

VOLUME 17 • NUMBER 2 • 2015

FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly

Wisconsin Academy for Rural Medicine

ENSURING CARE FOR AN
UNDERSERVED POPULATION

MATCH DAY p. 8

GLOBAL HEALTH p. 10

ALUMNI AWARDS p. 16



School of Medicine
and Public Health
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QUARTERLY

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

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CALENDAR

AUGUST 2015

Sunday, August 30

White Coat Ceremony,
Union South, UW-Madison

SEPTEMBER 2015

Thursday, September 17

Mini Med School: Infectious Disease—Megabugs,
Health Sciences Learning Center

Friday, September 25

Middleton Society Event,
Gordon Commons, UW-Madison

OCTOBER 2015

OCTOBER 16-17 • HOMECOMING WEEKEND

Friday, October 16

Reunions for Classes of 1970, '80, '85, '90, '95,
2000, '05 and '10

(details to be announced)

Saturday, October 17

UW vs. Purdue

NOVEMBER 2015

Thursday, November 19

Green Bay Statewide Outreach Event
(details to be announced)

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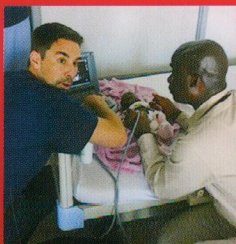
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Global Health

Connected through their service in Liberia and through their affiliations with the SMPH, three individuals share their perspectives about that country's Ebola crisis.

Spring on Campus (above)

The Wisconsin State Capitol is a popular attraction during warm spring and summer days.

On the Cover

Living her dream, Michelle Clark-Forsting, MD '12, MPH, soon will begin caring for patients near her rural Wisconsin hometown.

ROBERT N. GOLDEN, MD



It's wonderful to embrace spring and early summer after a long, cold winter. In this issue of *Quarterly*, we look back at our successful Winter Event, hosted by the Wisconsin Medical Alumni Association (WMAA) with the goal of establishing meaningful connections among alumni and medical students. We also review some of the most glorious harbingers of spring at the University of Wisconsin School of Medicine and Public Health (SMPH): Match Day and the WMAA awards.

As we embrace the onset of this season's warm weather, it is fitting that we also embrace our WARM Program (Wisconsin Academy for Rural Medicine). WARM provides rays of sunlight throughout rural Wisconsin as we develop a strong, vibrant pipeline of physicians who are dedicated to serving patients in rural communities that have faced a shortage of health care providers close to home.

Spring also is a time in which we recognize and respect transitions. We mourn the passing of a true icon, Dr. William Craig, whose legacy provides a permanent foundation for our school's infectious disease programs. And we celebrate the

transition of another icon, Dr. Norm Fost, as he "retires." Because "retiring" is not a word that one readily applies to Dr. Fost, we believe he will continue to serve our school and our missions for years to come, sharing his expertise and passion for bioethics. We look forward to the next chapter in his evolving role here.

Another wonderful transition is the appointment of one of our school's longstanding and dedicated leaders in the field of cancer, Dr. Howard Bailey, to the vitally important leadership position of director of the UW Carbone Cancer Center. In addition, we are delighted that Dr. Ruth O'Regan has joined our faculty as the head of the Division of Hematology and Oncology in the Department of Medicine. These leadership recruitments occurred in time for our wonderful Mini Med School session on cancer, which dovetailed with the PBS special, "Cancer: The Emperor of All Maladies."

This spring, we welcomed home one of our most distinguished alumni, Dr. Leon Rosenberg, who inspired students, faculty and me through his keynote address at our annual Alpha Omega Alpha (AOA) induction

ceremony. We are proud of the SMPH students and faculty members and the UW Hospital and Clinics resident who were selected for membership in AOA this year.

As summarized in the Giving Back article, two remarkable individuals, Dr. Jim Berbee and Karen Walsh, are accelerating the pace at which our Department of Emergency Medicine is evolving into one of the nation's leading departments in that field. The Berbee Walsh gift provides for an expanded emphasis on research and academic development, as well as major enhancements in patient care.

It is clear that the Wisconsin Idea strongly resides in those who have trained and work at the SMPH. For example, see the article featuring the UW-Madison Global Health Institute—which weaves together stories about our faculty and alumni who have been involved with the Ebola crisis in Liberia—and the Alumni Profile of Dr. David Duppler, who took a leave from his medical practice to serve our country at the front lines in Afghanistan. These are truly inspiring people who are making a difference in the world.

Other wonderful rites of spring abound, including graduation, alumni reunions and the annual transition of medical students to the next phases of their education. Stay tuned for highlights of these and other events in the next issue of *Quarterly*.

Robert N. Golden, MD

Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs,
UW-Madison

Hello fellow Badger medical alumni! On behalf of the Wisconsin Medical Alumni Association (WMAA), I express thanks to all who attended our Winter Event, featured on page 14. I think the evening, "A Taste of Wisconsin," was the best ever. The Fluno Center provided a comfortable, spacious venue for a record turnout. Medical students, alumni and their guests enjoyed a wide variety of savory Wisconsin fare. I was thrilled to be able to mingle with medical students to learn about their interesting backgrounds and experiences, as well as their future plans following their education at the University of Wisconsin School of Medicine and Public Health (SMPH). I also enjoyed the opportunity to catch up with friends and meet people. We hope for an equally successful turnout for our upcoming events.

If your class is hosting a reunion this fall, I encourage you to attend the Homecoming Weekend events—you won't regret it! Dates are listed on the inside cover of *Quarterly* and on the WMAA web site (www.med.wisc.edu/alumni) and Facebook page. My Class of 1980 will celebrate our 35th reunion this fall, and I'll be there, wondering how time has gone so fast since we graduated and started our careers.

When I was on campus for the annual WMAA Awards Banquet in April (see page 16), I was pleased to celebrate the success of so many of our alumni, including my close friend and medical school classmate, Dr. Pat McBride. After 11 years as the SMPH associate dean for students, he has chosen to step out of that role and focus his career on patient care and research—which he maintained while he was doing all three roles. (Watch for an article in the next issue of *Quarterly*.)

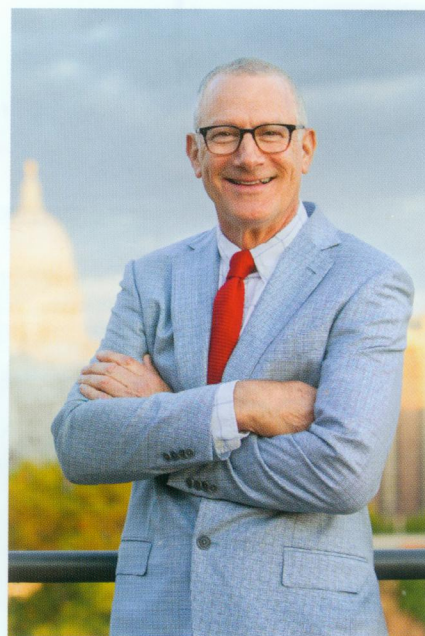
That weekend, I also competed in the Crazylegs Classic. As a former runner, I decided to take the sport up again a year before I turned 60. The day before my 60th birthday, I ran the Madison Mini-Marathon. Now, as I train for more races, I'm taking advantage of a phone app that tells me when I should train for certain distances, rest, cross-train, etc. My biggest challenge is making sure I can work these things in with my other responsibilities. It's the story of our lives!

As you are aware, the proposed state budget cuts likely will cause a severe reduction in the SMPH's operating budget, affecting everything from faculty recruitment and retention, research, education and the infrastructure to support the school's missions. Our financial support has never been more important. If you have thought about donating to the institution that provided us the benefit of our careers, please follow your heart and donate at whatever level you can.

Additionally, as these cuts take hold, scholarship donations will be critical to help reduce students' indebtedness and ensure that we have well-trained physicians for our society's future needs. The recent WMAA Scholarship Reception (see page 17)—which brought together many generous donors and enthusiastic, grateful student recipients—provided a strong reminder of the difference these gifts can make.

With these things in mind, please consider joining the Middleton Society, for which cumulative support and/or pledges count toward reaching the \$10,000 membership level. Those who join the society by early fall will be invited to attend the Middleton Society's annual evening of gratitude on Friday, September 25, 2015.

STEVE MERKOW, MD '80



TODD BROWN/MEDIA SOLUTIONS

Middleton Society donations support and encourage scientists, clinicians, teachers and students who translate hope into action.

Thank you fellow alumni for your past and/or potential future support. I look forward to seeing you at future alumni events!

Steve Merkow, MD '80

President, Wisconsin Medical Alumni Association



Third-year medical student Hope Villiard examines a pediatric patient at Aurora BayCare in Green Bay.

Rural Health

SMPH AND ITS PARTNERS IN MARSHFIELD, LA CROSSE AND GREEN BAY TRAIN MEDICAL STUDENTS TO CARE FOR UNDERSERVED POPULATIONS

For Michelle Clark-Forsting, MD '12, MPH, there's no place like home. She always wanted to be a physician, and many people in and around her hometown of Alma Center, Wisconsin, helped her fulfill that dream.

Clark-Forsting (photo on cover), a graduate of the Wisconsin Academy for Rural Medicine (WARM) at the University of Wisconsin School of Medicine and Public Health (SMPH), will begin caring for patients at the Krohn Clinic and Black River Memorial Hospital in November 2015. That's where she received care as a child and where a physician guided her path by sharing his old medical journals.

After receiving a bachelor's degree from UW-Eau Claire in 2006, Clark-Forsting hoped she would begin medical school. The fact that she wasn't accepted at the schools where she applied turned out fortuitous in unexpected ways.

Two years later, she had earned a master of public health degree (MPH) from UW-La Crosse, and the SMPH was launching WARM, which didn't exist when Clark-Forsting first applied to medical school. Further, she received an e-mail—forwarded

by her mother—from Stan Gaynor, the now-retired CEO of Black River Memorial Hospital.

"I read what he described in the e-mail and thought, well, that's me!" she exclaims, adding that it offered her the chance to develop clinical skills relevant to rural practice.

"I've always wanted to go back home and serve the people I live with, work with and play with," says Clark-Forsting, whose mother, Cindy Clark, is the hospital's volunteer services manager.

A member of WARM's second class of students, Clark-Forsting will complete her residency through the SMPH's Eau Claire/Augusta Family Medicine Residency Program in summer 2015.

Byron Crouse, MD, FAAFP, says Clark-Forsting exemplifies the type of medical student he envisioned when he and others were planning the WARM Program, with the goal of easing the physician shortage in rural areas.

"If I had a stereotype, that would be someone who spent two years at UW-Barron County, went to UW-Eau Claire for a baccalaureate degree, came to Madison for the first two years of medical school

through WARM, and completed his or her third and fourth years with one of our academic partners in Marshfield, La Crosse or Green Bay," describes Crouse, who paints that picture as he recalls visiting UW System campuses to promote WARM.

"Before we started the program, many students eliminated medicine for a career because they thought they had to go to a big city for their undergraduate and medical degrees and on through their residencies. With WARM, that's not the case," he says.

WARM students spend their first two years of medical school on the UW-Madison campus with classmates in the MD Program. They complete the required clinical experiences in rural clinics near Madison and relocate to Marshfield, La Crosse or Green Bay for their third and fourth years. All of their required and core clerkships are completed in one of the regional sites, which serve as gateways to rural communities.

"Marshfield Clinic, Gundersen Health System and Aurora BayCare are truly equal partners in this," Crouse says. "Dozens of physicians who volunteer in the school's long-running Preceptorship Program play a crucial role in WARM."

—continued on next page



Each WARM student must participate in a community service project. Analise Ruegsegger-Hanneman, MD '15, (left) helped with the Healthy Lifestyles-Marshfield Area Coalition's farm-to-table project, which encourages local restaurants to use locally sourced food products. Ruegsegger-Hanneman worked with Kayla Ladwig (right); the chicken in the sandwich is from a local farm.

Kimberly Lansing, MD, PhD, a family medicine physician at Gundersen in La Crosse, has been involved with WARM since planning discussions ramped up in 2004; she is the program's director for western Wisconsin.

Lansing notes, "WARM is rigorous and robust. We know it is solid because these students are getting into residencies without a problem."

Clark-Forsting, a family medicine physician, is one of the first WARM students to complete clinical rotations in La Crosse. Her classmate and close friend, Abigail Taub, MD '12, chose a dermatology residency.

Taub shares, "I was initially hesitant about going into dermatology because of the stereotype of cosmetic procedures and big-city medicine. But there is a great need for medical dermatology in rural areas. A patient's skin—on the outside—is a great clue to what's happening inside."

Fifty-eight percent of WARM graduates from 2011 to 2015 entered primary care residencies, including 29 who pursued family medicine programs.

"We know that the needs are greatest for family medicine—probably greater than the other specialties combined—but we heard from our statewide partners that rural areas need physicians in almost every specialty, just far fewer of them," says Crouse, a family medicine physician who joined the SMPH

Partnership Program Funding Helped Create WARM

The Wisconsin Academy for Rural Medicine (WARM) is one aspect of the broader curriculum transformation at the University of Wisconsin School of Medicine and Public Health to incorporate population and public health into its training. As part of its mission to improve health in the state, the Wisconsin Partnership Program has provided significant funding for WARM and the overall curriculum transformation.

WARM was one of the first projects funded through the Partnership Program's Community-Academic Partnership Fund. Tim Size, executive director of the Rural Wisconsin Health Cooperative (RWHC), led the project with Byron Crouse, MD, FAAFP, serving as the academic partner.

"This grant reflects the true sense of the Wisconsin Idea," says Size, referring to UW-Madison's century-old guiding principle that the university should improve people's lives beyond the classroom. "It's about the community learning from the school and the school learning from the community."

The Partnership Program's one-year, \$25,000 grant was followed by a Strategic Planning Grant in 2005 and a Strategic Implementation Grant in 2007. In total, the Partnership Program has provided approximately \$872,000 in grant funding to WARM, which is now self-sustaining through tuition and in-kind contributions from its academic partners—Gundersen Health System, Marshfield Clinic and Aurora BayCare.

By 2018, almost 60 WARM graduates will have completed their residencies. More than 40 have trained in primary care fields, 10 in general and orthopedic surgery, and seven in emergency medicine.

faculty in 2001 after caring for patients in Spooner, Wisconsin, for many years.

"Because we heard this from our partners as we created the program, we said we would support our students in pursuing the specialties of their choice," Crouse adds.

The WARM Admissions Committee focuses on students who are most likely to practice medicine in a rural community—for instance, those who hail from a rural community, have an interest in family medicine and show a record of community engagement.

"In talking with students, we can quickly pick out those who would thrive in a rural environment," Crouse explains. "If they are committed to rural practice, we'll provide them with opportunities to fulfill their dreams."

David Rebedew, MD '13, who like Clark-Forsting is a family medicine resident, was so sure he wanted to participate in WARM that he applied only to the SMPH.

"Before medical school, I shadowed a few physicians in small communities, and I really enjoyed the relationships they had with their patients," Rebedew says. "That level of personal connection with their patients is what I want with my patients."

However, family medicine wasn't part of Rebedew's original plan. With bachelor's degrees in psychology and neurobiology, he thought he would become a psychiatrist.

"Through my medical school rotations, I found that I liked psychiatry, but that I also like emergency medicine, dermatology, neurology and obstetrics," Rebedew shares. "So I chose family medicine."

Clark-Forsting and Rebedew are first-generation college students and both

chose smaller UW campuses for at least some of their undergraduate work. Rebedew stayed in his hometown for his first two years at UW-Fond du Lac before finishing his bachelor's degree at UW-Madison. Clark-Forsting's undergraduate alma mater, UW-Eau Claire, is about 45 miles from where she was raised.

Notably, Nathan Vakharia, MD '11, was the first WARM graduate to complete a residency and begin caring for patients. Vakharia grew up in McFarland, Wisconsin, 10 miles southeast of Madison, and was drawn to WARM because of his desire to work in an underserved area.

"Having the opportunity to train in a rural environment for my third and fourth years of medical school and for residency deepened my resolve to be a rural general practitioner—in part, because I saw the need in rural areas," says Vakharia, who moved to far northern Wisconsin in 2014 with his wife and two children after graduating from an SMPH family medicine residency in Baraboo.

After working at Michigan–Wisconsin Family Practice Associates for six months, Vakharia now splits his time between Oconto Falls, Wisconsin, where he is an urgent care and emergency medicine physician, and the upper-peninsula town of Foster City, Michigan, where he established a free clinic. WARM nurtured his independence, he says.

