students, we ask them to share feelings about what keeps them going, what’s meaningful to them, what feeds their souls.”

He says the personal outpourings have been remarkable, and many students agree.

“Sharing our ‘soul food’ really helped me to remember the aspects of myself that have been tucked away since the start of medical school,” wrote Ember Ewings in a thank-you note to the Schecklers. “During the throes of anatomy labs and biochem exams, I hadn’t thought to lift a paintbrush and was inspired to do so over the holiday break.”

The result, which Ewings gave to Scheckler and his wife, was a card with a picture of her still life painting of an apple. The gift reinforced the message she conveyed in her note—deep appreciation for the genuine interest Scheckler shows in making sure that students take care of themselves physically, emotionally and spiritually, in addition to academically.

Says Scheckler of his mentoring experience, “I love it. It’s the best job I ever had. What makes it especially fun for me is the quality, energy and commitment of the students.”

Med I students Shanelle Clark, Phil Raess, Will Yang, Erica Barrett and Barbara Sit enjoy Dr. William Scheckler’s “Brown Bag Music Lunch.”
"TGs": connecting with classmates away from "the grind"

By Nicholas Edwards (’03) and Corrie Klopcic (’04)

Even dedicated medical students need to get away from studying once in a while. Recognizing that it’s healthy for students to connect with their classmates outside of an academic setting, and that they just need a way to escape the grind of medical school, “TGIFs” were started quite a few years ago. “TGs,” short for TGIF, which is short for “Thank God It’s Friday,” are held once a month, usually at the Memorial Union.

The Wisconsin Medical Alumni Association (WMAA) helps by funding food and refreshments at most TGs, at no cost to the students, most of whom are already on a tight budget. Sometimes you’ll find the Medical School student band, The Arrhythmias, playing; sometimes you’ll find a DJ spinning dance tracks; and once in a while you’ll find a faculty member like Dr. Edward Bersu, UW professor of anatomy, chatting with students. But you’ll always find many medical students having a great time.

“The ongoing tradition of the WMAA sponsoring periodic TGs is a wonderful outlet for medical students who study hard and then play hard,” says Dean of Students Dr. Mikel Snow. “The gatherings are a great relief from the demands of medical school and an opportunity to socialize with other students and faculty.”

There have been several memorable TGs. Last year’s Elvis Presley impersonation contest between Dr. John Harting, chair of the anatomy department, and Tom Plenkowski, a former anatomy staff member, won’t be forgotten soon. This year students have followed that precedent and tried to make each TG an original event.

The Malpractice Ball was a formal affair sponsored jointly with the Law School. Held in the magnificent Great Hall in Memorial Union, the event marked the end of the Dean’s Cup competition with the law students. The law students’ egos were still a little bruised from losing, but everyone had a great time.

Last spring we had our second suitcase party. This was a raffle with a grand prize that was a flight to Las Vegas with lodging at the Riviera Hotel and Casino. Students who entered the raffle brought a guest of their choice to the drawing—and everyone came with their bags packed for the weekend. Immediately after the 7 p.m. drawing, the winning pair was whisked off to the airport for an 8 p.m. flight. Those who stayed behind looked forward to drawings for other prizes throughout the night—while expressing their disbelief that they weren’t on their way to Vegas.

This year Vanessa Newburn, ’03, was the winner; she took one of her close friends, Theresa Sweeney, late Friday night they arrived via limo at the Riviera Hotel. The 75-degree weather was a welcomed surprise as they spent the weekend exploring “the strip,” taking in a variety of shows, visiting the Hoover Dam, and finally coming back to reality early Monday morning in cold, wintry Madison.

Another new and popular tradition is the Health Professions TG. At this TG, medical students invite their counterparts from physical/occupational therapy, physician assistant, nurse practitioner, communicative disorders and nursing programs to join them for a social gathering.

This year was another smashing success, with Tripp Commons being so crowded it was hard to walk across the room.

The final big event of the spring was the Black Bag Ball. The formal was held at the Cherokee Country Club in Madison, where a delicious dinner was followed by The Arrhythmias playing to a lively crowd of medical students, faculty and alumni.

The scope and style of the TGs may have changed over the years, but one aspect has remained constant: They offer good opportunities for medical students to build friendships outside of school. Much thanks to the WMAA for helping make that happen.

(Above) Erin Maslowski, Patty Hsu and Dan Carlstedt move to the music.
(Left) Kiran Prasad, Erin Maslowski, Corrie Klopcic and Charlie Galanis relax at a WMAA-sponsored TG.
Alumni Weekend Schedule of Events

THURSDAY, MAY 10
5:00–6:30 p.m.
Dean’s reception
WARF building (Wisconsin Alumni Research Foundation)
614 Walnut Street
Evening
Class reunions for the classes of ’41, ’46, ’51, ’76

FRIDAY, MAY 11
9:00–9:30 a.m.
Registration & coffee
“Day on Campus”
Below Alumni Center in the Pyle Center
650 North Lake Street
9:45 a.m.–noon
“Day on Campus”—educational seminars featuring our most dynamic and distinguished faculty
Pyle Center

noon
Reception, Pyle Center

6:00 p.m.
WMAA reception
Concourse Hotel, 1 W. Dayton Street
6:30 p.m.
Awards banquet (black tie optional), Concourse Hotel

