QUARTERLY

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

Burn Surgeons Concentrate on Skin

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

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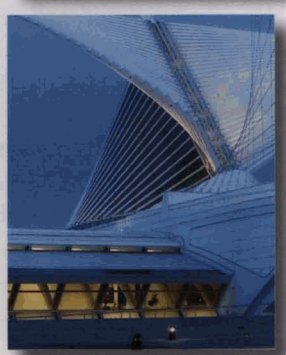

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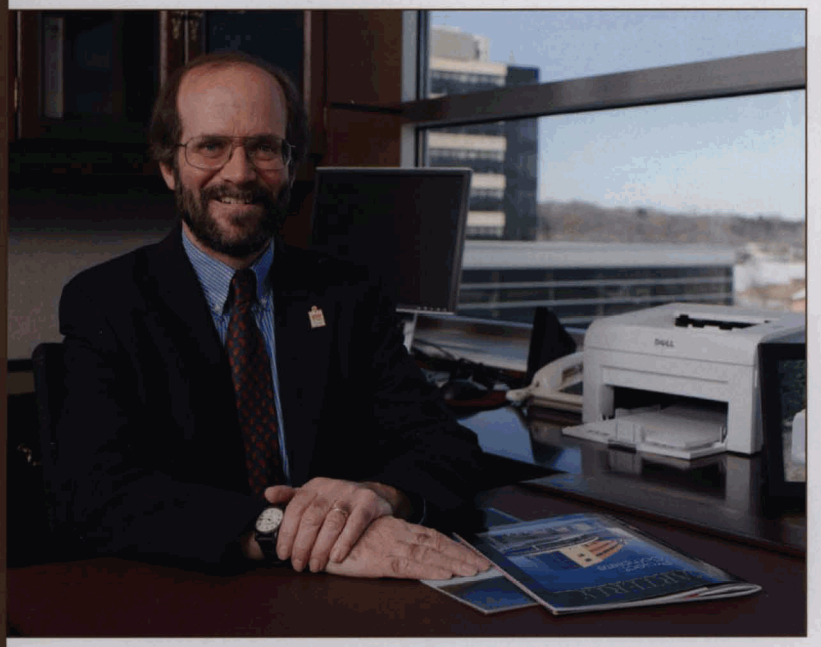
On the Cover: Surgeon Lee Faucher, co-director of the UW Hospital and Clinics' burn center, prepares to remove healthy skin from his patient's thigh and then graft it to a burn on his hand. Photo by John Wingren of Media Solutions.



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

From the very start of my medical career, I have been convinced that there are incredible synergies among the three missions that drive academic medical centers: patient care, research and education.

In this issue of the *Quarterly*, these synergies are illustrated very clearly. The cover story on UW Hospital and Clinics' burn center describes a busy unit where lives are saved and transformed every day, thanks to dedicated, skilled and caring clinicians. We are extremely proud of the team that does this work.

At the same time, what makes our burn center—indeed, our school—special and different from other outstanding clinical centers is the integration of this clinical mission with our academic missions. For example, one of our faculty members and her team have moved their basic science explorations into a biotechnology company that is developing a novel artificial skin that has the potential to greatly improve burn care.

This type of breakthrough technology development happens best when basic research takes place within the context of an academic health center, where clinical care and clinical investigation happen side by side with basic research on a daily basis.

In a parallel way, all of our health professions students—medical students, residents and trainees in related disciplines—truly learn how to learn when they receive their clinical training in an atmosphere in which cutting-edge research and the principles of scientific investigation are woven into the fabric of patient care.

I have always wanted our family to receive our medical care in this kind of setting, where clinicians work together with their trainees and in close proximity to research scientists.

Patient care, research and education are the three pillars on which we build the platform of our academic health center. And although this tripartite structure affords us amazing opportunities, it also presents significant challenges because the three pillars are so intricately interrelated. If any one of them is weakened, the others can be affected as well.

Clinicians today are deeply concerned about inadequate government support for healthcare, and we worry about disparities in access to insurance and healthcare. Academic medical centers are equally threatened by resource limitations. In the past several years, we have seen significant losses in the "purchasing power" of the National Institutes of Health budget, as the annual inflation in research costs substantially outstrips the available dollars, which have held constant since 2004. This is occurring as we are poised to take full advantage of completion of the Human Genome Project and other scientific breakthroughs.

In recent years we also have seen a flattening—at times, an erosion—in state support for education in general, and for our university's budget in particular. Ironically, there is growing recognition of a looming physician workforce shortage.

If we want to ensure the best possible integration of clinical care, teaching and research in the future, I feel it is critical for us to advocate at all possible levels for the appropriate prioritization of resources for each of these missions. We must be ever-vigilant in protecting the strength and stability of the resources that are required for each of these missions, because if any one of the pillars becomes destabilized, the entire platform is at risk of crumbling.

My term as president of the Wisconsin Medical Alumni Association (WMAA) is ending soon. The past two years have been filled with many significant changes and new experiences, all of which have helped the University of Wisconsin School of Medicine and Public Health (SMPH) evolve even more clearly into a leading institution for medical education.

During my tenure, the school has settled into a new building, welcomed a new dean and gotten used to its new name. As you will read in the following pages, a plan has been created that outlines specifically how our transformation into an integrated school of medicine and public health will occur—affecting not only education, but also our research and outreach missions.

Ours is a school that traditionally attracts applicants with excellent and diverse credentials who desire to learn not only in our Health Sciences Learning Center on campus and at UW Hospital and Clinics, but in doctors' offices and clinics across the state of Wisconsin. The students graduate to continue their training in top residencies throughout the country, often returning to become practitioners in Wisconsin.

Despite all the recent changes, this academic year we have been looking back on our rich history, commemorating the school's centennial anniversary in many ways. These are one hundred years of which to be extremely proud, years that have laid the foundation for the successes we now honor.

Many of the school's milestones have been reported in the *Quarterly*, reminding us of the original ideas, procedures and practices that have been created here. The magazine also informs us of the lives and accomplishments of former faculty members and graduates. Another celebration of our past can be seen in the exhibit sponsored by the Ebling Library. Titled "Skeletons in the Attic, Life in the Atrium: 100 Years of Medical Education at UW-Madison," it is on display in the Historical Reading Room through June.

As the school begins its second century, we must remember what we do today is the basis for all the accomplishments of the next one hundred years. One area of emphasis and special pride for the alumni association is the growing number of cooperative efforts involving our medical students. In Operation Education, for example, the WMAA works with the Wisconsin Medical Society Foundation to sponsor conversations between students and physicians from both the campus and the community. And soon the students will have their first formal social event, sponsored by the American Medical Association/Medical Student Section, with students from the Medical College of Wisconsin.

In both instances, a base is being formed for continued cooperative efforts among the physicians of the state. Current and future patients will be the beneficiaries of these new local collaborative ventures, as well as the school's larger efforts at reaching across the state and the nation.