"The Marshfield Clinic staff gave us the autonomy to think independently, and that helped me grow quickly as a lifelong learner," Vakharia describes. "Learning those skills in medical school was a gift that I will take with me throughout my career."

Vakharia is not alone in expressing appreciation for the wide-ranging opportunities that WARM provides, especially because of the limited number of medical residents at the Marshfield and La Crosse regional sites and the lack of residents at Aurora BayCare in Green Bay.

"One of the positive aspects about WARM is that medical students gain a lot of hands-on experiences," says Analise Ruegsegger-Hanneman, MD '15, who spent her final two years at the Marshfield site. "You get treated more like a resident sometimes because they don't have residents for some specialties."



COREY WILSON

Nathan Vakharia, MD '11, (above) one of the first two WARM graduates, now practices medicine in northern Wisconsin. His classmate, Clay Dean, MD '11, is completing a general surgery residency in Iowa and plans to begin practice in a small Wisconsin community in 2016.

The same holds true for WARM students in La Crosse.

"When we send students to our regional clinics, they often are the only students, and there are no residents, so they get an incredible amount of clinical experience," says Lansing, an SMPH adjunct associate professor.

Clark-Forsting recalls delivering eight babies on her own as a medical student at Gundersen in La Crosse, which she describes as "pretty amazing for a medical student."

She adds, "I had so many hands-on experiences that I felt extremely well-prepared to enter residency."

Similarly, for Lucas Kuehn, MD '15, the potential for many hands-on experiences at Aurora BayCare was a definite draw. Although many people would not describe Green Bay as rural, Kuehn did his primary care rotation in Howards Grove, Wisconsin, population 3,245, and cared for many patients who traveled several hours for care at Aurora BayCare.

"It's unbelievable what some people have to go through to get health care," Kuehn says. "That's one of the things WARM is addressing. We want people to have access to health care closer to where they live."

Kuehn and Clark-Forsting both mention their childhood physicians when asked what drew them to family medicine.

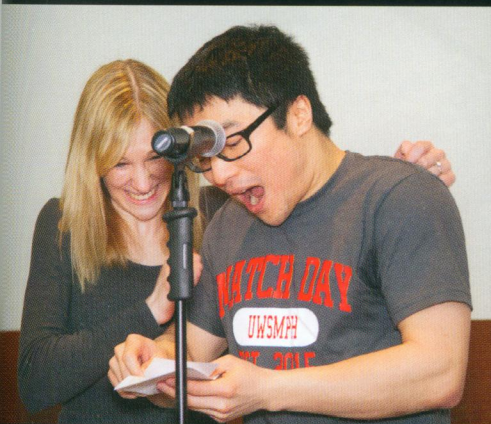
Clark-Forsting shares, "Family medicine is what I always thought medicine was. Clearly, that's a limited vision—we need specialists, too—but I've always wanted to practice primary care."



By 2012, almost 50 million
students will have completed
their freshman year. This year
of study is the first of many
to have turned in papers.
One thing is for certain: the
retention rates of new students
is increasing steadily.

Match Day

RESIDENCY NEWS THRILLS STUDENTS, FAMILIES AND FRIENDS



On Match Day—held simultaneously across the U.S.—each fourth-year MD student reads aloud where he or she will spend the next few years in a residency. More than 150 members of the University of Wisconsin School of Medicine and Public Health (SMPH) Class of 2015 shared their excitement with their loved ones.

The class includes 23 students in the Wisconsin Academy for Rural Medicine; seven in the Training in Urban Medicine and Public Health Program; and five who are earning combined MD-PhD degrees.

Students interview with residency programs across the nation. A computer-based program matches student preferences

with available options. Some students remain in the Badger State and some choose a completely different environment.

Such is the case for Augustine Saiz, Jr., and Allison Aul, (opposite page) who met in their first week at the SMPH and matched together at University of California-Davis. Saiz will enter an orthopedic surgery residency, and Aul, an OB/GYN residency.

"We will miss our home state and families, but we feel blessed that we had the opportunity to pursue medical school and that we can continue residency together to become the best physicians we can be," explains Saiz, noting that they hope to return to practice in Wisconsin.

Opposite page: Augustine Saiz (left) and Allison Aul celebrate matching together. Above, top row (left to right): Anna Lane and her fiancé, Clarence Li, react with excitement about his residency location; proud mom Ivie Okundaye, MD, smiles, and dad Ekogiawe B. Okundaye, MBA, gives a thumbs up (background) about Ivie Okundaye's match; Kelly and Andrew Thorson celebrate his news with their son, Shiloh. Bottom row: Zach Glasser and Joshua Tarpley share their joy about Tarpley's match; Christine Seibert, MD, writes Emmalie Stay's chosen specialty on her Match Day shirt, as her husband, Kyle Stay, looks on; Loren Krueger lets her mom, Dorothy Brown, open the envelope.



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An Ebola burial team works cautiously on the streets of Monrovia, Liberia (photo by Alexander Wiaplah).

Global Health

WISCONSIN IDEA EXTENDS TO WEST AFRICA'S EBOLA CRISIS

Hannah Kirking, MD '10, Gregg Mitman, PhD '88, and Janis Tupesis, MD '01, share Badger ties as University of Wisconsin-Madison alumni and, for Mitman and Tupesis, as faculty members of the UW School of Medicine and Public Health (SMPH).

Their stories converge in the 2014-2015 Ebola epidemic as it swept through Liberia in western Africa, fracturing families, medical care, public health and society. They also are part of the UW-Madison Global Health Institute (GHI) community, dedicated to connecting colleagues and communities in Wisconsin and across the world to address the complex, interlinked causes of health and disease.

Kirking, an Epidemic Intelligence Service officer with the U.S. Centers for Disease Control and Prevention (CDC) and lieutenant commander in the U.S. Public Health Service, was on the ground in Liberia in late 2014. She worked



as a disease detective, identifying where Ebola was within that country and helping inform the international response. Knowledge gained through earning her Graduate/Professional Certificate in Global Health through the GHI and the SMPH Department of Population Health Sciences helped her understand the connections between medicine and public health.

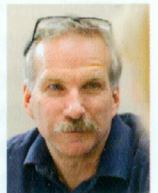
Tupesis, an associate professor in the SMPH Department of Emergency Medicine and an emergency physician at UW Hospital and Clinics, worked with colleagues from the United States and Liberia to build an emergency medicine program there before the outbreak. Post outbreak, he is again finding ways to help establish emergency medical education and service in that country. Tupesis chairs the Graduate Medical Education (GME) Global Health Oversight Committee at UW Hospital and Clinics and is the GHI-GME liaison.

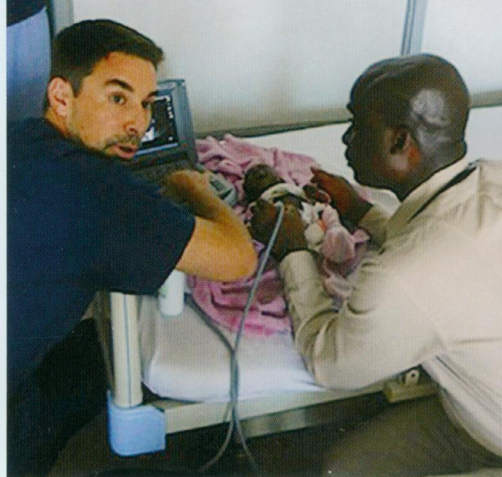


Mitman, the Vilas Research and William Coleman Professor of History of Science, Medical History and Environmental Studies, recently produced a film, "In the Shadow of Ebola," that takes viewers inside the Ebola epidemic through the story of Emmanuel Urey. A UW-Madison graduate student and Liberian native, Urey had to leave two of his children with their great grandmother in his home country. GHI provided partial funding for the film, and Mitman is a member of the GHI Advisory Group.

"This movie offers a personal look at what life has been like for people living through the worst Ebola outbreak in history," says Mitman, who earned a master and doctorate degree in the UW-Madison Department of the History of Science.

Following a recent visit to the GHI, Kirking brought the film to the CDC. It's scheduled to be screened as part of the mandatory





Left to right: Signs across Liberia warn residents of the danger of Ebola and how to stay safe (photo by Hannah Kirking, MD '10); Janis Tupesis, MD '01, (left) teaches a third-year Liberian emergency medicine resident how to perform pericardiocentesis on a patient with tuberculosis (photo courtesy of Tupesis); the Liberian military and police enforce a quarantine on West Point, one of the poorest slums in Monrovia (photo by Alexander Wiaplah).

training program for incoming Epidemic Intelligence Service officers in July 2015.

"The CDC's strengths are in epidemiology and disease surveillance. For Ebola, this means understanding the virus, clinical symptoms, methods of transmission, supportive treatments and how to stop the overall epidemic," she notes. "The film complements our technical strengths by showing the social determinants of health in Liberia and how they specifically relate to Ebola."

The film is making the rounds: It premiered at the Wisconsin Film Festival. The SMPH showed it as part of the disaster response training curriculum for fourth-year medical students, and MacArthur fellow and medical historian Julie Livingston, PhD, screened it in two classes on the history of health and medicine taught at New York University. It's premiered in Australia and was part of the Sheffield Doc/Fest Videotheque in the United Kingdom. The Independent Television Service, which supports diverse, innovative and independent voices on public television, has released a free, online version of the film on the Independent Lens web site (see www.pbs.org/independentlens/in-the-shadow-of-ebola).

The Ebola epidemic brought the international community face to face with issues, dramatically showing that health is about more than medicine. Through their work, Kirking, Tupesis and Mitman address and shed light on the multi-faceted determinants of health and disease, which are key to the Global Health Institute's mission.

LEARNING TO TRUST THE SCIENCE

Kirking was familiar with international health before she arrived in Liberia at the height of the Ebola epidemic. She'd done clinical work in India and Kenya and public health projects in the United States, Central America, Africa and Southeast Asia. In her position with the CDC and Public Health Service, she responds to public health emergencies and disease outbreaks nationally and internationally.

Flying into Monrovia, Liberia, she was keenly aware that she was walking into a crowded terminal in a country rife with Ebola. Spending a month among villagers in Grand Cape Mount County while working with the Liberian Ministry of Health team, she learned to embody the work she believes in.

"My experience taught me that you have to trust science," Kirking shares. "I wanted to show my Liberian colleagues that you can be compassionate and practice patient-centered communication and still be safe."

In Liberia, the CDC crunched epidemiological data, established case numbers and identified hot spots and how the disease was progressing in order to inform the Ebola response. Kirking was among the officers embedded in rural counties to help local teams cope with the disease.

"It was the most rewarding and—at the same time—most frustrating and heartbreaking global health experience I've had," Kirking reflects.

She traveled on muddy roads in a county that mostly lacks cell phone signals. Of two

ambulances, one worked only sometimes. The guest houses had no running water, and the generator ran for only an hour or two per day.

Kirking worked with the Liberian team to improve the local Ebola surveillance systems and better understand where the disease was occurring in the county and how to focus response efforts. She visited villages and communities with ongoing cases to help build rapport and, at times, increase trust in the response efforts. She worked alongside Liberian colleagues who had to go home sick, and she got to know villagers who died from Ebola. Ultimately, she trusted that following science-based safety rules would keep her safe.

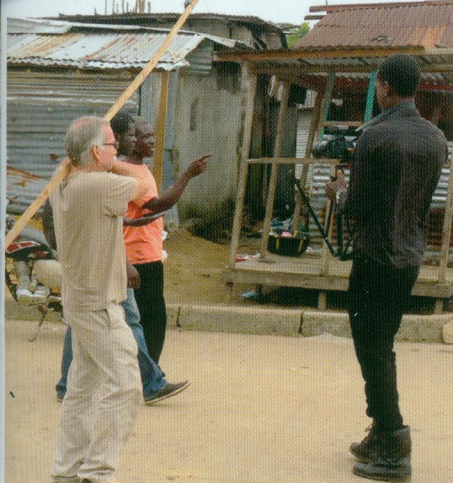
"In general, as long as you maintain six feet of distance and avoid body fluids from anyone with Ebola, you're OK," she says.

Kirking's interest in global health began when she took history of medicine and international health classes by Rick Keller, PhD, a professor in the SMPH Department of Medical History and Bioethics and the UW-Madison Department of the History of Medicine.

"Those courses opened my eyes," she recalls.

After working for GE Healthcare Technologies and studying international health and human rights at the University of Oslo in Norway, she returned to UW-Madison to attend medical school.

As a medical student at the SMPH, Kirking gravitated toward the fledgling Center for Global Health, the precursor to GHI. She worked with the center's steering committee



Left to right: Gregg Mitman, PhD '88, (left) and cinematographer Alexander Wiaplah (right) were filming a documentary in Liberia when the Ebola epidemic began (photo by James Bayogar); the CDC, community members and international partners established this rapid isolation and treatment center in a remote Liberian village; during the Ebola crisis, the CDC sent Hannah Kirking, MD '10 (left) to Liberia, where she worked with families (two photos courtesy of Kirking).

to expand international health opportunities for students and earned her Certificate in Global Health.

"When I was in medical school and my residency, global health issues seemed far away," Kirking says. "The center was a place to nurture those interests, or I may have lost them."

The program showed Kirking the important ties between clinical medicine and public health, as she learned to look beyond a tight focus on disease.

"This perspective acknowledges the rest of the players in the equation," she notes. "I love clinical medicine, but those other important factors don't always get enough attention."

Kirking credits the Certificate in Global Health for giving her a base on which to build her career. She also carries with her

the Wisconsin Idea, with its commitment to outreach, and the Midwestern ethic that calls for taking care of neighbors and building community. Additionally, she credits her global health success to the passion of mentors, including Lori DiPrete Brown, GHI associate director of education and engagement, and Cindy Haq, MD, a professor in the SMPH Department of Family Medicine and director of the school's Training in Urban Medicine and Public Health Program.

About their passion, Kirking quips, "It's contagious, but in a good way."

BUILDING LIBERIA'S EMERGENCY INFRASTRUCTURE—AGAIN

Friendship took Tupesis to Liberia in 2007 to join James A. Sirleaf, MD, the Liberian president's son, in the non-profit Health Education and Relief Through Training (HEARTT) Foundation.

Tupesis and a cohort of U.S. colleagues spent months in the country, which historically has had high death and disease rates related to road accidents, burns, acute infections and other emergency situations. He helped sort out emergency training priorities; develop curriculums for nurses, medical students and residents; and establish an emergency medicine residency elective site for residents from UW Hospital and Clinics. Tupesis saw progress when patients were triaged and the critically ill cared for first. He applauded when nurses understood they could question doctors and call on them when patients sickened.

"It evolved into this rich and robust training center for our residents and clinicians," describes Tupesis, who earned his master's degree at UW-Madison and his medical degree at the SMPH.

The residents and health care providers also learned to work with sparse resources as they helped build an emergency medicine training infrastructure. HEARTT's multidisciplinary, multi-institutional training program was suspended in March 2014.

"Ebola has changed everything," Tupesis says. "From a professional level and a personal level, it's heart-breaking to see the people you know and have worked with die. The whole thing has been overwhelming, as my friends and colleagues have been affected."

He finds hope in how the crisis caused the world to see the need for better infrastructure—for training health care

—continued on page 23

Global Health Institute

The University of Wisconsin-Madison Global Health Institute (GHI) brings together a community of colleagues from across campus to address the complex, interlinked root causes of health and disease. Students, faculty and staff collaborate with villages, universities and governments—locally and globally—to improve health for humans, animals and ecosystems.

The institute's research, education and service is guided by a "global health ethic" that calls for improving health today while

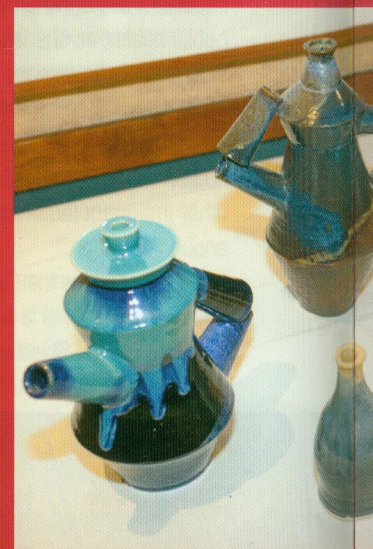
ensuring that natural and other resources are available to provide health for all tomorrow.