SATURDAY, MAY 12
CME program
Room 227 Service Memorial Institute, 1300 University Avenue
8:30–9:30 a.m.
Registration and breakfast
9:30
Dr. Charles Mistretta, UW Medical School professor of medical physics and radiology
“MR 2001: A K-space odyssey, recent developments in minimally invasive, high-speed vascular imaging”
10:30
Dr. Arnold Krubsack, ’81, medical director of Medicare part B for Indiana
“Medicare in the new millennium”
10:00–3:00 p.m.
Health Sciences Library book sale continues
Middleton Health Sciences Library, 3rd floor
2:30–3:00 p.m.
Red Gym tour
This historic landmark has been restored and adapted as the gateway to the UW–Madison.
716 Langdon Street
3:00–4:00 p.m.
Campus bus tours
Departs from the Memorial Union on Langdon Street
Evening
Class reunions for the classes of ’56, ’61, ’71 ’81 ’86, ’96

For information about Alumni Weekend events and hotel information, please contact the Wisconsin Medical Alumni Office at (608) 263-4915 or email bjluke@facstaff.wisc.edu or view our website: www.medsch.wisc.edu/alumni/alumni.html

In February, the WMAA hosted its annual winter event in Brown Deer, WI, for alumni and students. State Representative Dr. Sheldon Wasserman discussed humorous insights into his combined career as a physician and politician.
The Lewises Write

When we married and moved to Madison in 1987, we did so not only because of our fond memories, but also because of our belief that Madison provides so many varied opportunities. And it has. Everything has been better than expected—except the traffic.

One unforeseen opportunity has been the chance to participate in the William Snow Miller Medical History seminars, which meet monthly except in the summer. This medical history group, which first began meeting 92 years ago, was reactivated in 1996 by Dr. Henry Schutta, UW Medical School professor of neurology, and others. We have enjoyed every meeting we’ve been able to attend and look forward to each one.

In 1937, when we entered UW Medical School, Dr. Miller had just published his monograph entitled “The Lung,” and 1,500 copies were sold within two weeks. It became a best seller; earning fine reviews even in Time magazine.

Miller was a hero on campus. We would occasionally see him around the Service Memorial Institute, but none of us spoke with him, as we had been told he was deaf. Last December, while we were talking with one of our favorite physicians at the University, we were surprised to learn that this person, whose field relates to the lung, had never heard of William Snow Miller.

Dr. Miller came to Wisconsin in 1892 from Worcester, Massachusetts, as a teacher of vertebrate anatomy. He and Dr. Charles Bardeen, who became the school’s first dean in 1907, taught anatomy. The two were responsible for establishing the two-year Medical School in Madison. Dr. Miller taught until he became an emeritus professor in 1925, and he continued his research in retirement.

In the spring of 1909, he proposed to faculty and students that an informal organization be created for the “consideration of medical history.” One requirement in the early years was that members had to have a reading knowledge of either French or German.

Ellen remembers her father, Walter Sexton, telling her of his attendance at the meetings. A sophomore medical student at the time, he read and spoke German fluently, having lived in a German-speaking rural Wisconsin community. The meetings were held in Dr. Miller’s home library, which was one of the largest private medical libraries in the United States. This provided a good incentive and excellent source references for the early seminars. One member would lead the discussion on a subject of his choice in medical history or biography. Mrs. Miller served refreshments afterwards, and the Millers continued to offer this hospitality to both faculty and medical students through the years.

When Dr. William Middleton joined the faculty, he became one of the group’s most enthusiastic participants. In 1947, Middleton, then dean, appointed the well-known Dr. Erwin Ackerman as the first history of medicine professor. Three years later, Middleton created the Department of the History of Medicine at the Medical School, appointing Dr. Ackerman the first chairman. UW became the second medical school in the country to have such a department, and it has thrived.

Last October, Dr. Ronald Numbers, the present department chair, presented the program at our William Snow Miller seminar; and to us it was the best of many excellent programs. He traced the history of the department, which was celebrating its 50th year of existence. We were delighted to participate in the “Jubilee celebration” weekend. The speakers were people who had been involved in the department at all levels, from students up to former chairpersons. Saturday’s all-day meeting was excellent, and the caliber of each speaker was impressive. The Friday session, equally fine, was followed by an exhibit and reception planned and hosted by Micaela Sullivan-Fowler, history of medicine librarian and curator at UW’s Middleton Health Sciences Library.

We feel we can vouch for the fact that the history of medicine department at UW Medical School has come of age. Led by people such as Ron Numbers and Judith Leavitt, it has taken its place as the premier medical history department in the country. It is truly a great asset to our university. We only regret it was not in existence 60 years ago. We strongly recommend its courses to all students who can take advantage of them. We also encourage faculty—as well as retired physicians like ourselves—to join the William Snow Miller group.
Coming Events

Alumni Weekend
May 10–12
Madison

Dean's Dinner/
Middleton Society
Dinner
May 17
Madison

Graduation
ceremony
May 18
Madison

Homecoming
(Michigan State)
October 27
Madison

Continuing Medical Education

May 4, Geriatrics
The Edgewater Hotel, Madison

May 10–12, Sports
Medicine Symposium
The Concourse Hotel, Madison

May 11
Diabetes Conference
Marriott Madison West, Middleton

May 15–17, State Cancer
Pain Initiatives
The Edgewater Hotel, Madison

In Memoriam

James Albrecht
Class of 1947
Richard C. Dickman
Class of 1935
Wallace G. Irwin
Class of 1942
Tim Kurten
Class of 1969

James C. McCullough
Class of 1943
William W. Miller
Class of 1943
Herbert G. Schmidt
Class of 1922
Wilbert Wiviot
Class of 1957

Correction
In our story on Dr. Donald Dafoe in the last issue of the Quarterly, we printed Thomas Eakins' traditional painting, "The Gross Clinic," in mirror image. We regret the mistake.