The WMAA endeavors to provide support and communication to our entire family, from our newest members—students—to recently graduated members as well as historical members. The entire family will soon welcome John Kryger, MD, Class of 1992, as the next WMAA president at Alumni Weekend. I look forward to seeing you then.

Sandra Osborn, MD '70
WMAA President

Burn surgeon Lee Faucher readies a patient's hand for a skin graft. Last year, he and his burn center colleagues treated 165 patients.

LEE FAUCHER, MD '96, EMBRACES

The Rarefied World of Burn Care

by Toni Morrissey

Imagine being one of only 400 people in the United States doing the same kind of work. Lee Faucher, MD '96, University of Wisconsin School of Medicine and Public Health (SMPH) assistant professor of surgery and alumnus of the school, doesn't have to imagine it. He's living it.

"It's something pretty special to know that I'm rarer than an NBA basketball player," says Faucher, co-director of the burn unit at University of Wisconsin Hospital and Clinics. "There are fewer burn surgeons in the U.S. than there are professional basketball players—who number 500."

Faucher works in the even more rarefied world of a burn unit that has been verified by the American College of Surgeons (ACS). UW Hospital became the only hospital in Wisconsin to be ACS-certified in three areas in 2007—as a Level One Trauma Center and in both adult and pediatric burn triage and treatment. The certifications, which involve rigorous reviews confirming that the unit will provide optimal care to burn patients from the time of injury through rehabilitation, is a true mark of distinction. Only 53 hospitals in the country have earned the honor.

Although the unit has only seven beds, it has the capacity to handle 15 critical burn cases at one time. Last year 165 patients were admitted, including one person who was burned over 70 percent of his body while serving in the armed forces in Iraq.

Faucher worked with unit co-director Michael Schurr, MD, SMPH professor of surgery, and team members Valerie Welsh, RN, and Cindy Schmitz, NP, to earn the verification. That means the hospital has doctors from 21 subspecialties—such as pediatrics, cardiology and ophthalmology—available for consultations at all times. The ACS also requires that Faucher and other on-call physicians attached to the unit get to the hospital within 15 minutes of the first page.

But Faucher says it takes much more than national verifications and beds in a specialized unit to care for severely burned patients.

"What I really fell in love with about the care of people with burn injuries is that you're always working with a huge, multidisciplinary team," he says.

He likens the team approach to a chain of professionals, all with their own critical roles in triage, treatment and recovery. The first link in the chain, he says, involves nurses and physicians who begin by resuscitating arriving patients. As patients transition to longer-term care, they are seen by subspecialty physicians with the expertise needed to deal with complications that may arise. Therapists also are on hand at every step of the way, as are social workers who prepare patients and families for the long haul with arrangements for services outside the hospital. Occupational therapists skilled at keeping patients productive and adjusted to a new life complete the picture.

"One break in the chain and the whole thing falls apart," says Faucher. "I may be the person with the name on the door, but I can't do this without everyone else on the team. We're all very specialized in our own individual thing."

Faucher says the entire team works toward the same single goal: "to heal people with burn injuries and get them back to doing what they were doing before it happened to them."

Welsh, a nurse manager on the unit for two years, says that while Faucher is the unit co-director, he also functions as a cheerleader.

"He's not just a compassionate physician," she says. "He wants the burn team to feel like a family and he has promoted the unit's team approach."

Schurr agrees that Faucher serves as the "glue" for the burn unit team.

"Lee is one of the hardest-working professionals I know," Schurr says. "He's really committed to a team approach in a very difficult, complicated and busy clinical service."

–Continued on next page

Under the leadership of Faucher and Schurr, the UW Hospital burn unit has come a long way since it was first established in 1973 by Anthony Curreri, MD, and Joseph Moylan, MD. That was before the surgical removal of burned skin and the use of skin grafts became routine clinical practices for burn care.

At the time, Faucher was just seven years old and was living in his boyhood home located between the towns of St. Peter and Mount Calvary in east-central Wisconsin. Several years later, he was inspired by his father to go into medicine.

David Faucher was a Fond du Lac County sheriff's department deputy and emergency medical technician (EMT). Following in his father's footsteps, Faucher trained as an EMT while he was in high school. He learned the skills of an operating room (OR) technician during a four-year tour in the U.S. Air Force.

In 1988, Faucher put his Air Force training to good use when he took a job as an OR technician at UW Hospital while he was an undergraduate at UW-Madison. The job gave him the opportunity to work with burn surgeon and burn unit director Richard Helgerson, MD.

Helgerson became the mentor who sparked Faucher's interest in burn surgery while most other students didn't consider the specialty.

"You have to have a passion for burn care because not too many people want to do it. You see such devastating injuries," Faucher says. "With other types of surgery, the ugliness usually is on the inside. The patient is still suffering, but you don't see it so much."

Seeing the ugliness of burns has never deterred Faucher, who began a surgery residency at the University of Utah in 1996 after graduating from UW medical school. In Utah, he got hands-on experience under the tutelage of critical care surgeon Jeffrey Saffle, MD.

Beginning in 2001, Faucher served a burn surgery fellowship at Harborview Medical Center in Seattle before becoming an attending physician at the University of Iowa Hospital in 2002. When UW burn surgeon Nicholas Meyer, MD, announced he was leaving Wisconsin in 2004, Faucher was recruited—and returned to become a proud player on the UW team.

"Sometimes it's unbelievable that I get to have the 'fieldhouse W' on my lab coat," he says.

Despite being a huge advocate for his line of work, Faucher is one of a shrinking number of burn surgeons. In 2004, he published research showing that 29 percent of burn units surveyed were attempting to recruit additional burn surgeons. Another 38 percent of respondents said that they anticipated a growing need for burn surgeons.

Burn specialists may become even scarcer over the next few decades, Faucher notes, because as of January 1, 2008, the Accreditation Council for Graduate Medical Education (ACGME) no longer requires general surgery residents to go through a formal rotation in burn care.

"This could have a chilling effect on the number of residents who pursue the specialty," he says.

Complicating matters even more is the belief that a high percentage of burn unit directors will be leaving the field by early in the next decade. A 2007 survey by researchers at the Brooke Army Medical Center in San Antonio, Texas, found that 40 percent of all active burn unit directors will retire within the next five years.

Faucher thinks that the ACGME requirement changes and the worrisome national trends will be a missed opportunity for young, promising surgeons—an opportunity he was given by Helgerson and Saffle.

"I'm doing this because I was exposed to two wonderful people," says Faucher. "I saw what they did and said to myself, 'I want to be like that.'"

Faucher wants to provide doctors-in-training the same opportunities and exposure to burn surgery that he got early in his career; he never misses a chance to encourage medical students and residents to enter the field.

"Once anyone shows one little glimmer in their eye that they might be interested in burn medicine, we have to foster it—not push it, but foster it," he says.

In addition to practicing, teaching and mentoring, Faucher recognizes that as a physician working at an academic medical center he has an obligation to advance knowledge in his field and improve every aspect of the triage, care and recovery that are so important for his patients.