Led by Professor and GHI Director Jonathan Patz, MD, MPH, who is internationally recognized for his work in health and the environment, the GHI supports work that finds practical solutions to medical and public health challenges and educates and empowers the next generation of global citizens.

To learn more, visit ghi.wisc.edu.

A Taste of Wisconsin

WINTER EVENT SERVES UP STATE'S FINEST FARE, FOSTERS CONNECTIONS



Featuring a colorful array of Wisconsin's finest fare, the 2015 Winter Event also offered an ample serving of a very popular course: conversation among medical students and University of Wisconsin School of Medicine and Public Health (SMPH) alumni and guests.

Hosted by the Wisconsin Medical Alumni Association (WMAA) at the Fluno Center, the event showcased artwork created by medical

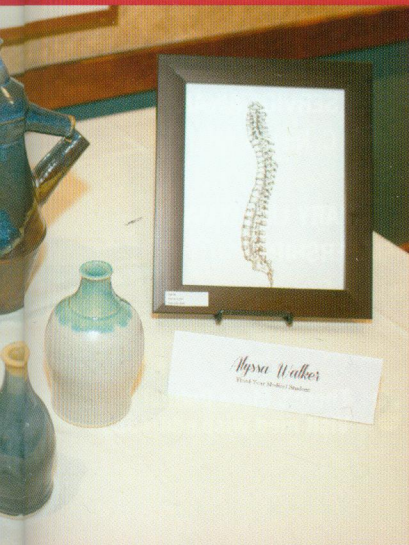
students and music by the Coda Blue medical student group and a jazz trio.

Each participant received a passport that—through a chance to win door prizes—encouraged each person to try different foods and obtain signatures from people with whom he or she visited.

"It's a WMAA strategic priority to foster meaningful connections among alumni and medical students," explains Karen Peterson, the association's executive director. "The

event was hugely successful in meeting this goal. Students benefit immensely when they are able to ask questions about medical practice, research and other elements of health care careers."

For instance, first-year medical student Lawrence Moore appreciated the chance to talk with Tim Harrington, MD '65, and Christine Sharkey, MD (PG '14) (all in photo at bottom left). In turn, Sharkey was happy to meet Harrington, who retired from his



rheumatology practice, because she now cares for many of his former patients.

In retirement, Harrington actively advocates for quality of care improvements, which intrigued members of the medical student-run Quality Improvement and Innovations Interest Group. A co-leader of the group, second-year medical student Kelsey Schmidt, adds that Maureen Brady from the WMAA helped her meet Harrington, who has since become a mentor. She appreciates his advice on how to reach her career goals.

Although it was her first time attending the Winter Event, Schmidt says it will not be her last, crediting the “amazing food, great music and wonderful people” with whom she talked.

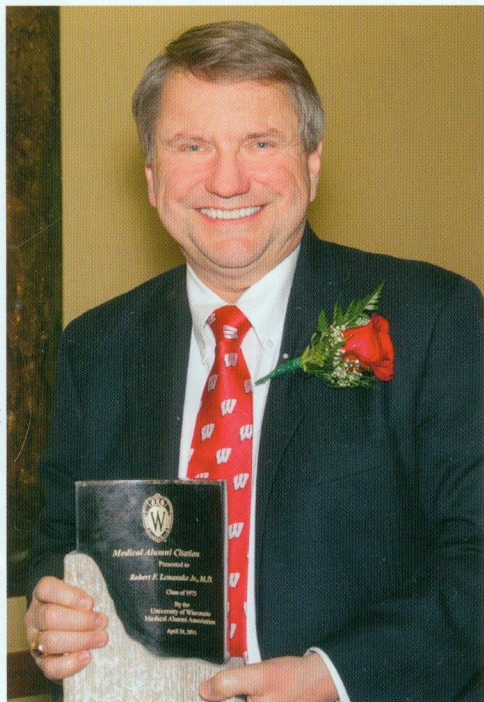
“It was refreshing to take a break from school and get to see the passion so many alumni have after many years of practice. Hearing stories from alumni always gives me more energy to push toward my dreams and helps me stay grounded in what really matters in medicine,” Schmidt says.

Both pages (left to right): Bottom row: M1 Lawrence Moore talks with Christine Sharkey, MD (PG '14), and Tim Harrington, MD '65; Kristin and Matt Ashbrenner, MD '06, and their daughter; student artwork; a guest visits with M1 Alan Wang; M1s Kayla Leibl and Bria Rayome and John Siebert, MD '81. Middle row: Wisconsin fare; M2 Deirdre O'Sullivan and M1s Katharine Molinarolo and Lin Zhao play with Coda Blue; M1 Megan Gross plays with Coda Blue; student artwork; a medical student jazz trio—M1s Nicholas Vogt, Kusha Rahgozar and Mazdak Bradberry—entertains the crowd. Top row: Healthy food; M1s Priya Pathak, Adriana Chao and Willa Song pose with Pathak's drawing.

WMAA Awards Banquet 2015

LEMANSKE AND GREEN WIN TOP HONORS

CHRIS FRAZEE/MEDIA SOLUTIONS (2)



Robert F. Lemanske, Jr., MD '75, earned the Medical Alumni Citation—Distinguished Alumni Award. It honors an alumnus who is recognized for excellence in medical practice, academic activities and research accomplishment.

Lemanske received his bachelor's degree from the University of Wisconsin-Madison and his medical degree from the UW School of Medicine and Public Health (SMPH). He completed pediatrics and allergy/immunology postdoctorate training at UW Hospital and Clinics. He joined the SMPH Departments of Pediatrics and Medicine in 1983 and is a professor and chief of the Division of Pediatric Allergy, Immunology and Rheumatology.

Internationally recognized for providing innovative advances related to the origins of asthma, Lemanske is widely published and has been well-funded by the National Institutes of Health. He also has provided leadership to the allergy and immunology community and mentored numerous young investigators.

Lemanske was recently installed as the president of the American Academy of Allergy, Asthma and Immunology.



Christopher G. Green, MD (PG '80), earned the Resident Citation—Distinguished Resident Award. The award honors an individual who completed a residency or fellowship at UW Hospital and Clinics and achieved distinction in medicine. Honorees exhibit excellence in medical practice, academic activities and research accomplishment.

After earning his medical degree from the University of Rochester in New York, Green completed his pediatrics residency at UW Hospital and Clinics. He has become an internationally acclaimed pediatric pulmonologist and has uniquely distinguished himself in institutional medical leadership at the SMPH and UW Hospital and Clinics, where he is the senior vice president of medical affairs and chief medical officer, as well as the SMPH assistant dean for inpatient affairs and a professor in the Department of Pediatrics.

Green has made significant research discoveries in pediatric pulmonology and has had a major impact on clinical program development and quality improvement. He has an international reputation as an outstanding clinician, teacher and leader.

MORE AWARDS

SIGURD SIVERTSON MEDICAL EDUCATION AWARD

Steven M. Murphy, MD '00

BASIC SCIENCES EMERITUS FACULTY AWARD

James E. Dahlberg, PhD

CLINICAL SCIENCES EMERITUS FACULTY AWARD

Don S. Schalch, MD

RALPH HAWLEY DISTINGUISHED SERVICE AWARD

Thomas C. Jackson, MD '67

WMAA SERVICE AWARD

William C. Nietert, MD '78

HONORARY LIFE WMAA MEMBERSHIP

Todd M. Brown



There's More Online!
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WMAA Scholarship Reception

Reducing medical student indebtedness is a major goal of the Wisconsin Medical Alumni Association (WMAA).

With this in mind, the association and University of Wisconsin Foundation coordinate scholarship programs for the UW School of Medicine and Public Health (SMPH) students, explains Karen Peterson, WMAA executive director.

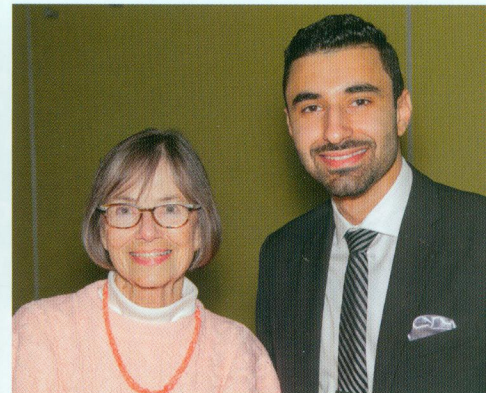
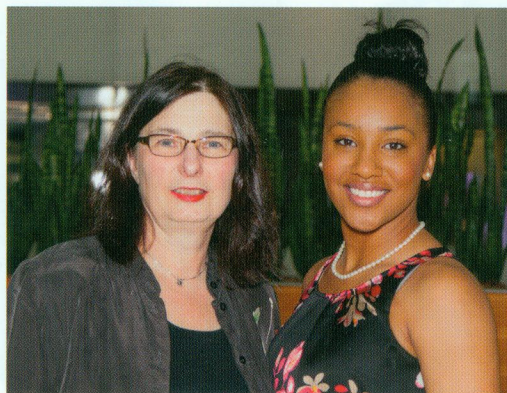
In April 2015, the association hosted a reception to honor scholarship donors and recipients. When possible, WMAA representatives introduced each donor to the student who received his or her gift.

"These scholarships would not be possible without the generosity of our school's friends, including many of our alumni," notes Peterson. "On behalf of our students, who often face an overwhelming debt load to attend medical school, we thank everyone who established scholarships."

Gwen McIntosh, MD '96, assistant dean for students, explains that the SMPH Scholarship Committee takes seriously the criteria donors set when establishing scholarships. Each year, the committee selects the best and brightest students and matches each one with the appropriate scholarship to align with the donor's wishes.

An example is the Compassion in Action Scholarship created by Zorba Paster, MD, and his wife, Penny, to honor their deceased parents. The couple wanted their gift to "make the world a little better" and to "benefit the great state of Wisconsin," specifically by helping fund living expenses for students while they are engaged in "good-deed" projects.

The Pasters have since established other types of scholarships and awarded five in the past year. Two students who received their scholarships attended the reception (see bottom photo). Zorba Paster, MD, earned his bachelor's degree and did graduate work



CHRIS FRAZEE/MEDIA SOLUTIONS (3)

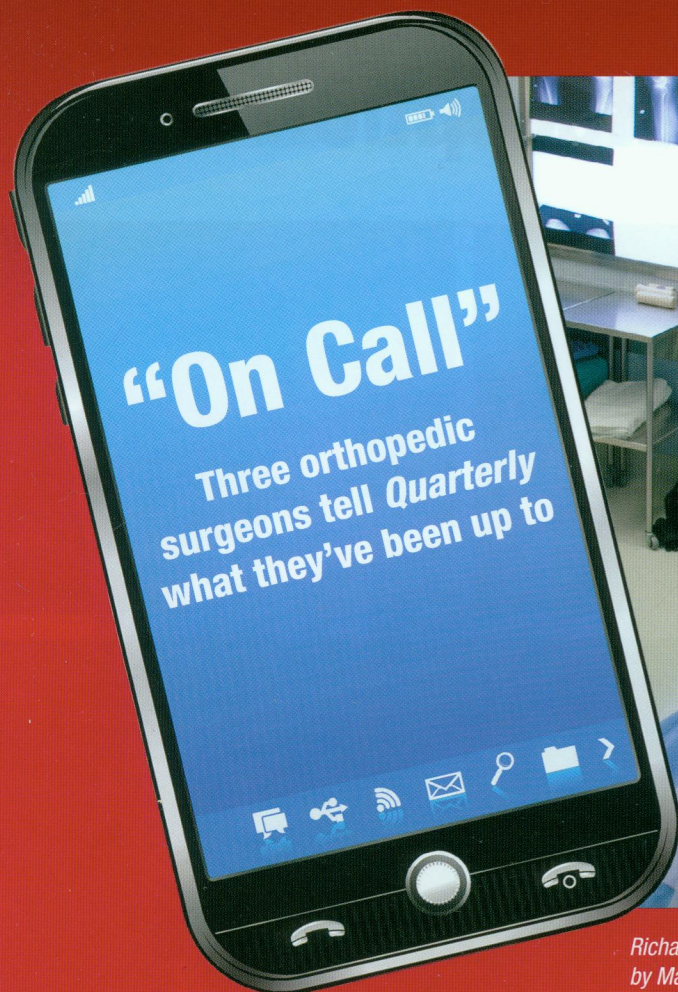
The reception offered the opportunity for students to meet and thank donors who made their scholarships possible. Three such groups are shown here: Clockwise from upper left (left to right): Sandra Bertics and M2 Akaila Cabell; Marilyn Johnsrud Schilling and M2 Mina Alfi; M1 Katharine Kelly, Zorba Paster, MD, and M1 Chinou Vang.

in zoology at UW-Madison, and he feels a strong connection to the campus.

In his reception address, Paster noted, "I find it interesting that students always say, 'Thank you so much for what you've done,' and my first reaction is to respond, 'Oh, no. Thank *you* so much for what you are *going to do*—including what you are going to do to *change the world*.'"

SMPH Dean Robert Golden, MD, shared a similar sentiment.

"I want to thank our donors. You have no idea how important your support is to our students, and indeed, to the faculty. I also want to thank all of our students. You have no idea how important you are to us."



Richard Illgen, MD, (center) performs robotic-assisted unicompartmental knee replacement, assisted by Mark Winston, MD, (left) at University of Wisconsin Hospital in Madison.

MARK FLANUM, MD '02

I work with Orthopedic Physicians in Anchorage, Alaska. In about 90 percent of my practice, I focus on the diagnosis and treatment of spinal pathology. I spend the rest on a mix of sports medicine, orthopedic trauma and general orthopedics.

Additionally, I chair the Department of Orthopedics at Alaska Regional Hospital. I am involved with the State Orthopedic Society and attend the organization's national meetings, as well as those for the Academy of Orthopedic Surgeons and subspecialty societies.

Alaska's location and unique demographics provide opportunities to care for many memorable patients. These include a Samoan fisherman with quadriplegia, a six-week premature baby with a septic hip, and a 24-year-old woman with cauda equina syndrome. However, the patient who stands out most is a 16-year-old boy who was hit by a vehicle while skateboarding. He had multiple injuries, including bilateral open femur fractures. Because he was in a coma, every day that I rounded on him for two weeks, I wondered whether he would ever wake

up, let alone walk. One day when I walked in to check on him, he sat up, looked me in the eyes and asked, "Are you the guy who fixed my legs?" Shocked, I stammered out "Yes," to which he responded, "Well, thanks!"

Before medical school, I held several jobs, including working for a law firm, painting houses and farming. I wanted a profession with visible results, and I realized jobs like farming and painting—as well as orthopedics—allowed me to do that. After medical school, I completed my residency at University of Wisconsin Hospital



and Clinics and my fellowship in Auckland, New Zealand.

I believe orthopedics is one of the most satisfying areas of medicine. You get to directly see the results of your work. I have frequent intellectual challenges and long-term relationships with my patients and their families.

HILLARY BECKER, MD '07

After medical school, I spent six years completing an orthopedic surgery residency and hand fellowship at Mayo Clinic in Rochester, Minnesota. I now am an orthopedic hand surgeon for the Sanford Orthopedics and Sports Medicine group in Sioux Falls, South Dakota. We are a group of 13 orthopedic surgeons who are employed by Sanford Hospital.

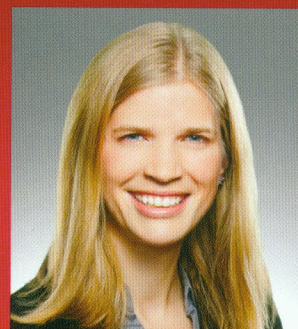
About half of my cases are trauma-related, including injuries to soft tissue, tendons, nerves and bones from the elbow to the hand. The others

are routine surgeries of the hand and wrist for conditions such as carpal tunnel syndrome, trigger fingers, cysts and arthritis. I also do some soft tissue coverage cases like skin grafting for open wounds.

One of my most rewarding recent cases was a bilateral syndactyly release for a 2-year-old boy who had webbed third, fourth and fifth fingers. A partner and I treated this patient together, in a staged fashion, due to the significant bilateral involvement. Following two surgeries six months apart, the boy is able to use his fingers independently.

I initially thought I would specialize in family practice, but during a third-year orthopedics elective, I fell in love with orthopedic surgery. I subspecialized in hand surgery because I like the intricate detail of the hand and the collaboration with other physicians and therapists.

I recommend the field of orthopedic surgery for many reasons, including because we have continuity of care starting in the emergency department or clinic and through to recovery; we focus on patients' quality of life and function—it is incredibly rewarding to see a



patient be able to write or walk without pain following surgery; and jobs are diverse in terms of group size, call requirements and schedules. Also, our specialty is ever-changing with new research, implant design and materials, and bioengineering advances.

STEPHEN E. LEMOS, MD '94, PHD

I am the president and chair of Sports Medicine at Detroit Medical Center and direct its Orthopaedic Surgery Sports Medicine Fellowship. It has four fellows per year, and the center's Orthopaedic Surgery Residency (associated with Wayne State University) accepts four new residents each year, for a total of 20. I am on the residency faculty and direct the sports rotation.

Typically, I handle sports medicine cases, including arthroscopically assisted anterior cruciate ligament reconstruction, rotator cuff repair, shoulder instability, ulnar collateral ligament reconstruction, elbow and ankle

arthroscopy, and shoulder and knee replacement.

One of my memorable patients was a 23-year-old police cadet who was hit during motorcycle training. One femur and the opposite knee were shattered. I put a plate on his leg from knee to hip for the femur and fixed his knee. Our goal was to get him back to the Police Academy. He graduated nine months later and joined the local police force.

During my graduate and doctorate work, my interest in undersea and aerospace medicine led to research in dysbaric osteonecrosis and fostered my interest in bones and joints—and, through

medical school rotations, to orthopedic surgery. Strong mentors during my residency at the University of Vermont solidified my interest in sports medicine, and I completed a fellowship at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles. There, I was exposed to professional team coverage (Dodgers, Angels, Kings, Ducks, Lakers, Galaxy and Sparks), research and cutting-edge clinical medicine.

I practiced at the Lahey Clinic in Boston before moving to Detroit. I am the primary orthopedic surgeon for the Detroit Tigers and Pistons; I also help with the Red Wings



and oversee coverage of a high school football team.

Sports medicine is the "primary care" of orthopedic surgery. Often I do the initial diagnosis and treatment, then refer the patient to one of my partners. This allows me to keep up with pathology outside my specialty so I can be ready for nearly anything.

CLASS NOTES *compiled by Andrea Larson*

CLASS OF 1990

Bill McIvor was promoted to professor of anesthesiology at the University of Pittsburgh School of Medicine in January 2015. McIvor and his wife, Amy, live in Pittsburgh and have three children: Abigail, age 23; Alan, age 16; and Mallory, age 13. In his spare time, McIvor enjoys running, hockey, skiing and scuba diving. He hopes to see many of his classmates at Homecoming.

CLASS OF 1986

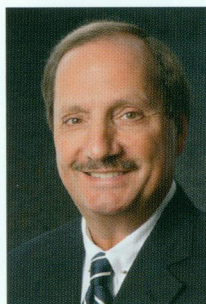
In 2012, **Louis Ptáček** was elected into the National Academy of Science, and most recently, he received the 2015 American Society for Clinical Investigation's Stanley J. Korsmeyer Award, which recognized his research that led to the development of the field of ion channel defects, known commonly as channelopathies. Ptáček is the John C. Coleman Distinguished Professor in the Department of Neurology at the University of California, San Francisco. He also directs that university's Neurogenetics Program. He has been a Howard Hughes Medical Institute investigator since 1997.

CLASS OF 1985

In January 2015, Rabbi David Baron, founder of the Beverly Hills Temple of the Arts at the Saban Theatre, officiated a free Shabbat service and performance on Martin Luther King Day to honor **Rev. Ronald V. Myers, Sr.**, a civil rights activist, founder and chairman of the modern movement promoting the holiday Juneteenth. Myers is a Baptist minister, jazz musician and physician serving the disenfranchised in Tchula, Mississippi. He played the piano at the Saban Theatre event, which also featured jazz guitarist Jacques Lesure.

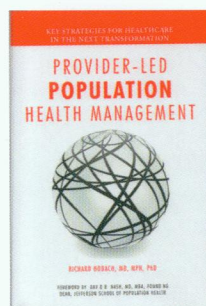
CLASS OF 1980

Paul Apyan completed the University of Tennessee at Chattanooga's master of business administration program in December 2014. He will use this to enhance his orthopedic consulting. Apyan and his wife, Laura, live in Hixson, Texas. They have three children: Emily Rose, age 32; Paul Sarkis, age 28; and Alexander Cannon, age 26.



CLASS OF 1976

Richard Hodach published a book titled *Provider-Led Population Health Management*. Hodach is the chief medical officer at Phytel in Dallas, Texas. The company develops software and tools to help providers manage populations in the transition to new models of care.



CLASS OF 1975

Robert Lemanske, Jr., was installed as the 2015-2016 president of the American Academy of Allergy, Asthma and Immunology at the organization's annual meeting in Houston in February 2015. Lemanske is a professor in the Departments of Pediatrics and Medicine at the UW School of Medicine and Public Health (SMPH). Board certified in pediatrics and allergy/immunology, he also is the head of the SMPH Division of Pediatric Allergy, Immunology and

Rheumatology. He has served on the expert panel for the development of guidelines for childhood asthma treatment in Canada and the U.S. through the National Asthma Education and Prevention Program, and he is a member of the program's Scientific Committee. Lemanske has published widely in medical journals, co-edited three books and authored more than 60 chapters in medical textbooks. He has presided on the editorial boards of *The Journal of Allergy and Clinical Immunology* and *Pediatric Allergy and Immunology*. His research focuses primarily on the pathophysiology and treatment of asthma, including mechanisms underlying pulmonary late phase reactions, virus-induced airway dysfunction and asthma inception in infants and young children.

CLASS OF 1968

Stephen Stein recently published a novel titled *The Oath*, a passionate work of historical fiction describing physicians' involvement in human experimentation at Auschwitz. The book's underlying themes are important for medical students and practicing physicians to understand. Stein practiced orthopedic surgery for 30 years in Phoenix.

CLASS OF 1955

Lawrence Field received an honorary membership from the American Academy of Dermatology at its 2015 annual meeting in San Francisco. This honor recognizes a member of the academy who has advanced the profession through leadership and service that affirms an uncommon and sustained dedication to dermatology. Field continues to assist with the development of the International Traveling Mentorship Program of the American Society for Dermatologic Surgery. He developed and endowed the mentorship program, which has approximately 175 mentors from 30

countries and is expanding. It is the world's only such program with the primary aim to elevate the status and knowledge of dermatologic surgeons around the globe.

CLASS OF 1948

Roland Liebenow and his wife, Martha, were crowned the king and queen of the Knickerbocker Ice Festival in Lake Mills, Wisconsin, in February 2015. The process of harvesting ice for use in keeping meat and other products from spoiling was once a booming business in Lake Mills thanks to the Knickerbocker Ice Company. A local historian, Liebenow writes articles about historical events for the local newspaper.

IN MEMORIAM

James B. Jones, MD (PG '88)
Seattle, Washington
July 28, 2012

Christopher A. Graf, MD '54
Sheboygan, Wisconsin
April 17, 2015

Russell E. Holmes, MD '69
East Lansing, Michigan
January 23, 2015

Raymond L. Hansen, MD '52
Marshfield, Wisconsin
January 15, 2015

Mark F. Mergen, MD '64
Mt. Kisco, New York
February 11, 2015

George R. Kennedy, MD '47
Tulsa, Oklahoma
November 6, 2014

Henry C. Anderson, MD '55
Rockford, Illinois
January 13, 2015

Jean C. Born, MD '46
Berkeley, California
February 15, 2015

GOODBYE DEAR FRIEND: WILLIAM CRAIG, MD

William A. Craig, MD (PG '71 and '73)—founder and inaugural chair of the Division of Infectious Disease in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Medicine—passed away in March 2015 in Madison.

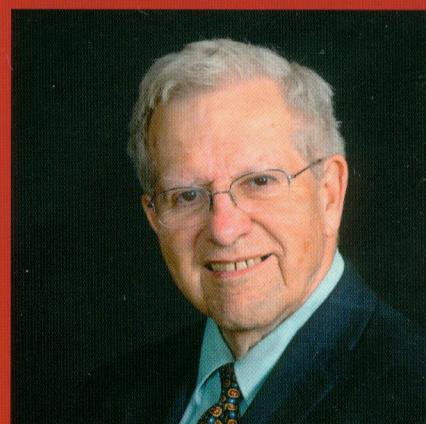
Craig was renowned as a clinician-scholar in antimicrobial therapy and infectious disease. His early work on quantifying the relationship between antimicrobial dosing and treatment effect led to development of the field of antimicrobial pharmacodynamics. These advances laid the foundation for dozens of new antibiotics, and he had a hand in the preclinical research of most antibiotics marketed in the past four decades, leading to profound reduction in deaths due to bacterial sepsis worldwide.

He earned his medical degree in 1965 from Tufts Medical School and completed an internal medicine residency and infectious diseases fellowship at UW Hospital and Clinics. Craig served in the U.S. Army as a preventive medicine officer.

He joined the SMPH faculty in 1973; held a dual appointment with the UW School of Pharmacy from 1981 until 1995; served as associate chief of staff for education at the William S. Middleton Memorial Veterans Hospital and director of the Internal Medicine Residency Program at UW Hospital and Clinics; and was appointed emeritus professor of medicine in 2005.

Craig also served as president of the International Society for Anti-infective Pharmacology, editor of *Antimicrobial Agents and Chemotherapy*, and chair of the U.S. Food and Drug Administration Anti-infective Advisory Committee and program committees for national associations.

SMPH Dean Robert Golden, MD, says, "Dr. Craig was a truly remarkable physician, academician and person. He exemplified the best qualities of our profession, including total dedication to his patients. His scientific prowess was exceeded only by his commitment to mentees. We always will remember his warmth, compassion and generous spirit."



LIFESTYLE PHOTO

David Andes, MD, associate professor of medicine and head of the Division of Infectious Disease, notes, "Dr. Craig inspired a passion for investigation and demonstrated unwavering support of independent work by his trainees."

Richard Page, MD, George R. and Elaine Love Professor and chair of the Department of Medicine, shares, "Dr. Craig touched innumerable lives of patients and their families, students, residents, fellows and faculty. We are fortunate to have counted him as a mentor, colleague and friend."

Know Your Class Representatives

Each University of Wisconsin School of Medicine and Public Health (SMPH) graduating class has one or more class representatives who play an integral role in working with the Wisconsin Medical Alumni Association (WMAA) to plan class reunions. Those featured here hope their classmates will join them at their reunions in fall 2015.

CAPT. GARY BRUNETTE, MD '00, MS, FFTM

What type of practice are you in now, and where?

After a preventive medicine residency at the University of Maryland, I became a U.S. Navy medical officer. In Italy, I provided health risk analysis and consultation to military units and ships under the European Command, and I was deployed for eight months during Operation Iraqi Freedom. In 2006, I became the chief of the Centers for Disease Control and Prevention's (CDC) Travelers' Health Branch. I also am a Captain in the U.S. Public Health Service and a fellow of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons in



Glasgow. I have done humanitarian work in several countries; in 2014, I spent a month in Nigeria on the CDC's Ebola response.

What's your fondest memory of medical school?

I still treasure the friends I made there.

Message to your classmates?

Our reunion will be my first time back in Madison since graduation. Please consider attending. It would be great to see everyone.

LISA SHEN, MD '10

What type of practice are you in now, and where?

In August 2015, I will be a pediatric dermatologist at the Ann and Robert H. Lurie Children's Hospital of Chicago at Northwestern University. I am completing a pediatric dermatology fellowship there.



What's your fondest memory of medical school?

Match Day was one of my fondest memories of medical school. You could feel the positive energy as everyone celebrated the amazing successes of our class. Our Match Day party also was a blast—thanks to the WMAA.

What SMPH faculty do you remember the most, and why?

Dean Patrick McBride is an amazing student advocate and made the effort to get to

know each of us personally. He has great school spirit and pride, and his enthusiasm is contagious. Dr. John Harting also is a phenomenal professor and friend to the class. He made sure everyone mastered his subject and gave us plenty of life advice!

What are your hobbies/interests?

I enjoy taking cooking classes, exploring Chicago—such as concerts at Millennium Park, Jazzin' at the Shedd and Broadway musicals—and running along Lake Michigan.

Family update?

In June 2013, I married Mark Howe in Madison. We made it through a total of 5.5 years of a long distance relationship, including medical school!

Message to your classmates?

I'm looking forward to reminiscing at our reunion and cheering on a Badgers victory! Thanks to Dr. Mike Colburn, we have a group Facebook page to keep in touch.

SARAH TEVIS, MD '10

What type of practice are you in now, and where?

I am a fifth-year general surgery resident at UW Hospital and Clinics.



What's your fondest memory of medical school?

Among the many great memories, my favorite was the first week of third year. It

Class Representatives who are Planning Reunions

These classes will hold reunions on Friday and Saturday, October 16 and 17, 2015, during Homecoming Weekend.

1970: Sandra Osborn
1980: Patrick McBride
1985: Representative needed
1990: John Hokanson and Joshua Safer

1995: Thomas Weigel
2000: Gary Brunette
2005: Brian Arndt
2010: Lisa Shen and Sarah Tevis

was amazing to participate in operations, talk to patients and learn from residents. It helped me fully appreciate what an incredible career I was embarking on, and I discovered my love of surgery.

What SMPH faculty do you remember the most, and why?

Dean Patrick McBride was a constant throughout medical school as a teacher, mentor and friend. He continues to be a valued mentor as I go through residency.

I was lucky to participate in the recent celebration of his time as the dean of students and wish him all the best.

What are your hobbies/interests?

In my spare time, I spend as much time as possible with my family. I enjoy boating, running and renovating our home.

Family update?

I married Lucas Tevis during my third year of medical school. We have a 2-year-old son, William, who is an avid Badger fan!

Message to your classmates?

The classmates I have seen on Facebook are scattered throughout the country. I am constantly reminded of how smart and successful you all are, and I am impressed by all that you have accomplished. Let's get together to reconnect as we all embark on our careers in various specialties.

GLOBAL HEALTH *continued from page 13*

workers and for building and improving hospitals, clinics, roads, sanitation systems and all of the other elements that contribute to good health.

"The eyes of the world are now on western Africa," Tupesis notes. "And the hope is that this will open the world's eyes to some of the things that are needed to truly improve health outcomes."

As Liberia emerges from the Ebola outbreak—the World Health Organization declared the end of the Ebola outbreak in that country in May 2015—Tupesis is working with the Academic Collaborative to Support Medical Education in Liberia, a group headed by the University of Massachusetts and funded by the Paul G. Allen Foundation. Tupesis and his colleagues are determining how to redevelop emergency services and emergency medical education, working with collaborators who survived the epidemic and re-establishing leadership.

"Rebuilding the infrastructure is key," Tupesis says. "If you really think about it, in a well-trained, well-run infrastructure, it only takes one doctor you trained to say, 'I think this is Ebola' and quarantine the patient, and it's over."

IN THE SHADOW OF EBOLA

As a medical historian, Mitman brings the perspective of history and the power of story to the Ebola crisis.

"What Ebola makes visible are the fault lines," Mitman says, adding that those fault lines—of economic, social and health

inequities—were clear every time his "Environment and Health" class met in 2015.

"Disease is never just biology," notes Mitman, who was in rural Liberia in June 2014 filming a documentary as Ebola began to claim lives in that country and nearby Guinea. In the months that followed, Mitman relived the history he teaches, watching as once again fear branded West Africa as a deadly, dark region. Concerned that few were heeding the Doctors Without Borders calls for help, Mitman wrote an article, "Ebola in a Stew of Fear," for the *New England Journal of Medicine* that explores the history of Western medicine in Liberia.

That history is fraught with fear related to those who extract riches and exploit indigenous people, with no concurrent effort to build infrastructure that would improve public health. Even now, he says, multinational corporations are receiving land concessions for agriculture and minerals, but no one is investing in the medical infrastructure.

Mitman's job, as he sees it, is to share stories that counteract the stereotype of "West Africa as a place of incompetence, irrationality and disease." In the film, "In the Shadow of Ebola," he weaves together Emmanuel Urey's personal experiences with the story of a nation torn apart by the outbreak in the aftermath of a civil war.

"Many of the initial measures instituted by the Liberian government to contain Ebola mimicked events that happened during the

14 years of civil war," Mitman says. "That led to great public mistrust toward the government."