Beyond his study on the recruitment of burn surgeons, Faucher is exploring several topics—new burn dressings and tissue covering applications, complementary therapies to make patients more comfortable during their treatment, and the post traumatic stress that many burn patients acquire.

"Our contribution to society is not only taking care of our current patients but learning how to take care of the next generation of patients even better through investigation," he says.

Faucher is closely watching some of the newest developing treatments for severely burned patients, many of which focus on the inner layer of skin, or dermis. He feels more research is

The UW Hospital burn center has been verified by the American College of Surgeons, a mark of distinction confirming that the unit provides optimal care to burn patients from the time of injury through rehabilitation. A dedicated and skilled staff plays a critical role in the unit's success.

needed on ways to heal the outer skin, or epidermis, and the dermal interface as well.

He's keenly interested in research that may result in what is called "skin in a box." With this revolutionary treatment, surgeons performing skin grafts would be able to use skin grown in a laboratory instead of skin from the burn patient.

One local biotechnology company, called Stratatech (see story on next page), is making significant headway in advancing such artificial skin to be used temporarily as patients are readied for permanent skin grafting.

"Can we get to the point where we can take care of burns without using any of the patient's own skin at all?" Faucher wonders. "Will we take skin biopsies and grow the patient's skin to apply on top of the burn injury? Time will tell."

Like every physician, Faucher has the one unforgettable patient who has been seared into his memory. A 17-month-old child who had been severely burned in a house fire taught Faucher lessons that applied to his professional as well as his personal life.

"May 1, 2002, 2 in the morning" rolls off his tongue, underlining the indelible experience that occurred during his fellowship in Seattle.

From the time the young girl arrived in the emergency room, Faucher kept a 24-hour vigil at the child's bedside for three days.

"She was the sickest patient I ever had. She had a 75 percent total body surface burn. And she developed every horrible complication a burn victim can develop," says Faucher, as if it were just yesterday.

"I didn't see my family for two weeks," he recalls. "When I was home, I wasn't 'home.' I was continually managing my patient's care, even though I wasn't in the hospital."

Faucher says that not only did he disregard his family, he had neglected other patients as well as his burn unit teammates. He admits that his overzealous attention to one very sick child, who now is a happy gradeschooler, was unfair to other important people in his life.

"Now when I'm on, I'm on. And when I'm off, I'm off," he says. "You have to have a family that understands. But you also have to be in a system where you're not the only caregiver. Your family can't survive that. And I want to see my kids."

Despite a demanding schedule, he now regularly makes time for his kids and wife of 10 years, Stephanie. The couple has three boys and a girl, ages one to eight.

"I'm in my dream job. I'm doing what I love doing," Faucher says. "And I'm back as a professor at my alma mater. How could it possibly be any better for me?"

Promising Skin Alternatives

ON THE HORIZON

by Dian Land

Most of the patients who are admitted to the UW Hospital and Clinics burn unit have severe, life-threatening injuries that require immediate surgical intervention, according to Lee Faucher, MD '96, assistant professor of surgery at the UW School of Medicine and Public Health (SMPH) and co-director of the unit. Faucher and unit co-director Michael Schurr, MD, SMPH professor of surgery, regularly perform skin grafts on these patients, which entails removing skin from one part of the body and applying it to the wound that has been cleaned of damaged skin.

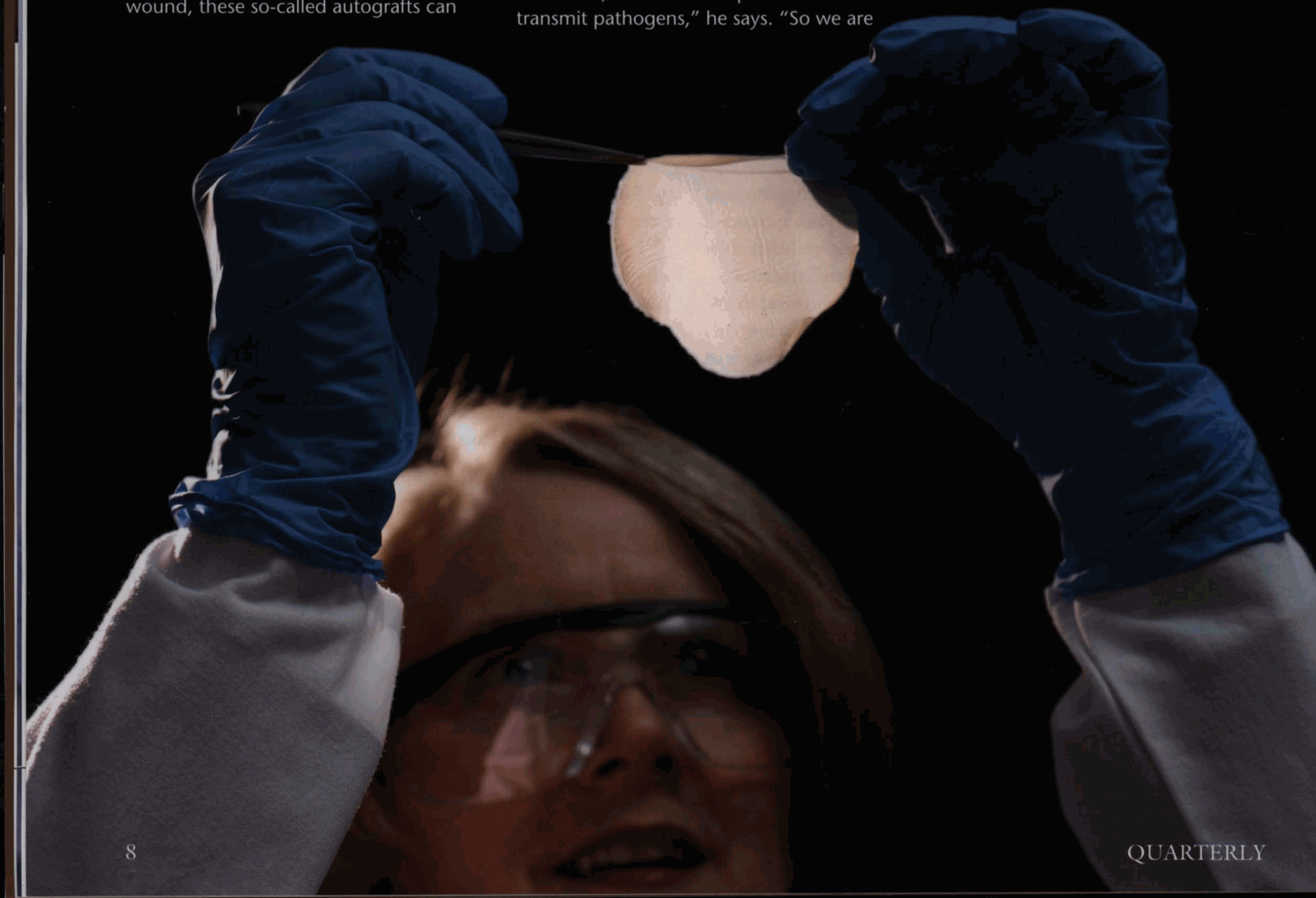
Depending on the severity of the wound, these so-called autografts can be either a split-thickness skin graft—containing a portion of the epidermis, or top layer of skin, and part of the layer under the epidermis—or a full-thickness skin graft, which includes the entire depth of the skin.