The film captures anger, terror and hope as Urey, his family and the Liberian people face the epidemic. It shows the harsh reality of death and disease, yet captures how Liberians empowered themselves to confront Ebola when the international community was slow to respond. The film honors the visual and hip-hop artists creating Ebola public service announcements and the burial workers who have not been infected despite months of working with the dead.

The film has been successful, Mitman shares.

"I have had students come up to me in tears telling me how it transformed their understanding of epidemics and global health," he says. "Putting a face on the outbreak enabled them to connect with the story in ways that they had not before. They came to appreciate the ways in which Liberians were mobilizing to engage and educate communities and build trust."

Engagement, education and trust are necessary for effective public health interventions, agree Mitman, Tupesis and Kirking, who plan to continue their Wisconsin Idea efforts in West Africa and beyond.

—UW-Madison undergraduate student
Olivia Riedel contributed to this article.



Surgeon Goes 7,000 Extra Miles To Help Others

DAVID W. DUPLER, MD '80

by Sharyn Alden

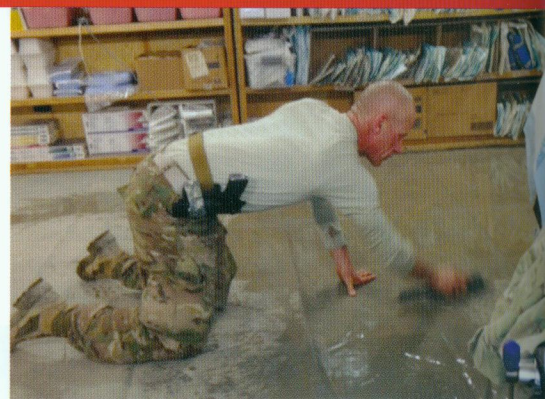
Not everyone would take time away from a busy surgical practice to serve in a war zone. But that's what David W. Dupler, MD '80, did. About traveling 7,000 miles to volunteer as a surgeon in Afghanistan, he explains, "It was just time."

While growing up with five siblings on a farm south of Madison, Wisconsin, Dupler wasn't envisioning a medical career. But life on that farm fostered his strong work ethic.

By the time Dupler entered high school, he was fascinated to learn how things work, from a scientific perspective. He was intrigued by projects that combined research and science, and he enjoyed volunteering to help people, especially elderly adults.

Dupler's interests led him to pursue an undergraduate degree in bacteriology at University of Wisconsin-Madison and a medical degree at the UW School of Medicine and Public Health (SMPH). There, he made many lifelong friends, including classmate Patrick McBride, MD '80, MPH, an SMPH professor of cardiology who has served as the school's associate dean for students for 11 years.

After medical school, Dupler completed a general surgical residency at the University of North Carolina Memorial Hospital, a surgical residency at Maine Medical Center and a fellowship at Mt. Sinai Medical Center. In 1992, he joined Fox Valley Surgical Associates, Ltd., in Appleton, Wisconsin, where he focuses primarily on endoscopy and laparoscopy in a 10-surgeon practice.



Top: David Dupler, MD '80, outside the hospital on the Forward Operating Base in Afghanistan. Above: Dupler scrubs the operating room, a challenge due to the dust.

Grateful for the many opportunities made possible by his education at UW-Madison, Dupler has amplified his gratitude through generous donations to the SMPH, including

a student and faculty lounge near Ebling Library in the Health Services Learning Center.

"Donating money for the Duppler/LaMarre lounge was the right thing to do," he says. "In 1976, UW-Madison took a chance on a Wisconsin farm kid, and now it was time to show my appreciation."

Through these donations, Duppler and his wife, Tia, wanted to honor their parents—Leila Duppler and Larry LaMarre.

"Tia's father was a U.S. Navy man who survived Pearl Harbor. He was an underwater demolitions expert and all-around good guy. He had seen horrendous things in the war, but he never spoke of them and went about building the rest of his life and providing for his family," Duppler says. "His ship, the Minneapolis, saved my future godfather, whose aircraft carrier, the Lexington, sunk in the Battle of the Coral Sea."

"My mother was the heart and soul of our family," he says. "While running a farm and keeping track of six active children, she and my father instilled in us the value of hard work and the indispensability of the Catholic faith. She was a blessing. I thank God she was able to enjoy my children before she died."

Duppler was inspired by many role models who served in the military. His grandfather served in WWI. His father and uncle served in WWII, and his uncle was wounded twice. His cousin's husband served in Vietnam, and his brother was a career Army officer in Operation Desert Storm. Two of Duppler's colleagues at Fox Valley Surgical Associates—Michael J. Black, MD '81 (PG '07), and Matt Bay, PA—were deployed to Afghanistan.

So, in 2013, at age 57, he volunteered as a surgeon in the Army Reserve Medical Corps. Tia Duppler and the couple's three grown children—twin daughters, Mattie and Jessie, and son, Lucas—supported him.

"I felt that it was time to do my part," Duppler explains. "I wanted to contribute what I could to help save lives."

He continues, "I am no hero, although I served with and cared for true heroes. What I did is no different from a teacher who works in an inner city or someone who volunteers in the local food pantry. As corny as it sounds,



Colonel Edgar Fike IV, MD, (left) and David Duppler, MD '80, operate on the hand of a soldier who sustained a shrapnel injury in Afghanistan.

I simply tried to do my part for my country. The real heroes are my family. People don't understand the sacrifice of military families, but my family lived it. I could not have done it without their support."

Leaving for three and a half months meant leaving a lot behind.

"It's a huge burden on others when you do something like this," notes Duppler. "In addition to your family, those in your practice face the burden of picking up the slack."

After meeting the Army's training requirements and completing officer training, Major David Duppler deployed around Thanksgiving 2013 to a tent hospital on the front lines in Afghanistan. It took five days for him to reach Forward Operating Base Shank, which had a two-by-four-mile footprint in an austere environment at 7,000 feet elevation. The base had been nicknamed "Rocket City" due to the amount of indirect fire it received.

Of his first impression, Duppler says, "I thought this must be what the moon looks like. There were rocks and dust everywhere, and rain turned it to rocks and mud. I never saw anything green."

When he arrived, the U.S. military presence in Afghanistan was winding down. This required disassembling and moving the

Forward Surgical Team (FST), which was inside the Forward Operating Base, while maintaining its functions for patients.

The FST's 20 members included surgeons, medics, nurses and technicians. A reservist physician serving with Duppler was on his sixth deployment.

"Working with this team was a life-changing experience," says Duppler. "We did our best to save life, limb and eyesight. Our role was to perform general stabilization procedures, such as inserting chest tubes, providing care for wounds from shrapnel and setting long-bone fractures. Our all-volunteer team included amazing people who were willing to do what they could to save lives under extraordinary circumstances."

The situation often required what Duppler calls "ducking and praying."

"When an alarm alerted the base about a rocket attack, we dropped to the ground—and prayed," Duppler explains, adding that he tips his hat to those who served outside the base in even more intense settings.

The three FST tents included an evaluation area, an operating room where four surgeons could simultaneously work on two patients, and an intensive care unit.

—continued on page 40

Alpha Omega Alpha Ceremony

Features Inaugural Visiting Professor Lecture



Class of 2015 AOA recipients: front row (left to right): Elyssa Guslits, Ann Chodara, Maggie Moses, Van Ann Tran, Olushola Akinshemoyin Vaughn, Brittney Bernardoni, Jamie Goehner, Loren Krueger, Joanna Zurko. Back row: Chad Ennis, Kelley Kadunc, Caroline Schrieber, Trista Stankowski-Drengler, Matthew Hoffman, Andrew Stein, Shawn Jackson, Jessica Rasmussen, Jennifer Reck, Molly Day, David Mahvi, Zachary Ranta, Nathan Eickstaedt. Not pictured: Nicholas Clark, Mick Kelly, Michele Malloy, Jon Slezak.

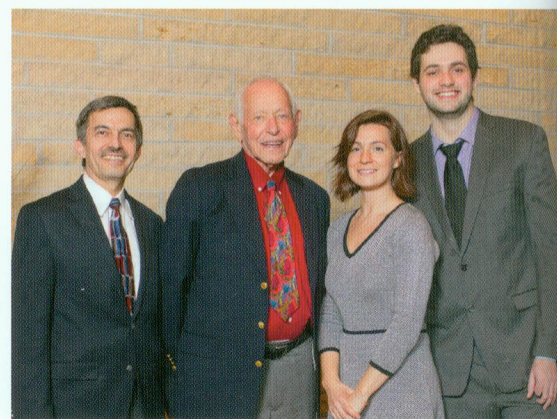
In March 2015, the Alpha Omega Alpha honor society inducted 26 fourth-year medical students, four faculty leaders from the University of Wisconsin School of Medicine and Public Health (SMPH) and one resident from UW Hospital and Clinics.

The ceremony—hosted by the Wisconsin Medical Alumni Association (WMAA)—featured an inaugural visiting professor lecture that was created a year ago through a significant donation by David de Harter, MD '68, and his wife, Diane. Their gift honored David de Harter's medical school alma mater by creating the "AOA Honor Medical Society David and Diane de Harter Visiting Professorship at the University of Wisconsin School of Medicine and Public Health." (See spring 2014 *Quarterly*.)

At the 2015 AOA ceremony, Leon Rosenberg, MD '57, presented the first de Harter lecture (see next page).

Rosenberg and de Harter—both honored by the AOA when they graduated from the SMPH—share a passion for the honor society, which recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. The AOA's values include honesty, honorable conduct, morality, virtue, unselfishness, ethical ideals, dedication to serving others and leadership. The 123 chapters around the world elect their own members.

At the SMPH, Laura Zakowski, MD '90 (PG '96), associate professor in the SMPH Department of Medicine, is the AOA councillor.



Left to right: AOA honoree Nizar Jarjour, MD (PG '89); visiting professor Leon Rosenberg, MD '57; and AOA honorees Melissa Cercone, MD, and Samuel Zidovetzki, MD. Additional honorees not pictured are: Mustafa Baskaya, MD, and Adam Rindfleisch, MD (PG '03).

ROSENBERG PRESENTS INAUGURAL DE HARTER LECTURE

Setting the tone for the 2015 Alpha Omega Alpha (AOA) ceremony, University of Wisconsin School of Medicine and Public Health (SMPH) Dean Robert Golden, MD, described many factors that made the event special.

"Last year, a 1968 graduate of our medical school, Dr. David de Harter and his wife, Diane, made a gift to endow an annual AOA Visiting Professorship at the UW School of Medicine and Public Health," Golden said, noting that Leon Rosenberg, MD '57, was the inaugural Dr. David de Harter and Diane de Harter Visiting Professor that evening.

Golden described Rosenberg as "a truly distinguished, nationally renowned graduate of our school."

A Madison native, Rosenberg earned his bachelor's degree from UW-Madison and his medical degree from the SMPH—both summa cum laude and accompanied by membership in Phi Beta Kappa and AOA.

After completing an internal medicine residency and fellowship at Columbia-Presbyterian Medical Center in New York City, he moved to Bethesda, Maryland, to begin a six-year association as an investigator with the metabolism service of the National Cancer Institute. Rosenberg joined Yale University's faculty as an assistant professor in 1965.

Within seven years, Rosenberg was the founding chair of the Department of Human Genetics at Yale, and in 1984, he became dean of the medical school. During his 26 years at Yale, Rosenberg also was a research geneticist, clinician, administrator, and professor of human genetics, pediatrics and medicine. He and his colleagues conducted pioneering laboratory investigations into the molecular

basis of several inherited disorders of amino acid and organic acid metabolism.

Rosenberg's research team made numerous seminal discoveries related to the molecular basis of inherited disorders of amino acid and organic acid metabolism.

"It's fair to say, he helped launch the field of pharmacogenomics," Golden noted.

Following his time at Yale and Princeton, Rosenberg became the chief scientific officer for Bristol-Myers Squibb (BMS) in 1991.

In 1998, he became a professor in the Department of Molecular Biology and the Woodrow Wilson School of Public and International Affairs at Princeton University.

"Since his so-called 'retirement' from BMS, he has devoted himself to teaching in the Princeton community, both at Princeton University and at a local prep school," explained Golden.

Rosenberg's honors include election to the National Academy of Sciences and to the Institute of Medicine, receipt of the Borden Award from the American Academy of Pediatrics and the Kober Medal from the Association of American Physicians, and honorary doctor of science degrees from the SMPH and the Mt. Sinai School of Medicine. Rosenberg was the medalist for the Australian Society for Medical Research in 2002. He is a past president of the American Society of Human Genetics, the Association of American Physicians, the Funding First Initiative of the Mary Lasker Trust and the Association of Patient-Oriented Research.

Golden noted that Rosenberg continues to be a remarkably loyal alumnus.



Leon Rosenberg, MD '57, addresses the AOA honorees.

ASTHANA, MESSING BEGIN LEADERSHIP ROLES

Sanjay Asthana, MD, (left photo) has become the first associate dean for gerontology at the University of Wisconsin School of Medicine and Public Health (SMPH).

"This important new position will coordinate the activities of several SMPH research programs in aging, promote collaboration among many campus programs and lead strategic planning for SMPH research on aging," says SMPH Dean Robert Golden, MD, adding that Asthana also will promote pursuit of new multi-investigator geriatrics- and gerontology-related grants from the National Institutes of Health and call upon a cohesive team of investigators across campus.

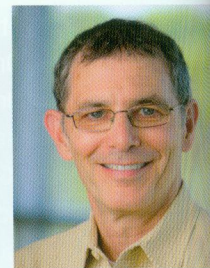
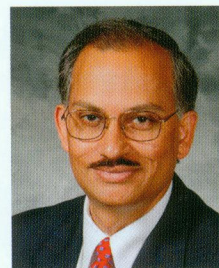
As director of the Wisconsin Alzheimer's Disease Research Center, Asthana continues to forge new ground in geriatrics and gerontology research. He has trained more than 40 physician-scientists and investigators in aging and dementia research and credits the remarkable strengths and international status of the SMPH and UW-Madison in these fields.

Albee Messing, VMD, PhD, (right photo) a professor of comparative biosciences at the UW School of Veterinary Medicine and an international leader in research on glial cell biology and Alzheimer disease, has been named director of the Waisman Center. He is

recognized for his unique combination of experience, skill and scientific excellence.

"Dr. Messing is an internationally renowned scientist who has developed an innovative scientific program while serving in a series of leadership roles at the Waisman Center. He is exceptionally well positioned to advance the center's missions through a seamless transition in leadership," says Golden.

The Waisman Center focuses on research, clinical care, training and outreach related to intellectual and developmental disabilities and neurodegenerative diseases. As director, Messing replaced Marsha Mailick, PhD, now the



UW-Madison vice chancellor for research and graduate education.

"I'm excited and honored to lead the many Waisman Center faculty, scientists and staff who carry out the important work of understanding and treating some of the most challenging health conditions. This work inspires hope for those affected by these conditions," says Messing.

BYERS-WINSTON SERVING ON NATIONAL BOARD

Angela Byers-Winston, PhD, has begun a three-year term on the Board on Higher Education and Workforce (BHEW) of the National Academy of Sciences.

The BHEW provides government, academic and industry leaders with analyses and recommendations to inform action and set strong public policy on issues in higher education and the workforce. Grounding its work in a foundation of data analysis, the board analyzes issues in higher education that affect the nation's ability to meet national goals in science and engineering. It also seeks to connect higher education with the

science and engineering labor market, enhance careers and education of doctoral scientists and engineers, and improve participation of underrepresented groups in science, medicine and technology.

"This is a terrific honor and an incredible opportunity to help inform and direct national policy and funding priorities for Congress, and subsequently the National Institutes of Health (NIH) and the National Science Foundation," says Byers-Winston, an associate professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Division of General Internal Medicine in the SMPH Department of Medicine.

Twelve scholars serve on the board. Byers-Winston was nominated due to her understanding of the value of higher education, knowledge of the changing nature of the science and engineering workforce, and deep commitment to excellence, equity and diversity.

Her research focuses on improving the effectiveness of mentoring to diversify the science, technology, engineering and math workforce. Recently, the NIH awarded a four-year, \$1.4 million grant to Byers-Winston and colleagues at UW-Madison to investigate the role of diversity awareness in mentoring relationships. She



also is a member of a national NIH-funded team that is setting up the National Research Mentoring Network. The White House named Byers-Winston a Champion of Change for her research efforts to diversify science fields.



There's More Online!
Visit www.med.wisc.edu/byers-winston

NEW CENTER AIMS TO BROADEN UNDERSTANDING OF TOXINS

Humans are constantly exposed to toxins in everything from air, food and water to the goods we buy. While we know the harmful effects of substances such as phthalates, asbestos and lead, our environment contains tens of thousands of toxins for which we do not know that information.

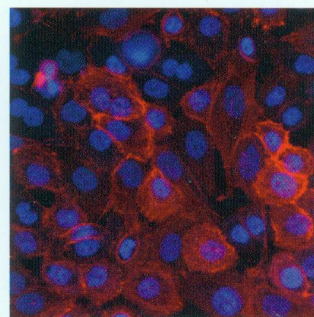
"We do not have a good understanding of how environmental chemicals might influence human tissues," says William Murphy, PhD, a professor in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Orthopedics and Rehabilitation,

co-director of the UW Stem Cell and Regenerative Medicine Center, and Harvey D. Spangler Professor in the Department of Biomedical Engineering.

Murphy is leading a diverse team of UW-Madison researchers who received \$6 million from the U.S. Environmental Protection Agency (EPA) to develop models and screening tools that will rapidly advance knowledge of the health effects of today's ever-growing assortment of environmental toxins. The grant will create the Human Models for Analysis of Pathways (H-MAPs) Center at UW-Madison.

With connections to the SMPH, College of Engineering, School of Veterinary Medicine, Morgridge Institute for Research and Wisconsin Institutes for Discovery, the research team includes leading experts in human pluripotent stem cell biology, tissue development and microscale tissue engineering.

Researchers will draw on their combined expertise to develop "organotypic" culture models, as well as robust, practical technological tools that allow researchers to rapidly and reliably screen many toxins simultaneously. The long-term goals are to replace



animal models and use human microscale tissues in a dish to recreate the complex physiology of human tissue. The EPA center aims to fundamentally transform our understanding of how chemicals in the environment can affect human tissues.

UW RECEIVES \$3.7 MILLION TO STUDY E-CIGS

As the federal government considers how to regulate electronic cigarettes (e-cigs)—electronic devices that allow users to inhale nicotine vapor ("vaping")—the University of Wisconsin School of Medicine and Public Health (SMPH) has received a \$3.7 million grant to further study them over the next five years. The grant is sponsored by the National Cancer Institute of the National Institutes of Health and the U.S. Food and Drug Administration.

E-cigs are largely unregulated in the United States. This research will provide in-depth, longitudinal information, based on real-time reports, to address

priorities that may inform regulatory and health agencies, including understanding the relationships between vaping and nicotine dependence; rates of smoking vs. vaping; health outcomes related to these activities; and whether vaping may affect attempts to quit smoking.

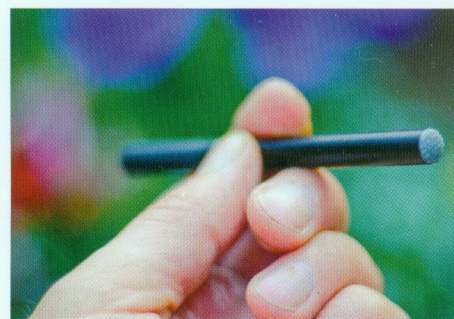
The UW Center for Tobacco Research and Intervention (UW-CTRI) will identify and follow 150 participants who exclusively smoke cigarettes and 250 who both smoke and vape.

"This research will allow us to examine the public health effects of smoking and vaping during this critical period of

emerging policy discussions," notes Megan Piper, PhD '06, an assistant professor in the SMPH Department of Medicine and UW-CTRI associate director of research.

Piper and Douglas Jorenby, PhD '91, a professor in the SMPH Department of Medicine and UW-CTRI director of clinical services, are co-principal investigators on the grant.

According to the World Health Organization "2014 E-Cigs Report," in 2014 there were 466 brands of e-cigs. In 2013, consumers spent \$3 billion on e-cigs globally. Sales are forecasted to increase by a factor of 17 by 2030. Also, according



to a study conducted by the University of Michigan, in 2014, more teens used e-cigarettes than conventional cigarettes or any other tobacco product.

Major Gift Enhances Emergency Care

JIM BERBEE, MD (PG '14), MBA,
AND KAREN WALSH



Longtime Badgers Jim Berbee, MD (PG '14), MBA, and Karen Walsh chose to support emergency medicine at the UW School of Medicine and Public Health and UW Hospital and Clinics to make a difference for patients and their families.

by Toni Morrissey

Karen Walsh and Jim Berbee, MD (PG '14), MBA, like to fly under the radar as much as possible with their philanthropy. But that became challenging when the couple donated \$10 million to the University of Wisconsin School of Medicine and Public Health (SMPH) for the Department of Emergency Medicine.

"We want to make a positive impact in the community. We are fortunate to have found a partner in Dr. Azita Hamedani, chair of the Department of Emergency Medicine," says Berbee. "Karen and I know that with her leadership, our investment in emergency medicine will be used to benefit the community, the state, and, through research, the nation."

Berbee has an insider's perspective on emergency medicine and the UW Hospital and Clinics Emergency Department. A graduate of UW-Madison with degrees in engineering and business, he sold Berbee Information Networks Corporation in 2006 and then attended Stanford Medical School. He completed his emergency medicine training at UW Hospital and Clinics and now works as an emergency physician in Madison and rural Wisconsin.

Walsh, too, is firmly grounded in the university. She obtained BS and MS degrees in journalism from UW-Madison and worked there in public information positions for 23 years. She finished her career as an assistant dean in the College of Engineering. She is active in the community, currently co-chairing the capital campaign committee for the UW School of Veterinary Medicine.

Both believe that private philanthropy is needed now more than ever because of shrinking public grants. They point to John and Tashia Morgridge who last year committed \$100 million in matching funds to support endowed faculty positions. Part of the Berbee Walsh gift will be matched by the Morgridge family, for a total gift of \$13.5 million.

The gift and match will produce dramatic results, according to the inaugural chair of the SMPH Department of Emergency

"Philanthropic support like the Berbee Walsh gift allows us to grow robust clinical, educational and research programs, while continuing to provide service to the community."

—Azita Hamedani, MD, MPH, MBA

Medicine, Azita Hamedani, MD, MPH, MBA. Two million dollars was used to create the vice chair of research and academic affairs position in that department—a position Manish Shah, MD, will hold as of July 2015. Other funds will be used to support junior research faculty and provide opportunities for emergency medicine residents to become involved in various national activities. Now Hamedani is ready to move on to the vision for emergency medicine, beyond patient care and education, to the forefront of research.

"Philanthropic support like the Berbee Walsh gift allows us to grow robust clinical, educational and research programs, while continuing to provide service to the community," notes Hamedani.

Challenges to implementation of clinical and academic goals are significant. The hospital emergency department sees more than 56,000 patients a year, or 150 patients a day. That represents more patient visits than almost any other UW Health care site. The emergency department is cramped, and the patients are sicker than ever. There is a need to grow the UW Hospital and Clinics Emergency Medicine Residency Program to train more and keep more emergency physicians in Wisconsin. Attracting the best residents and faculty is made easier thanks to the Berbee Walsh gift, shares Hamedani.

"Very few academic departments have endowed professor positions in emergency medicine," she says. "And now Wisconsin has four. We are in a very fortunate position."



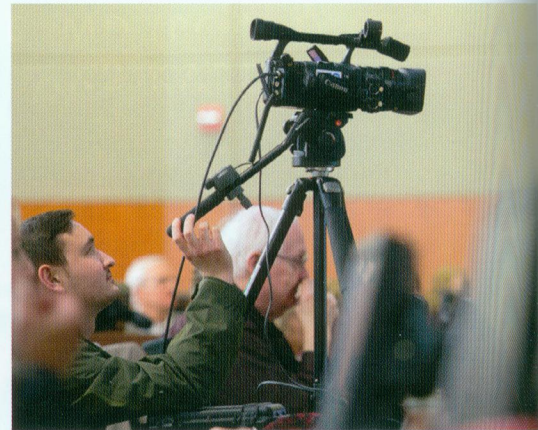
Azita Hamedani, MD, MPH, MBA, (above) has a strong interest in health systems improvement. Her medical background and degrees equip her with unique expertise to envision and implement expansion of emergency medicine.

UW Hospital and Clinics will match \$4 million of the gift for a major expansion of the hospital's emergency department, one of only two Level I trauma and burn centers in the state. The emergency department will be expanded from 34 beds to more than 50 treatment areas. Plans also include the creation of a clinical decision unit for patients who require a longer stay than a typical emergency center visit but not long enough to require hospital admission; a flexible care area for initial triage and diagnosis; and a multipurpose procedure room for more complicated procedures that are now moved to high-demand operating rooms. The newly remodeled emergency department will be completed in spring 2016.

"Jim and I recognize that who we are today is shaped by our experiences at University of Wisconsin-Madison," shares Walsh. "We are grateful that we can support an institution that has been important in our lives and in the lives of countless others."

Mini Med School

Features Cancer Research and Treatment



CLINT THAYER/DEPT. OF MEDICINE (10)



by Rebecca Wasieleski

It's rare to find an American who hasn't been affected by cancer first-hand or through a loved one. The PBS special, "Cancer: The Emperor of All Maladies"—based on Siddhartha Mukherjee's Pulitzer Prize-winning book and executive-produced by award-winning filmmaker Ken Burns—has renewed the public's attention to the need for better treatments and a cure.

The documentary tells a 4,000-year history of cancer, intertwining patient stories and the latest research into a narrative of challenge and hope. It inspired community forums throughout the country, including at the University of Wisconsin School of Medicine and Public Health (SMPH), which hosted its March 2015 Mini Med School on the topic "Cancer Research and Treatment."

UW-Madison is celebrating 75 years of prominence in cancer research, education and treatment, which began with the 1940 founding of the McArdle Laboratory for

Cancer Research and continued with the 1973 formation of the Comprehensive Cancer Center, now known as the Carbone Cancer Center—both homed in the SMPH. The university's long, productive cancer research and treatment legacy is marked by discoveries that influence patient care today.

Howard Bailey, MD (PG '90), professor in the Departments of Medicine and Obstetrics and Gynecology and newly named director of the Carbone Cancer Center (see sidebar), and Paul F. Lambert, PhD '85, Howard M. Temin Professor and Chair of Oncology and director of the McArdle Laboratory for Cancer Research, served as moderators for the Mini Med School. The event began with a preview of Burns' documentary followed by clinical vignettes that bridged historic UW-Madison cancer research discoveries with current cancer research programs.

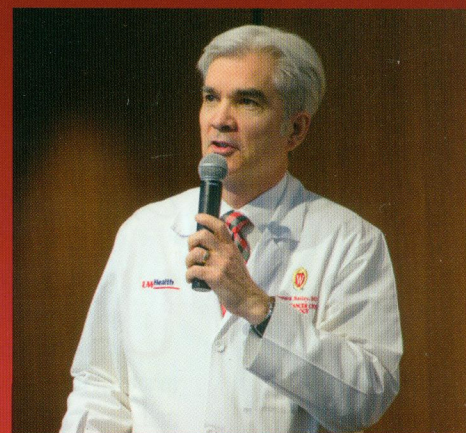
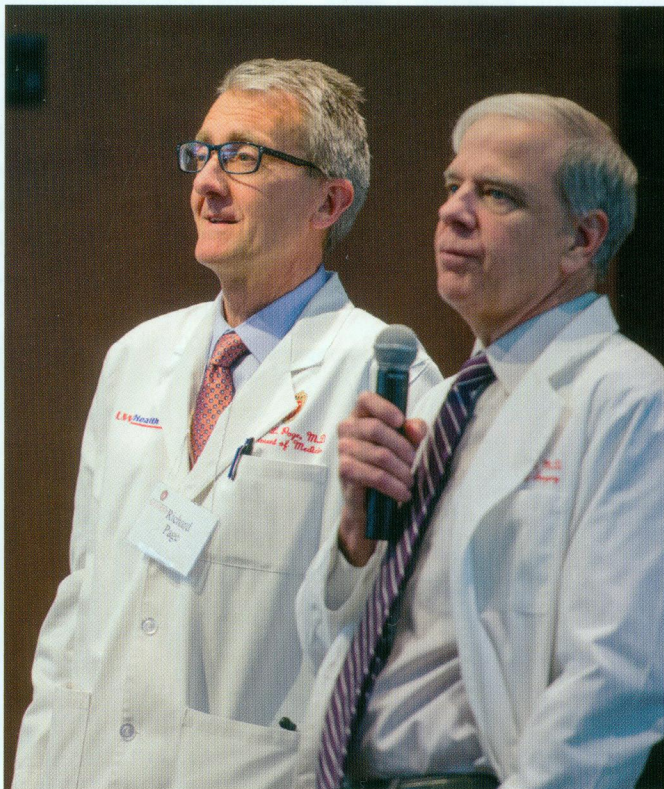
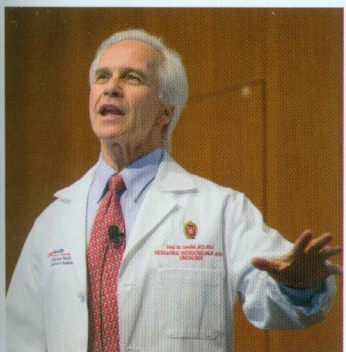
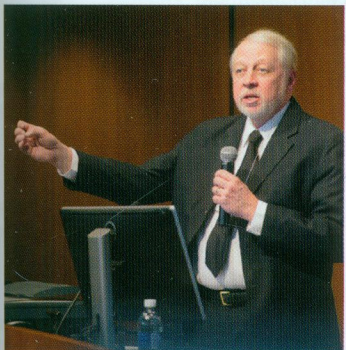
Paul Ahlquist, PhD '81, the Paul J. Kaesberg Professor of Oncology and Molecular Virology at McArdle and a Howard

Hughes Medical Institute investigator, described the work of the late Howard Temin, PhD, the Nobel Prize-winning McArdle researcher whose discovery of reverse transcription dramatically advanced virus and cancer research and treatment. Temin's legacy has continued in the Human Cancer Virology Program, which is advancing understanding and control of multiple human tumor viruses and related cancers.

Paul Sondel, MD, PhD '75 (PG '80), the Reed and Carolee Walker Professor in Pediatric Oncology and head of the Division of Pediatric Hematology, Oncology and Bone Marrow Transplantation, described how the idea of mobilizing a patient's immune system to fight cancer started with UW researcher Fritz Bach, MD. In 1968, Bach performed one of the world's first bone marrow transplants, essentially transplanting immune system cells as a way to target a patient's immune system toward cancerous cells, a technique shown to be an effective cancer treatment.



Both pages, bottom row (left to right): SMPH Dean Robert Golden, MD, addresses the audience; Paul Ahlquist, PhD '80, describes genetic discoveries; Shigeki Miyamoto shares his multidisciplinary research; Paul Sondel, MD, PhD '75 (PG '80), talks about pediatric cancer; Richard Page, MD, and K. Craig Kent, MD, are "mini deans" for the series. Middle row: Participants fill the Health Sciences Learning Center auditorium; a videographer captures the event for the web; Paul F. Lambert, PhD '85, serves as a co-moderator for the event with Howard Bailey, MD (PG '90) (pictured at right). Top/center: Ruth O'Regan, MD, fields questions after her talk about breast cancer.



Bailey Named Director of Carbone Cancer Center

In April 2015, Howard Bailey, MD (PG '90), (above) was named director of the University of Wisconsin Carbone Cancer Center (UWCCC), the state's only National Cancer Institute-designated comprehensive cancer center. A professor of medicine at the UW School of Medicine and Public Health (SMPH), Bailey specializes in gynecologic and soft-tissue cancers and prevention. He was the center's interim director for two years.

Having worked closely with the center's namesake—Paul Carbone, MD—Bailey has been an active medical oncology clinician and researcher since joining the UW-Madison faculty in 1994. He led the development of three state- and national-level clinical research networks to expand access to cutting-edge research. An expert on drug and nutrient development for cancer prevention and treatment, he has directed or participated in more than 100 clinical trials.

Bailey earned his medical degree at the University of North Dakota and completed his residency at Southwestern Michigan Area Health Education Center in Kalamazoo. He completed fellowships in medical oncology and oncologic research at the UWCCC.

"The Carbone Cancer Center embodies the spirit of what this university accomplishes for our state," says SMPH Dean Robert Golden, MD. "Its researchers make important discoveries that lead to better treatments; its clinicians deliver those treatments to patients; and both educate health professionals and scientists who are moving the field forward. Howard has excelled in all roles. It is a privilege to have him in this leadership role."