In some cases, however, not enough undamaged skin is available for the autografts to completely resurface the burned area. In these situations, burn unit doctors and nurses temporarily cover the wound site with cadaver skin in order to prevent infection and dehydration.

But the temporary procedure, which is widely accepted as the standard of care, has its drawbacks, says Schurr.

"Only a limited supply of cadaver skin exists, and it has the potential to transmit pathogens," he says. "So we are constantly looking for safe and effective alternatives to cadaver skin to improve the care of our burn patients."

A promising alternative on the horizon comes from Stratatech Corporation, a Madison-based biotechnology company that has developed a novel skin-substitute tissue for temporary management of severe skin wounds prior to autografting. UW Hospital's burn center was the logical place to test the product, called StrataGraft. With a highly competitive small business grant from the National Institute of Arthritis and Musculoskeletal and Skin Diseases and other funding in hand, Schurr directed a phase



I/II, "first-in-human" clinical trial in 15 patients, a dose-escalation comparison of StrataGraft versus cadaver skin. Now that the trial has been completed, Schurr says he is optimistic.

"The preliminary analysis demonstrates the safety and efficacy of StrataGraft," he reports, adding that the analysis has been submitted for peer review.

Lynn Allen-Hoffmann, PhD, professor of pathology and laboratory medicine, created Stratatech Corporation in 2000 following a discovery in her SMPH laboratory. She and her research team had been studying the life span of keratinocytes, the most common form of epidermal cells that give skin its structure. To the scientists' amazement, they found that unlike all other cell strains they had studied, this one was extraordinarily long-lived, and it could generate the epidermis.

"Of the thousands of cell cultures we've used in the lab over the past two decades, cells in only this one tissue culture dish became a continuous cell line," says Allen-Hoffmann.

Only four other documented examples of such "immortal cells" have arisen from laboratory work, she adds, and all have restrictions limiting their usefulness.

Allen-Hoffmann and her team at Stratatech have done extensive testing on the cells—which they have named NIKS ("SKIN" spelled backward)—and have found them to be identical to normal human keratinocytes that have been harvested directly from human skin in their growth, differentiation and skin development properties.

A discovery in the laboratory of Lynn Allen-Hoffmann, left, has resulted in a novel skin-substitute tissue that has the potential to transform burn care and wound healing.

"Our studies have shown that this unique cell line is pathogen-free, and the cells clearly function as epidermal progenitors, or undifferentiated cells that give rise to specialized skin cells."

The extraordinary value of this cell line is that it can grow into distinct stratified layers of tissue with the physical strength and biological characteristics of intact human skin, she says.

The NIKS cells, which are covered by worldwide patent rights, differentiate into the basal, spinous and granular layers, and ultimately form a true permeability barrier, or stratum corneum. The cells have proven to be free of all known harmful outside agents.

In addition to applying NIKS to burn procedures, Stratatech scientists are working to develop human skin substitutes that can be used for the millions of people who suffer from chronic, hard-to-heal skin wounds that can sometimes lead to amputation. These include diabetic ulcers, venous stasis ulcers and pressure ulcers, or bedsores.

"The magnitude of this problem is growing due to the aging population and the prevalence of diabetes," says Allen-Hoffmann. "Lower-extremity tissue breakdown occurs in 15 percent to 20 percent of all diabetic patients during their life span."

The company is also continuing its studies on a field-ready antimicrobial wound dressing that can be used to treat battlefield injuries resulting from heat or exposure to chemicals. This work is supported by grants from the Department of Defense.

One of the most exciting features of working with the NIKS technology, says Allen-Hoffmann, is the ability to genetically engineer the cell line without having to use viruses as gene carriers.

"This means that we can safely create skin tissue that directly matches the unique pathophysiology of the different types of wounds we want to treat, from skin damaged by diseases such as cancer to injuries stemming from ulcers or burns," she says.

PHOTO: JEFF MILLER/UNIVERSITY COMMUNICATIONS

The NIKS cells can grow into distinct stratified layers of tissue with the physical strength and biological characteristics of intact human skin.

Stratatech scientists are aiming to genetically engineer skin products that will stimulate the in-growth of blood vessels into chronic wounds while secreting antimicrobial substances, both of which can hasten healing. The next step will be clinical trials to test these second-generation regenerative medicine products.

"It is my sincere hope that clinical translation of the world's first genetically engineered human skin tissue will occur here in Wisconsin in the near future," says Allen-Hoffmann, who was invited to describe her work at the annual meeting of the Society of Wound Healing in April.

Allen-Hoffmann is convinced that the advances could not occur if not for the SMPH's emphasis on and commitment to translational research.

"The supportive environment has enabled us to move an unusual laboratory discovery to a local business to a line of products clinically tested at our hospital," she says. "This special capacity to translate basic science to clinical utility has the potential, in this case, to transform burn care and wound healing."

Much More Than Just a Name

THE SCHOOL DEFINES ITS NEW PATH

by Lisa Brunette

What's in a name? When the University of Wisconsin System Board of Regents agreed in 2005 to change the medical school's name to the University of Wisconsin School of Medicine and Public Health (SMPH), relatively few people on or off campus had a clear idea just how big a change would occur through the addition of those three short words.

The school has undergone so many changes in its first century: growing from a two-year into a four-year MD program, expanding from instruction offered only in Madison to a statewide system of preceptor sites and clinical training opportunities, moving from classrooms in the attic of Science Hall to the Medical Sciences Center and now the Health Sciences Learning Center.

But this latest change just may be the most far-reaching. If successful—and it is expected to be—the school's transformation will be the change with the greatest long-lasting impact on the health of Wisconsin residents. The transformation from a conventional medical school to a school of medicine and public health is a path unique among U.S. medical schools.

As stated in the "road map" created in an inclusive process involving faculty, staff, community leaders and both state and national consultants, "We will develop a revolutionary new model that unites traditional medicine and public health. The overarching vision is extremely important, and admittedly ambitious: We will build a new and better infrastructure for the promotion of health and the prevention, diagnosis and treatment of disease for the people of Wisconsin, which will then serve the nation as the leading model for improving the health of the public."

The domains of public health and medicine have been largely separate for many years. Public health, with its goals of preventing disease and promoting health among populations, typically takes aim at social and environmental conditions. Medicine's emphasis, on the other hand, has been on the diagnosis and treatment of disease in individuals.

While physicians typically use histories, physical exams and laboratory tests to assess a person's health, public health professionals most often use the tools of epidemiology, biostatistics and behavioral and social sciences to analyze the health of populations. The two branches of healthcare grew apart for many complex reasons, but the split is real, if unfortunate.

Some in medicine—notably leaders at the prestigious Institute of Medicine—argue that an effective health system must integrate the needs of individuals with those of society at large.

At UW, many credit former dean Philip Farrell, MD, PhD, with making the transformation a key goal for the school. When Robert Golden, MD, joined the school as dean, he brought faculty, staff and other constituencies representing university, state and national perspectives together over the course of a year to draft a road map for the transformation. In February 2008, the "Case for Transformation" document was completed. To read the document, go to http://www.med.wisc.edu/about/transformation.php.

The road map hints at the enormity of the change and the expected results. Instead of following the path others have taken—creating an independent public health school and then linking it to the existing medical school—UW aims to form a single enterprise that integrates public health knowledge and practice with that of traditional medicine. The move will transform all of the school's traditional missions: education, service and research.

"Our university will truly be a national model, since we are the first in the country to pursue this vision," Golden says. "The completion of the change will take many years, but we are already seeing important outcomes. For example, the planning process itself has energized and engaged our faculty and our vital campus and statewide partners. It's a very exciting time to be at this medical school."

Transforming Medical Education

The transformation of the school's academic offerings has already begun. Senior Associate Dean for Academic Affairs Susan Skochelak, MD, MPH, notes that the school has created a new master's degree in public health and three years ago it implemented a

dual-degree program granting the MD and MPH; the latter is one of the fastest-growing degree tracks in the school. Dual-degree programs have also been launched with other schools on campus.

But change may be most pronounced in the core MD curriculum. All first-year medical students now take "Principles of Population Medicine and Epidemiology," a course organized by Javier Nieto, MD, PhD, chair of the SMPH Department of Population Health Sciences. Nieto, a family physician, is an internationally recognized expert on epidemiology and population health research. The goal of the course, says Skochelak, is to make sure that all medical students acquire the fundamentals of public health in order to inform their future clinical or community health practices.

"Our philosophy is to incorporate the basic-science content of public health into medical education, side by side with physiology and anatomy," Skochelak says. "The goal is to train medical students in all the disciplines that make up the core of contemporary healthcare—basic biomedical and clinical sciences, the behavioral and social sciences and population health sciences."

This coming fall, the first-year curriculum will be delivered in a new "block" structure, creating regular cycles of learning experiences followed by a week of assessment and integration of related material across courses, says Christine Seibert, MD, associate dean of medical education. The intersession weeks between blocks will also offer opportunities for the introduction and reinforcement of public health content. Innovative learning opportunities will allow students to connect what they learn in class to application in practice.

As the transformation proceeds, school leaders expect that the clinical curriculum will also undergo a transformation. Public health experiences and population health principles will be woven into the third and fourth years of the medical student education program.

Emphasizing Engagement

As part of a public university, the SMPH holds service to the community and the public as an important priority. The new vision calls for something more: a two-way engagement with public and private organizations that ensures that information sharing and priority setting work in both directions.

"The term 'service' might suggest to some that an institution shares its knowledge and expertise with the community," explains Golden. "Our vision, however, involves partnerships that are bilateral. We believe that our school has much to learn from public and private organizations and groups across the state. We embrace the opportunity to learn and work together as we tackle Wisconsin's major health challenges."

The school's long-standing commitment to increase the number of underrepresented minorities in medicine will be complemented by new programs to train physicians for practice in rural and urban underserved areas, and new research to identify and address continuing disparities in access to healthcare.

Underlying all of these initiatives, however, is a plan to develop, test and share new ways to practice medicine that integrates prevention into everyday care. As SMPH graduates and trainees go out to training sites and clinical practice settings in communities across the state, they will have hundreds of opportunities to weave public health concerns into the care of individual patients.

Transforming Research

Basic and clinical investigations have formed the backbone of the school's research portfolio for decades. The emerging national vision for effective biomedical research, however, goes much further. "Translational" research—a focus of the SMPH's new Institute for Clinical and Translational Research—moves findings rapidly into the community and incorporates community feedback that will help shape future research.

The theme for research in the school's second century is "interdisciplinary." In the context of public health, this means much more than putting faculty from two departments together in a common effort. It means gathering scientists, community and academic clinicians and public health practitioners to work on a central problem in all its complexity.

The transformation is undeniably ambitious; it will likely take a decade to create and implement, Golden says. But there will be many quantifiable milestones along the way: the proportion of graduates who assume leadership positions in public health and medicine, the success of new practice models that bring prevention more aggressively into the office visit, the number of community-based research projects.

The ultimate measure, says Golden, is supremely important but will require considerable time to assess.

"Have we actually advanced people's health?" he says. "We will have succeeded in these efforts only when we can show that the people we serve have reached a higher state of health."

"The Gift"

HSLC Tables Both Captivating and Functional

A Conversation with Public Artist Jack Mackie

The themes of science and medicine are expressed in various forms throughout the Health Sciences Learning Center (HSLC)—from a large caduceus on the wall to historic medical artifacts in glass cases to a model skeleton in a hallway.

One of the most captivating, yet functional, compositions is the group of 15 tables located in the typically busy atrium, collectively titled "The Gift." Each table is ingrained with a phrase describing one of the "gifts" mentioned in Rebecca Brown's *The Gifts of the Body*, an inspirational account of a healthcare worker who offers compassion and love to her patients.

Public artist Jack Mackie of Seattle, Washington, designed the tables to stimulate conversation and provide a common ground for students, faculty, staff and visitors.

Quarterly student writer Amanda Ciesielczyk connected with Mackie recently to ask him about the project.

How did you become involved in this project? The Percent for Arts Program, part of the Wisconsin Arts Board, announced a national competition to create artworks for the new learning center. After entering, I was selected as a finalist to make a proposal and then was chosen to be the commissioned artist.

What gave you the idea for the tables' design? As a public artist, I try to find a part of the project that I can use as a vehicle for art. In this case, the atrium needed tables, so I incorporated those as the art opportunity. The design team I worked with elected to make the tables circular, since these tend to be more conducive to conversation. The selection committee told the three finalists that they wanted the artwork, if at all possible, "to be throughout the building." I thought it must be infused into the building users' minds, their memories.

How did you decide on the table quotes? When I read Rebecca's book, and heard her read from it, it occurred to me that we could illustrate the stories, these gifts of the body, through these tables. Working with and talking to staff and students, educators, nurses and doctors, I developed enough text for the 15 tables.

How did you choose the table materials? That's easy. I selected epoxy terrazzo for the tops because it's so durable. It's used often in the floors of airports, train stations and industrial kitchens. It also allows for a wide use of color and, in my case, the ability to "top-seed" glass chips in the areas where I wanted to draw out color. I think the epoxy filled with mother-of-pearl, marble and glass chips is simply beautiful. I selected the brass strips that flow within each table so that, depending on where light is coming from, one might first see the leaf, feather, seashell or bird drawings. Then, as a person moves past the tables, the light shifts and the terrazzo becomes primary. I selected zinc for the lettering because it's different from the bronze and adapts well to terrazzo. I added Braille along each table's edge, spelling out the title and text.