Continuing in Bach's footsteps, Sondel and others from the SMPH are part of a Pediatric Cancer Dream Team supported by the national organization Stand Up to Cancer, which focuses on creating novel therapies for some of the most lethal childhood cancers.

Shigeki Miyamoto, PhD, professor of oncology at McArdle, profiled the work of McArdle researcher Charles Heidelberger, PhD, who in 1957 synthesized 5-fluorouracil (5-FU), one of the first chemically synthesized cancer drugs. By inhibiting replication of DNA, 5-FU inhibits tumor growth and is used to treat breast, colon and other cancers.

Like Heidelberger's research, Miyamoto's work embraces a multidisciplinary approach to cancer research. His team of cancer biologists, engineers, pathologists, clinicians and statisticians investigate predictive chemotherapy tests using microdevices to analyze a patient's cancer cells together with his or her non-cancer cells. They hope doctors can someday use these devices to

expose a cancer patient's cells to a variety of drugs to identify the most effective treatment.

Ruth O'Regan, MD, head of the Department of Medicine's Division of Hematology and Oncology, is an internationally known physician-researcher in therapy-resistant breast cancer. She profiled the work of Paul Carbone, MD, who developed the idea of treating breast cancer patients systemically with chemotherapy after surgical removal of breast tumors, and the work of V. Craig Jordan, PhD, who found the drug tamoxifen could shrink certain breast cancer tumors and prevent them. O'Regan also described promising research that targets triple negative breast cancer, an aggressive, therapy-resistant disease.

Mini Med School is a free, community-based program. The event's "mini deans" are Richard Page, MD, George R. and Elaine Love Professor and chair, Department of Medicine, and K. Craig Kent, MD, A.R. Curreri Professor of Surgery and chair, Department of Surgery.

Challenging the Norm: Fostering Ethics

University of Wisconsin School of Medicine and Public Health (SMPH) student David Staudt (photo at right) received first place, and runner up Anna Mirer received recognition for submissions to the second-annual Dr. Norman Fost Award for the Best Medical Student Bioethics Essay.



Their work explored the theme of the March 2015, seventh annual Bioethics Symposium, "Challenging the Norm: Fostering Ethics," sponsored by the SMPH and its Department of Medical History and Bioethics.

The students' essays followed criteria in reaction to the following scenario (condensed here; full version online):

You are a pediatric resident. A 12-year-old girl is admitted to the pediatric intensive care unit (PICU) with respiratory distress secondary to an asthma attack. Her inability to breathe is exacerbated by severe restriction of her chest cavity due to extreme obesity. She also has type 2 diabetes, obstructive sleep apnea and hypertension.

Her pediatrician tells you that prior interventions have had little success. They counseled her parents about providing her with regular exercise, reduced screen time and a nutritional diet, but the parents dismiss the measures.

In this case, should the parents be considered negligent of the child's health? If so, should child protective services (CPS) intervene and remove the child from that environment? Have all other interventions been exhausted?

Winning Essay*: "Ethical Issues in Childhood Obesity: When is Removal Justifiable?"

The central conflict is between the parents' autonomy to make child-rearing decisions and the child's well-being. The U.S. Supreme Court has determined that child-rearing decisions are constitutionally protected privacy rights. Opposed to these rights are the child's "best interests." Although highly criticized, this standard is widely used in decisions to treat children against parents' wishes when those wishes are detrimental and could constitute neglect.

Wisconsin law defines neglect as "failure, refusal or inability on the part of a parent ... to provide necessary care, food, clothing, medical or dental care ... so as to seriously endanger the physical health of the child." In obesity cases, one group of physicians asserted that parents are negligent if they "fail to seek medical care, fail to provide

recommended medical care or fail to control their child's behavior to a degree that places the child at risk of serious harm, including death." Her parents have failed to follow medical advice, and she required PICU treatment. Thus, these parents' actions may be considered negligent.

While Wisconsin law permits taking custody of a child under certain circumstances, home removal is drastic. What is legal is not always what is ethical. Some physicians consider removal justifiable when there is "1) a high likelihood that serious, imminent harm will occur; 2) a reasonable likelihood that coercive state intervention will result in effective treatment; and 3) the absence of alternative options" Are those criteria met?

Regarding "high likelihood of serious, imminent harm," a large-scale review reports that obese children are at risk of metabolic syndrome, type 2 diabetes mellitus, atherosclerosis, hypertension, obstructive sleep apnea, asthma, non-alcoholic fatty liver disease (NAFLD) and other conditions. While serious, whether the conditions pose imminent harm is debatable. Childhood obesity-associated cardiovascular disease has not been associated with increased risks of childhood myocardial infarction, stroke or malignancy. Obese children with NAFLD have an increased risk of mortality or liver transplant as young adults, but that hardly seems "imminent." More relevant is a correlation between obesity and asthma requiring emergency care. Each year, 200 children die from asthma. While this is a tiny fraction of asthmatic and obese children, this child's disease needed PICU care, so this could constitute "serious, imminent harm." However, a PICU stay versus ward care is often subjective, and without report of invasive treatments, determining the significance of this PICU care is difficult.

Regarding effective treatment, one review of pediatric lifestyle interventions reported that greater than 10 percent of patients had sustained, significant weight loss. Successful interventions lasted more than six months, targeted younger youth who were overweight but not obese and involved motivated children and parents. Thus, a CPS-mandated lifestyle intervention seems unlikely to be effective. Some argue that the goal of intervention isn't body mass index (BMI) reduction, only weight loss sufficient to improve comorbidities. Even with this goal, weight regain poses a major problem based on available data.

Advocates of CPS intervention hold that removal should occur only when no alternatives exist. In this case, there are unexplored therapies, such as a medication associated with minor weight loss approved for children age 12 and up,

and bariatric surgery, which can reduce BMI and improve comorbidities in obese children. A clinical trial showed positive results in older teens who underwent laparoscopic banding. But, surgical approaches are new and have problems with complications, payment and consent. Another option is aggressive management of the most symptomatic comorbidities while working with the family.

This last option seems preferable. The long-term conversation with this family would move toward

addressing underlying obesity while managing comorbidities. Motivating the family is critical for success. CPS could assist the parents in meeting expectations. However, removal from the home at this point is not warranted. Given the uncertain efficacy of removal and associated negative psychological effects, this should be considered only as a last resort.

** Essay has been condensed. The full version, including references, is available at med.wisc.edu/45886.*

Honoring Norm Fost, MD, MPH

For four decades on the University of Wisconsin School of Medicine and Public Health (SMPH) faculty, Norman Fost, MD, MPH, a professor emeritus and bioethics pioneer, has made an enormous difference for children and families across the nation. With joint appointments in the Department of Medical History and Bioethics and the Department of Pediatrics, he recently retired but will remain part time in both departments.

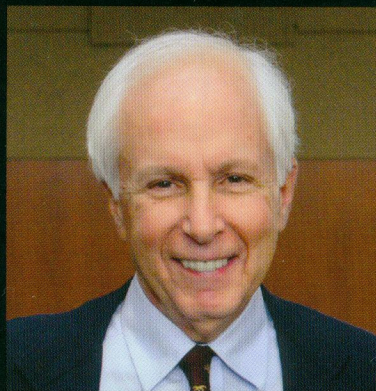
The Department of Medical History and Bioethics honored Fost at the March 2015 Bioethics Symposium that bears his name. And in December 2014, the Department of Pediatrics celebrated his many accomplishments.

Fost directed the Pediatrics Residency Program for 20 years, founded and led the UW-Madison Bioethics Program for more than 30 years, chaired the UW-Madison Health Sciences Institutional Review Board for 31 years and chaired the UW Hospital and Clinics Ethics Committee for more than three decades. He also served on President Clinton's Health Care Task Force in the 1990s and participated in numerous national committees, including those at the National Institutes of Health and the U.S. Food and Drug Administration. He has earned numerous lifetime achievement awards.

In Fost's honor, the Department of Pediatrics recently established the Lecture in Bioethics and, for the first lecture, brought in one of Fost's former residents: Douglas Diekema, MD, MPH (PG '89), a professor of pediatrics at the University of Washington School of Medicine and director of education at the Treuman Katz Center for Pediatric Bioethics at Seattle Children's Hospital. Diekema says he considers Fost one of his most influential mentors. Both men have received the American Academy of Pediatrics' William G. Bartholome Award for Ethical Excellence.

Fost expresses sincere appreciation to the many department chairs, SMPH deans and senior leaders who supported his work for more than 40 years.

"What really matters is what's going on locally—the people who are close to you, the people who know you the best, the people you care about the most," noted Fost at the Department of Pediatrics celebration. "Knowing that so many people care has been so gratifying."





In spite of the rain and wind, M2 Brock Polnaszek proudly wears his Boston Marathon number 4830 as he competes in his seventh marathon.

Brock Polnaszek Keeps Running

DESPITE RHEUMATOID ARTHRITIS

Interview by Emily Kumlien

Brock Polnaszek, age 25, is a second-year medical student at the University of Wisconsin School of Medicine and Public Health (SMPH). From Thorp, Wisconsin, Polnaszek has managed an intense course load, completed his first Ironman in

September 2014 and ran his first Boston Marathon—his seventh marathon—in April 2015.

Moreover, he has accomplished this while managing the pain of rheumatoid arthritis, which he refuses to let slow him down.

He's also using his connections to the medical field and as an endurance athlete to help the

Arthritis Foundation's Upper Midwest Region raise awareness about all types of arthritis.

How was the Boston Marathon?

The experience was indescribable! We had some of the toughest weather in the race's history, with winds up to 35 mph, rain and cold temperatures, but the weather didn't stop the runners or the million spectators who lined the course. My race mantra was "Be patient, be strong," and I felt

like I ran my best marathon by executing my plan for nutrition and my pace.

The atmosphere was electric, with a never-ending wall of people almost lining the entire length of the race. The course is designed to test your limits due to some rolling steep hills and declines, and I loved every second of the challenge. From the athletes to the spectators and volunteers, this is a top-notch race that I will do again!

Why do you run?

Running started as a way to take care of myself when my health was at its worst, and it evolved into a lifestyle. As a college freshman, I needed surgery to remove some masses on my chest and neck. Afterward, I was taking multiple medications, suffering from frequent flares and struggling with intense fatigue. Once I was cleared for exercise, I worked with my rheumatologist to build up my exercise routine. I remember running from the Lakeshore Dorms to Picnic Point and wondering why in the world anyone

Both are hard, but the Ironman triathlon's swimming, running and biking over 11 hours was more complicated in terms of nutrition, endurance and other things you have to manage for a 140.6-mile race. The Ironman, including training, was one of my most humbling and rewarding journeys.

The Boston Marathon is the oldest marathon in the world. I feel lucky to have qualified just a year after the 2013 bombing. It was surreal to walk Boylston Street near the finish line and see the memorials where the two bombs exploded last year. It gave the race an even deeper meaning as I thought about what that horrible day must have been like for spectators and athletes.

I plan to compete in both events again someday and improve my times.

How is medical school going?

As this school year ends, it is an exciting time of change. The first two years of medical school require digesting a large amount of information every day. I have a hard time sitting still for long periods. I am excited to begin the next stage of medical education, in which I'll be able to apply my knowledge as I care for patients. I want to take in as many of the third-year experiences as possible.

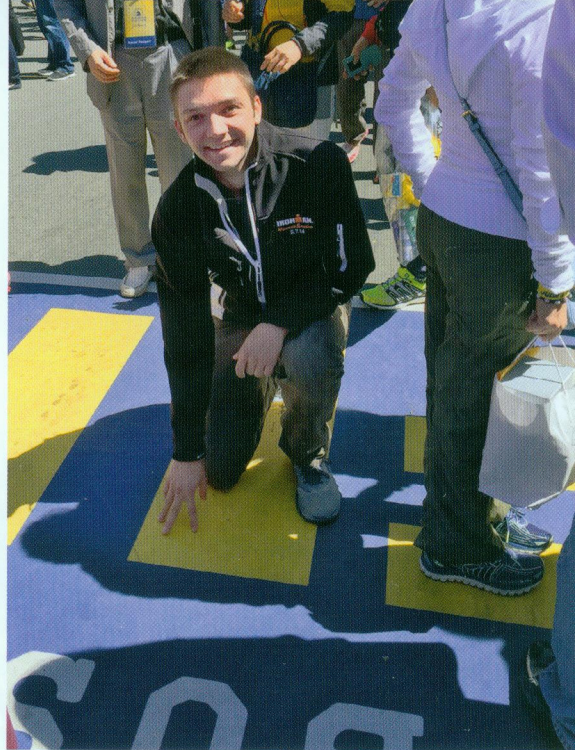
How has rheumatoid arthritis impacted your life?

I had juvenile idiopathic arthritis as a child, spent time in remission and was diagnosed with rheumatoid arthritis in high school. This made me the person I am today and influenced my decision to become a doctor.

As an endurance athlete, I have seen the profound ability of the human spirit to conquer all types of physical and mental limitations. I have raced with a cancer patient who was receiving chemotherapy and watched a father swim, bike and run 140.6 miles while pulling his son with disabilities. These people prove that anything is possible. In my future medical career, I want to be a source of hope and healing for my patients, regardless of their circumstances.

Where do you get your determination?

I have an amazing support network between my family, my girlfriend and my friends. I am fortunate to be surrounded by



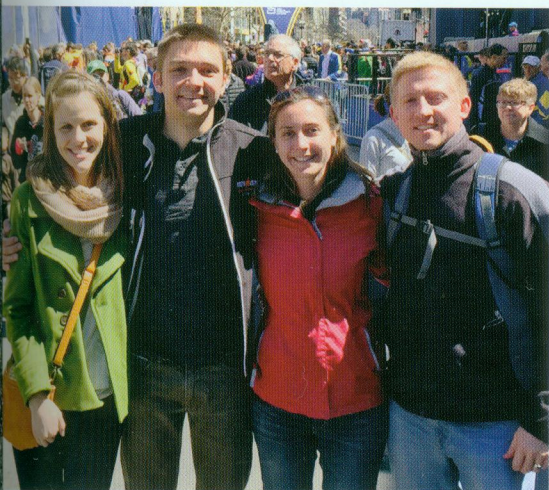
M2 Brock Polnaszek scopes out the finish line the day before the Boston Marathon.

people who support me and encourage me to pursue my goals. When you surround yourself with positive people who are passionate about something, their passion is contagious and inspirational. That catalytic environment is one of the things I value most about my medical school class, the medical field and endurance racing.

What's next for you?

I have been wondering about that a lot lately! I try to focus on the race in front of me, but this year I have hit two huge racing milestones. I think it's time to step back from competitive training and maintain my endurance base. I will continue to do local races until one of my siblings convinces me to do another big race. We've talked about racing the Boston Marathon together. I definitely have a bucket list of big races all around the nation and world—maybe even the Ironman World Championships in Hawaii.

Schoolwise, I am excited to plan my next career moves as a physician. I love working as part of a team and learning my role as a physician in caring for patients. Rheumatology has always been toward the top of my list of potential future specialties to consider, but I am approaching third year with my eyes open to all fields.



Left to right: M3 Jenny Gassner, M2 Brock Polnaszek, and Erin and Eugene Boyd (Polnaszek's sister and brother-in-law) celebrate Polnaszek's victory in Boston.

would do this. As I increased my miles over time, I slowly was able to cut back on my medications, and I noticed a change. The "anything is possible" attitude I learned from running trickled into every aspect of my life.

How did the Ironman Wisconsin and Boston Marathon compare?

It's impossible to compare them because the two races are completely different.

Study Finds Key Link in Cold-Virus Picture

Researchers at the University of Wisconsin School of Medicine and Public Health have made a key discovery about a cold-causing virus that is strongly associated with severe asthma attacks. Findings point to a new target for reducing both colds and asthma attacks linked to the virus.

The research team identified a cellular receptor for rhinovirus C (RV-C), a kind of "docking station" where the virus attaches to the cell and starts to multiply. A variant in the gene for this receptor had been linked to asthma in past studies, but the potential role of

the receptor, CDHR3, in asthma was previously unknown.

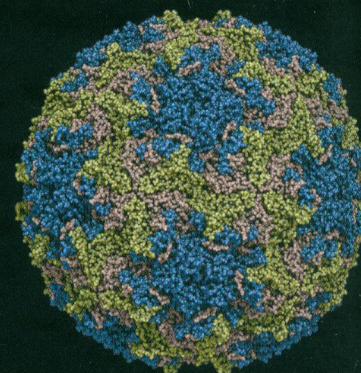
The new findings, published in the *Proceedings of the National Academy of Sciences*, help clarify the function of CDHR3 and may lead to the development of prevention and treatment strategies against RV-C-induced colds and asthma attacks.

"This virus had been hard to study because none of the standard cell lines in the laboratory would permit growth of RV-C because the virus bound to an unknown receptor on the surface of cells," says James Gern, MD, professor in the Departments of Pediatrics

and Medicine and principal investigator of the study. "But our research describes the protein (CDHR3) that enables RV-C viruses to bind to cells, enter them and ultimately start the replication process."

The findings suggest that a gene variant could be a risk factor for childhood wheezing illnesses caused by rhinovirus C, which in turn may increase the risk of developing asthma. In the future, development of drugs that block CDHR3 potentially could help prevent and treat illnesses caused by rhinovirus C.

Rhinoviruses are responsible for millions of



illnesses yearly at an estimated annual cost of more than \$40 billion in the United States.

Comparing Treatments for Diabetic Macular Edema

An ophthalmology research team at the University of Wisconsin School of Medicine and Public Health (SMPH) took part in a nationwide clinical trial comparing treatments for diabetic macular edema (DME). The study found that three commonly used drugs perform much the same for those with mild vision problems, but one performed better for those with more serious vision loss.

Results of the study, which was funded by a grant from the National Institutes of Health, were published in the *New England Journal of Medicine*.

The trial compared three drugs: Eylea, Lucentis and Avastin. All performed similarly

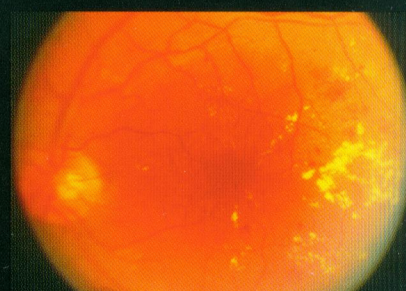
for people with mild DME, while Eylea did better for those with moderate or worse vision loss.

There were 660 people enrolled at 88 clinical trial sites across the United States. Justin Gottlieb, MD, chief of the retina service and a professor in the SMPH Department of Ophthalmology and Visual Sciences, was the local principal investigator for the trial in Madison.

"Being able to be part of this research is one of the reasons we practice at the University of Wisconsin," Gottlieb says. "We are able to be part of these studies and to help not only our patients, but people around the world who have diabetic macular edema."

The SMPH researchers recruited eight participants to the study. Three have completed two years of follow-up; the others will be followed for a full two years.

The results showed when vision was 20/50 or worse at the start of the trial, Eylea (aflibercept) provided greater visual improvement on average for the participants compared to the other two drugs. Each participant was randomly assigned to receive one of the drugs and received the assigned study drug by injections directly into the eye until DME resolved or stabilized. Patients were evaluated monthly.



Laser treatment was the standard for DME until the widespread adoption of these drugs a few years ago. Investigators found no major differences in the drugs' safety.

Diabetic macular edema can occur in people with diabetic retinopathy. About 7.7 million Americans have diabetic retinopathy. Of these, about 750,000 have DME.

How Psychopathic Brains Create Reckless Behavior

Thanks to functional magnetic resonance imaging (fMRI), neuroscientists are getting a better look at how the brains of psychopathic criminals work, and they're more complicated than previously thought.

A study that scanned the brains of 142 prison inmates showed different neural patterns for two constellations of traits associated with psychopathy. The results were published in the *Journal of Neuroscience*.

Scientists have long established that two clusters of traits make up the psychopathic personality. The

first involves traits such as shallow emotions, manipulation of others and superficial charm. The second involves impulsive and antisocial traits such as irresponsibility, recklessness and criminal behavior.

"Our study shows that these two clusters of traits have different representations in the brain," says Michael Koenigs, PhD, associate professor of psychiatry at the UW School of Medicine and Public Health. "If these different characteristics reflect different underlying causes, then from a treatment standpoint, it may be helpful to target these traits

separately with different types of therapy."

The first cluster—callous lack of empathy and shallow charm—is associated with reduced communication between parts of the brain that control thoughts and behavior. The researchers found this reduced connectivity in three neural networks governing thoughts and behavior, but not in networks that process hearing and sight.

The second cluster, related to impulsive and violent behavior, showed up in the brain as increased connectivity in those same three networks.



"Psychopathy appears to be linked to deficient communication between the brain's main information-processing hubs that ultimately control thoughts and behavior," Koenigs explains. "This is a more complex neuropsychological deficit than simply an inability to experience fear or anxiety, as others have proposed."

Research Calls for Federal Audit Reform

The federal government's audit system, which monitors how hospitals handle Medicare claims, needs to be reformed, says Ann Sheehy, MD, associate professor in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Medicine.

Sheehy, a UW Health hospitalist, and fellow investigators at the two other hospitals in the study—Johns Hopkins in Baltimore and the University of Utah in Salt Lake City—draw attention to the Recovery Audit Contractors and growing concern over outpatient (observation) and inpatient status determinations

for Medicare hospital benefits. The paper, "Recovery Audit Contractor Audits and Appeals at Three Academic Medical Centers," is the first to analyze hospital data on this issue; it was published in the *Journal of Hospital Medicine*.

"The paper's goal is to provide objective data to policy-makers so they can reform a subjective process," says Sheehy. "Medical fraud and abuse should not be tolerated, and systematic surveillance needs to be a part of Medicare. We argue that we need fair, constructive and cost-efficient surveillance of Medicare. We are willing to share data and lead this national discussion."

Patients hospitalized as inpatients qualify for Medicare Part A and insurance benefits. Patients hospitalized under outpatient status, including observation, can be covered under Medicare Part B, but may be subject to uncapped out-of-pocket charges. Medicare observation patients also do not qualify for post-discharge skilled facility care.

Federal audits are carried out by private government contractors. Auditors question hospital claims if they believe hospitals have called a patient stay inpatient rather than outpatient.

The paper looks at Medicare Part A audit and appeals data

from 2010 to 2013 at the study hospitals. If auditors contest a claim, there is a lengthy appeals process. Contested claims without a decision spent an average of 555 days in the appeals process.

"Hospitals cannot afford to have these claims tied up for so long," says Sheehy.

"We would like to see a re-focus in how Medicare dollars are spent. Our goal always is to provide the best medical care possible for patients," explains Sheehy, who testified twice in 2014 in front of congressional committees to promote changes in how the government enforces decisions about hospital-stay status.

RURAL RESIDENCY TRACK HELPS FILL CRITICAL NEED

by K. Craig Kent, MD, and
Eugene Foley, MD

We are deeply concerned about the looming deficit of general surgeons willing to practice in rural areas of the United States. This is acute in Wisconsin, where small communities and critical access hospitals are spread over a great distance.

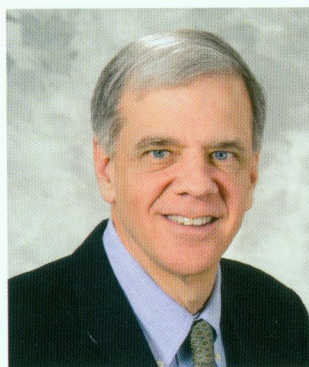
For patients, obtaining surgical care—particularly routine surgical care—far from home is inefficient, costly and undesirable. For rural hospitals, surgical procedures often produce a significant financial margin. Also, in small communities, the hospital often is the largest employer.

Rural surgery can provide an exceptionally rewarding career for surgeons who value independence and enjoy performing a wide array of procedures. However, surgical trainees often do not choose rural practice. In 2011-12, although 24 rural surgery positions were available in Wisconsin, 12 of the 16 graduates of the state's general surgical residencies sought specialized fellowships.

Aiming to ease this shortage, in 2014 the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Surgery created the innovative Rural Residency Training Track, accredited by the national Resident Review Committee in Surgery. Our first trainee will begin in July 2015.

Although many small communities can support a single surgeon, residents hesitate to choose rural practice for many reasons, including:

- Most do not have ample rural surgery role models.
- Individuals are rarely willing to take 24/7 call in solo practices. Some share call with surgeons from neighboring communities, but that may mean covering multiple hospitals, many miles apart.
- Urban-trained surgeons may find rural practice challenging due to the comparatively limited technology and related infrastructure. This may preclude their ability to perform procedures for which they trained. Also, they may be called upon to perform interventions for which they have little training, such as

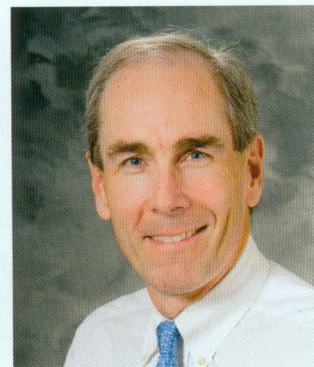


K. Craig Kent, MD, A.R. Curreri
Professor of Surgery and chair,
Department of Surgery

endoscopies, obstetrics, hand surgeries and urological interventions. Average general surgeons perform 23 different operations; those in rural environments do even more.

- The economics of a private solo or small group practice can be challenging.

The "UW Rural Residency" is designed to broaden trainees' expertise in surgical areas essential to small community practice, including the breadth of skills necessary to launch successful, satisfying careers. During the five-year program, residents will spend 18 months immersed in a rural surgical environment alongside strong



Eugene Foley, MD, professor,
vice chair of clinical operations,
Division of General Surgery;
director, General Surgery Residency
Program, Department of Surgery

mentors throughout the state. We have created partnerships in Neenah and Waupun, Wisconsin, and are discussing others.

We are grateful for funding from the Wisconsin Rural Physician Residency Assistance Program and Wisconsin Department of Health Services to support the program's development and early implementation. We commend the state for understanding the importance of primary care surgery, and we look forward to reporting our program's impact. Although our program is starting out small, we hope it will serve as a model for other programs around the nation.

DAVID W. DUPPLER, MD '80 *continued from page 25*

Stabilized patients were sent to the next level of care at Bagram Air Field in Afghanistan and then to Landstuhl Regional Medical Center in Germany before, typically, being transported to the U.S.

Upon arriving home in March 2014, Duppler found the experience bittersweet. He was eager to be home, but it was hard to leave the good people with whom he

served. He considers serving his country a once-in-a-lifetime experience that he will never forget.

Today, the physician calls upon surgical skills he has built over four decades. He uses some of that deft handwork for another endeavor. At the family's cottage in northern Wisconsin and on a lakeshore near Appleton, this avid fly fisherman enjoys practicing the

art of tying intricate flies. Looking back at his years at UW-Madison, a rush of memories takes precedent.

"I feel extremely fortunate to have been educated at the UW School of Medicine and Public Health and to have a busy practice doing what I love, and a wonderful and loving family," he says. "If I die tomorrow, I die as the luckiest guy on the face of the earth."

Inbox

► **SUBJECT: MINI MED SCHOOL**

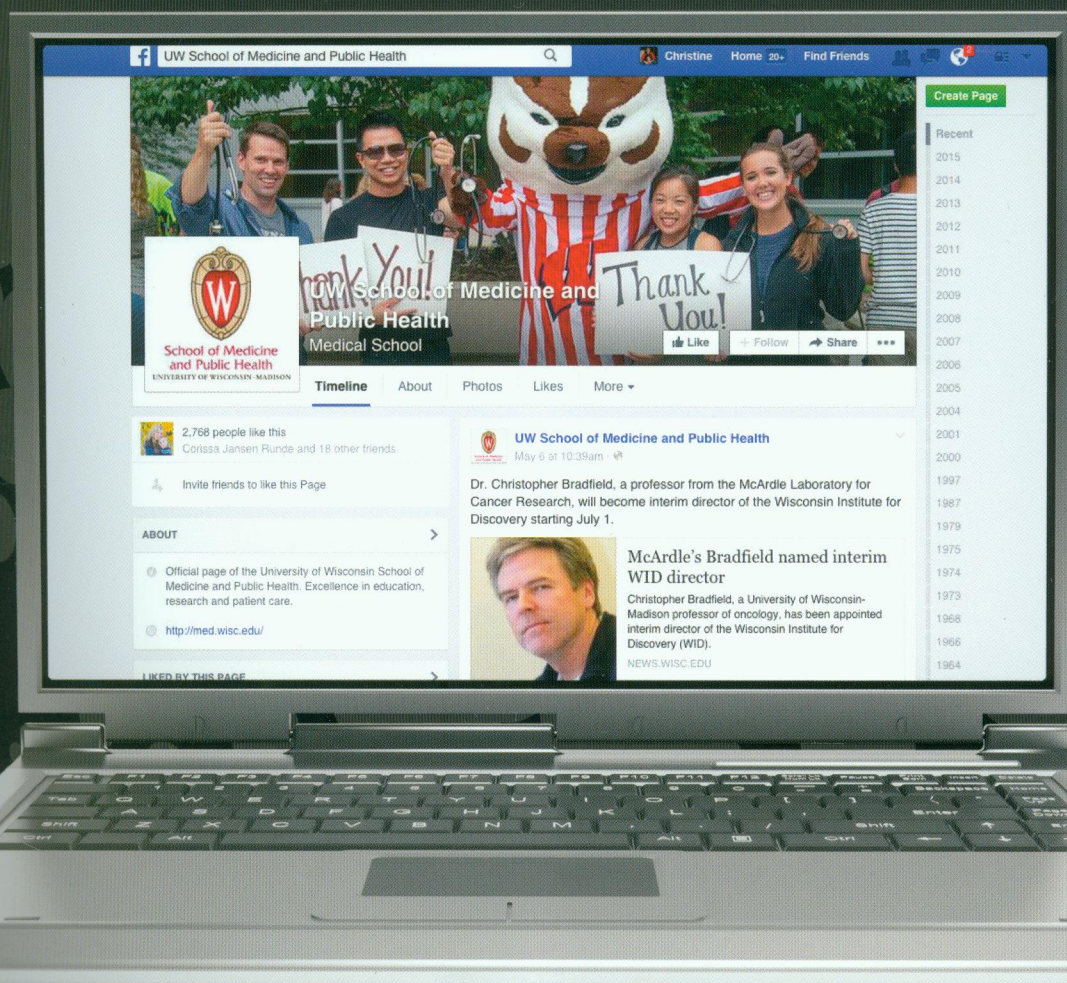
The University of Wisconsin School of Medicine and Public Health (SMPH) hosts a series of Mini Med Schools each year (see page 32), which provide a fun, interactive opportunity to learn about the latest advances in research and patient care from physician-scientists who are changing the way we care for ourselves. The sessions are open to everyone, and those who can't attend in person can watch them online. View the upcoming schedule and view past Mini Med Schools at med.wisc.edu/minimedschool.

► **SUBJECT: SOCIAL MEDIA**

Get the scoop on the latest happenings at the SMPH by following our social media accounts. Join the conversation by connecting with us at twitter.com/uwsmp, facebook.com/uwsmp and youtube.com/uwmedicine.

► **SUBJECT: E-NEWSLETTER**

Now you can have the latest news from the SMPH delivered straight to your inbox. The SMPH e-newsletter will keep you connected to the latest news about education, research, alumni and more. It also will include highlights and photo galleries from events such as Match Day, graduation and Homecoming. Haven't seen the e-newsletter? Catch up on back issues at med.wisc.edu/1362. You can subscribe at med.wisc.edu/enews.



We Want to Hear From You

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

Have you moved? Please send us your new address.

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Together, We Can Make a Difference!

Join the *Middleton Society*

Working together, we will be a national leader in health care. We are united on the front line of research, treatment and education. We are inventing drugs, engineering novel technologies, creating new treatment protocols and innovating medical education.

By joining the Middleton Society, you will:

- help researchers tackle the world's most serious diseases,
- support promising medical students,
- fund preliminary research that will lead to treatment breakthroughs,
- help supply state-of-the-art equipment for our scientists,
- allow the University of Wisconsin School of Medicine and Public Health to attract and retain the very top faculty and staff, and
- help elevate health in every community of our state.



Membership comes with cumulative gifts and pledges of cash, appreciated securities or deferred gifts to the SMPH of \$10,000 or more. Members receive special recognition and benefits from the UW School of Medicine and Public Health, including the annual Middleton Society evening of gratitude, on Friday, September 25, 2015.

You may use the envelope in *Quarterly* or contact the SMPH's development partner, Jill Watson, at (608) 206-6092 or jill.watson@supportuw.org.

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