How do the tables represent successful public art? Many people say that there is nothing personal in public artists' work. But the atrium tables are by far the most personal I've ever gotten in my work for the public realm. Some of the table text touches emotions we don't wish to dwell on, some speak to moments in healthcare that are so intimate as to stop people in their tracks. Meeting all the people I've met along the tables' paths is something I hold close and dear. I can't trade that away for anything.

How do you feel about these tables? I've designed fences, walkways, light-rail tunnel station walls, huge structural retaining walls, tables and benches. In this case, I've been overwhelmed with joy as I've watched people sit at the tables, spread out their books, laptops and coffee. Then they see the table, and pull their book aside, and read and touch the tabletops, the text. Maybe something is happening inside these people? Maybe years from now a doctor will be talking with a family, a nurse will be sitting with a patient, and they will remember reading something, somewhere, about "The Gift," and they will know that gift. Q

The Gift of Curiosity
Come we will transform the world
by our discoveries
Discovery lies not in the seeking of new vistas
but in the having of new eyes

The Gift of Tears
And who would cry in front of another physician?
Sorrow shared is halved, joy shared is doubled

The Gift of Hope
In the midst of winter, I have found in me
an invincible summer
The so slight a weight, handed to her mother

The Gift of Wonder
We can only see what we have grown an eye to see
By X-ray glow he sees inside but not inside enough,
only the bones show

The Gift of Wholeness
My doctor's care is as important
as her chemotherapy
Every cell in my body knows exactly what to do

The Gift of Family
You don't make roses happen, you nurture the bush
We're here, you can let go whenever you wish

The Gift of Illness
Survey my soul as well as my flesh
to get at my illness
I am not the sum of my illness

The Gift of Care
Caring deeply makes us vulnerable
Someone else knew someone else cared

The Gift of Skin
I am a geography of scars that
only a tourist would notice
There is no way such a large incision could heal

The Gift of Death
I'm trying to die correctly,
but it's very difficult you know
Since I can be healed and still die,
I can now get on with my living

The Gift of Voice
Tell me your story
In the end I just held her and sang

The Gift of Touch
I hold her bald head in my hands
and give this soldier fair rest
Touching another I feel fright, and then relief

The Gift of Sight
(Now the ears of my ears awake and now
the eyes of my eyes are opened)
Can you blink once for 'yes'?

The Gift of Breath
When the X-ray technician says breathe, I breathe

The Gift of Healing
What happens if I never heal?
Healing is slow and certainly the same way
a bud opens into a flower

Babcock Hall Dairy Honors Centennial

School of Medicinnamon IS NEWEST FLAVOR

A group of "taste experts" representing the school ranked the selections. The winner consists of cinnamon ice cream with pralines and a ribbon of caramel.

A delicious new Babcock Hall treat consisting of cinnamon ice cream with pralines and a ribbon of caramel has been created in honor of the UW School of Medicine and Public Health (SMPH) centennial.

Called School of Medicinnamon, the new flavor will be available for purchase this spring. It will also be the June flavor of the month at campus locations selling famous Babcock ice cream, and it will be featured at the school's ice cream social for staff in July.

A design-that-flavor-and-name-it-too contest held over the winter produced more than 50 suggestions from students, faculty, staff and alumni. The selections were whittled down to six flavors, and then a group of "taste experts" representing the school was asked to rank them all.

In addition to School of Medicinnamon, the final choices included:

Cherry Chippocratic Oath: Vanilla ice cream with black cherry flavoring, black cherries, mini chocolate chips and chocolate cookie dough.

Grand Rounds: Vanilla ice cream, Oreo cookies, maraschino cherries and a swirl of raspberry.

Turn Your Head and Coffee: Chocolate ice cream with coffee flavoring, a ribbon of caramel and walnuts.

Hippochocolate Oath: Vanilla malt ice cream with a fudge swirl and chocolate flakes.

Gray's Bananatomy: Banana ice cream with chocolate chips, pecans and a swirl of caramel.

Brittany Busse, a Med 3 at the SMPH, recommended the flavor components of School of Medicinnamon, and Sally Meredith, a nurse practitioner at UW Hospital and Clinics, named it.

The commemorative ice cream is one in a series of activities showcasing the school's centennial, which kicked off last fall at Homecoming.

Stories about the centennial appeared in the *Wisconsin Medical Journal* and *On Wisconsin*. Specially made exhibits have been on display in the Health Sciences Learning Center and at the Association for American Medical College annual meeting and will appear at the State Capitol.

Homing Physician

Richard Anderson's Career Followed an Unusual Flight Path, But the Madison Native Always Came Home to Roost

by Scott Hainzinger

He formally retired in 1990, but Richard B. Anderson, MD '47, still blasts out of bed before dawn each day, just as he did for the six decades when early-morning rounds were an essential part of every successful day. Call it a "conditioned response," if you will, but Anderson's "up-and-at-'em" attitude and insatiable curiosity are links in a remarkable chain of events that comprise a fruitful life and productive career. Besides, who better than a pediatric psychiatrist to attest to the challenge of modifying ingrained behaviors?

–Continued on next page

PHOTO: TOM MCINVAILLE/STUDIO M

Early Work Earns the Birds

Anderson had, as he says, "the very good advantage" to grow up on Prospect Avenue in Madison, a half-mile from the University of Wisconsin-Madison campus. Folks called that neighborhood "the Professor's Area" at the time—with good reason.

"Our next-door neighbor was Harry Steenbock, the biochemist who published *The Irradiation of Milk for Vitamin D*," Anderson says.

Having lost her husband shortly after Anderson was born, his mother took on the full-time job of raising her two sons. As soon as they were able, the boys worked, too.

"I loved gardening, flowers, birds and animals, so I got a job doing lawns, while my brother, who became an engineer, worked at a gas station," he recounts. "The message you got is that you have to work to get ahead in this world. And I worked, worked, worked … all through high school."

He graduated from Madison West in 1941 and promptly enrolled in the UW pre-med program.

"When I was 18, I got a job running the Memorial Union in the evening. I was responsible for bringing in the money from the Rathskeller, the Union Theatre and the cafeterias," he says. "After 5 o'clock, I was in charge."

Working at the campus' main meeting place had its benefits. Anderson met many interesting people, including Frank Lloyd Wright, who sometimes ambled in for a cigar, as well as the stage couple Alfred Lunt and Lynn Fontanne.

The extra money also allowed Anderson to continue pursuing his amazing collection of original John James Audubon engravings, which later in his life would total nearly 200.

"My aunt left me her Audubon collection, and I kept building and building. I am an obsessive collector," Anderson says. "I got many historical prints when they cost less than $200. Now that they're 190 years old, some are worth more than $100,000."

The Early Bird Gets the Worm

His Union job led circuitously to other opportunities, too. Anderson got his first taste of beer at the Rathskellar, and was summoned to the dean's office shortly thereafter.

"I got into trouble for partying over in the nurses' dorm," he says. "And I had to go before Dean Middleton."

William S. Middleton, MD, dean of the UW Medical School from 1935 to 1955, could be a stern figure.

"In his mind, medicine was your whole life; you didn't get married, you didn't drink," Anderson says. "But the fact is, Middleton became a mentor to me because of that meeting. He followed me through medical school, through my residencies and beyond."

After medical school, Anderson hoped to intern at the University of Michigan to be near a girlfriend who was transferring there from UW-Madison.

"But in those days, the dean sent you wherever he wanted you to go," he says. And Middleton sent Anderson to the University of Oklahoma, where he became the protégé of a young head of pediatrics.

"One day, I got up at 5 o'clock and went over to the ward to do a glucose tolerance test on a young patient," Anderson recalls. "And the world's most famous endocrinologist at the time—from Henry Ford Hospital in Detroit—was in town as a visiting professor. He showed up on the ward around 6 a.m., saw me in my intern outfit, and asked me what I was doing.

"When I told him, he must have thought: 'This guy's here early in the morning doing extra work; I'd like someone like that on my service!'" he says. "Because he offered me a residency in pediatrics at Henry Ford starting in January."

When Anderson politely declined, citing his Oklahoma contract, the visitor hooked him up in a residency with noted pediatrician and polio researcher James Wilson, MD, in Ann Arbor.

'You're in the Army Now…'

Anderson covered his medical school expenses by enrolling in the U.S Army Specialized Training Program.

"The army paid for the training and gave me a stipend to cover living expenses in exchange for two years of future service," Anderson notes. Near the end of his residency, though, he was offered a job as an instructor at a children's hospital in Philadelphia. Thrilled as he was to receive such a great offer right out of residency, he accepted without thinking about his military debt.

"Working in Philadelphia was a great experience, but after six months there, I realized I had to repay the army," Anderson says. "I had a choice: go to Korea, or help the army open Percy Jones General Hospital in Battle Creek, Michigan."

That facility—the army's largest medical installation during World War II—had been deactivated. Anderson and five other physicians reopened Percy Jones in mid-1950 to treat soldiers injured in the Korean Conflict.

"On paper, I was the chief of pediatrics, but we didn't have pediatrics," he says. "We were primarily a frostbite ward—and an amputation ward. I made rounds at night, treating young soldiers whose legs and toes had been amputated—and that made me very anti-war."

Yet it didn't pacify his healer's heart.

"Another internist and I theorized that if we could give soldiers a vasodilator out on the battlefield, we could increase circulation and save their legs," Anderson says. "The army

liked our idea, so they sent us to basic training, where we crawled around under live fire and learned to take a rifle apart, which was pretty jazzy.

"They even had a plan to parachute us right down to the front lines," he says. "Then we realized what we were getting ourselves into. And we said, 'Hey, this is crazy, we don't want to go that far!' So we dropped that whole program. And then, fortunately, my two years were up."

Anderson returned to Madison and joined a thriving pediatric group practice.

"I must have treated half of Madison, because nowadays people still stop me on the street and say, 'I remember when you took care of my kids,'" he says. "I enjoy that; it's very gratifying because in those days I made house calls and saw patients with all kinds of interesting medical conditions."

An Abrupt Sabbatical in Boston

The next "interesting" life event for Anderson occurred when, at age 42, he resigned from the pediatrics practice and moved to Boston to study psychiatry at Harvard University.

"Medicine was getting to be overly biological, so I took a couple years and switched to psychiatry," he explains.

He'd been a regular participant in Harvard's pediatric refresher courses, and had come to know "several of the big shots of psychiatry," including Erik Erikson, who conceptualized the "eight stages of development."

"Erikson became a good friend; he even let me take the last year of his course for undergraduates," says Anderson. "I think he liked me because I was a pediatrician—Erikson's mother married a pediatrician. Interestingly enough, his book, *Childhood and Society*, was the only book I owned that had anything to do with psychiatry."

After completing a four-year pediatric psychiatry residency at Harvard, Anderson returned to Madison to study under nationally known family therapist Carl Whitaker, MD. Anderson joined the UW faculty in 1971 with a joint appointment in pediatrics and psychiatry. He taught child psychiatry to pediatric house staff, started the UW Eating Disorders Clinic—which he brought back from Boston—and joined Arnold "Bud" Brown, MD, dean of the school from 1979 to 1992, in initiating the Medical Scholars Program to attract top-notch Wisconsin high school students to the medical school.

A Steward of Students

Anderson has always felt a special bond with students, perhaps because he's never stopped being one himself. He provided pro-bono services to the children of medical students, interns and residents, as both a pediatrician and a psychiatrist. He was deeply touched by one particular student, a brilliant young man who struggled with depression.

"Everybody loved Sam. He was very articulate and very opinionated; how he'd challenge me! I would make an interpretation and he'd say: 'I don't see it that way' … and he'd tell me exactly why," Anderson says.

He treated Sam for years and saw him make big strides, but following an evening of drinking, the young man took his own life. The tragedy occurred not long after had Anderson had retired, but Sam's former physician and onetime mentor never forgot him.

"After the first Iraq invasion, I was so damned mad, I gave my IBM stock to the UW Foundation and they used the proceeds to support the Medical Scholars program, so medical students could have doctors as mentors during the summers," he says.

Anderson added Sam's name to the fund he created, and inspired his own medical school Class of 1947 to donate nearly $200,000 to the program, too. The fund recently has been redirected to support MEDIC, the medical student organization that provides services to people in need.

An Audubon Anderson donated to the University Club is dedicated to his former student, Sam.

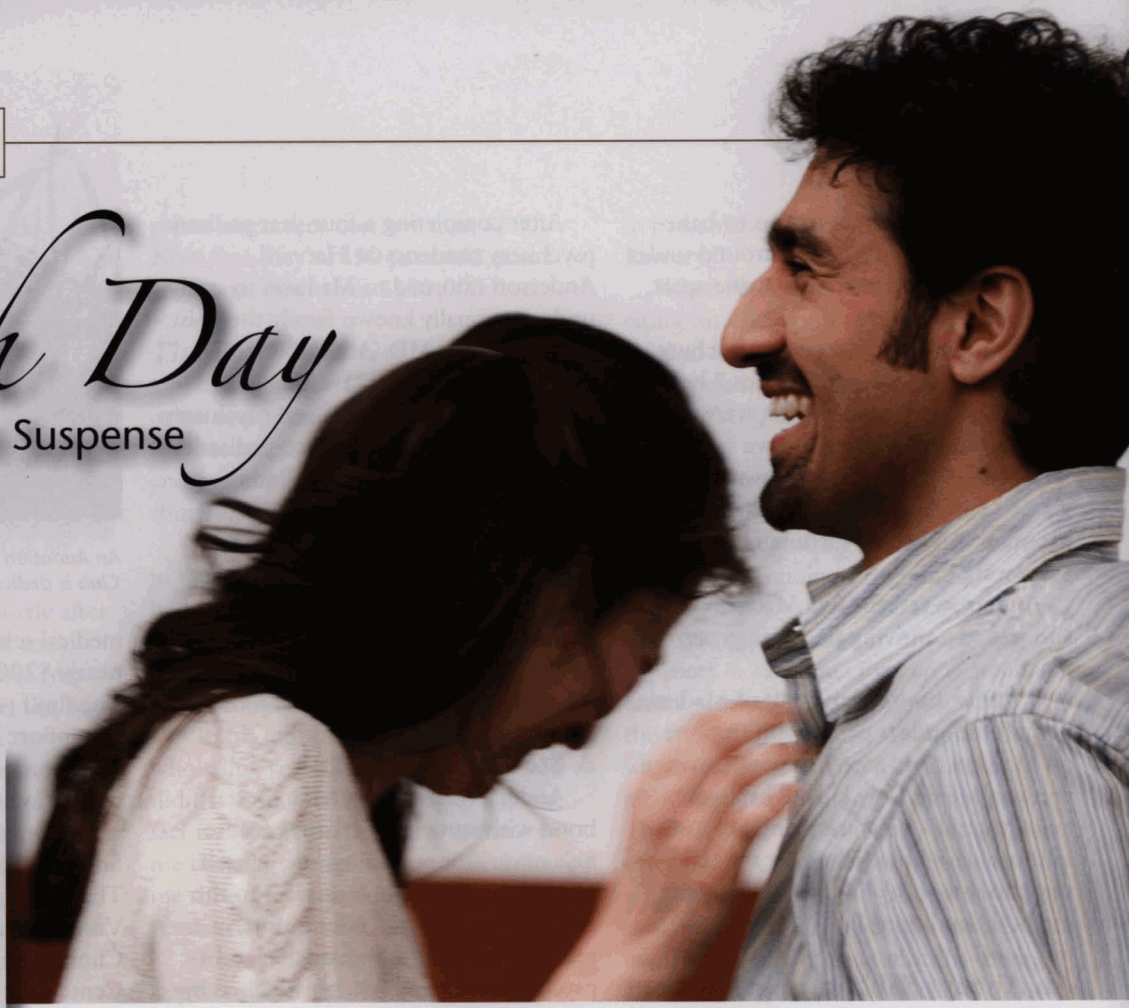
Anderson has also given the university 58 of his beloved Audubon engravings. They're on display in the Arboretum Visitors Center, UW Hospital and Clinics, the Health Sciences Learning Center, the Red Gym and five other facilities. It's a gift that's somewhat paradoxical, since his university earnings helped underwrite many early acquisitions. It is also a statement.

"I want students to see the gifts as examples of social and environmental responsibility," Anderson says, noting that Audubon had been deeply concerned with the environment. "No matter how hard we work or study, we must find time to exercise our social responsibility."

Finding time to exercise in the more physiological way has certainly been no challenge for an early riser like Anderson, whose "morning rounds" these days begin with a mile-long walk from his home on Lake Mendota to a Middleton health club. The walks allow him to watch birds, animals and an occasional human going about life in the peaceful and unfettered environment of daybreak. The workouts are merely a new twist on a well-practiced theme.

Match Day

Never Lacking in Suspense



With the suspense over, Alicia Bales and Milad Hakimbashi, above, are thrilled to learn they will both be in residencies in Los Angeles. Katherine Splitek, left, matches to Case Western Reserve's pediatrics program.

by Theresa Plenty

You could feel the anticipation and excitement as students, faculty, staff, family and friends waited in the packed Alumni Hall in the Health Sciences Learning Center to hear where the students' training would continue. A few times, the room even went dark as the electricity unexpectedly went out.

But the power blips didn't deter Patrick McBride, MD '80, MPH, associate dean for students, and Susan E. Skochelak, MD, MPH, senior associate dean for academic affairs at the University of Wisconsin School of Medicine and Public Health, who were busy offering supporting words as students were called up to the microphone one by one to open envelopes and announce their placements.

> "When they come up to learn their match location, the whole medical school journey comes before our eyes."

When students stepped up to learn their fate, they donated a dollar to the Second Harvest food pantry and put a pin on the map of the country to mark their match destination. Class leaders also organized a food drive and delivered the collection after the ceremony.

This was McBride's fourth year involved with organizing Match Day, held on March 20, 2008. As associate dean for students, he was able to work with most of this class from the start of their medical education to the finish. A 25-year faculty member, McBride says Match Day never lacks in suspense.

"When they come up to learn their match location, the whole medical school journey comes before our eyes," McBride says. "I'm just aware of how hard people have worked, the things that happened to them while they were in medical school, what extraordinary people they are. I'm so proud of them."

One hundred twenty-two students out of a class of 136 are going into residency training, with 42 remaining in Wisconsin. UW affiliate programs placed 22 students. Other students finalized alternative plans, adds McBride, with some going on to conduct research and others completing master in public health degrees.

Terrah Olson is elated to learn she will enter the general surgery residency at UW Hospital and Clinics this summer.

"Everything slowed down and my heart was racing. It was a relief we are both in really good schools, studying anesthesia and orthopedic surgery, and so we couldn't be happier."

Match Day is scheduled simultaneously at all medical schools in the country. Students find out about placement from the National Resident Matching Program (NRMP), which uses a computer algorithm to match the students' choices with residency program choices. The placements fill the available training spots at U.S. teaching hospitals.

According to the NRMP, more than 94 percent of seniors who applied for residencies this year were paired with a program of their choice—the highest percentage in more than three decades.

"It all seems mysterious, but the computer does the right thing," McBride explains. "It's looking out for them, matching them with the highest place, so it comes out just as it really should."

This year's Match Day featured a live Web broadcast, a first for the school.

"Every year we have people who are doing an international rotation or who are not in Madison for one reason or another, and who want to see where they are going or where their friends are going," says Chris

Specialty selections	Number	Percent matched
Internal medicine	17	13.9
Family medicine	16	13.1
Pediatrics	14	11.5
Anesthesiology	9	7.4
Emergency medicine	8	6.6
Psychiatry	7	5.7
Surgery-general	7	5.7
Orthopedic surgery	6	4.9
Surgery-preliminary	5	4.1
Radiology-diagnostic	5	4.1
Obstetrics and gynecology	4	3.3
Radiation oncology	3	2.5
Otolaryngology	3	2.5
Ophthalmology	3	2.5
Pathology	3	2.5
Physical med/rehabilitation	2	1.6
Internal med-pediatrics	2	1.6
Internal med-primary care	2	1.6
Internal med-geriatrics	1	.8
Dermatology	1	.8
Neurological surgery	1	.8
Plastic surgery	1	.8
Transitional year	1	.8
Urology	1	.8

Primary care selections	Number	Percent matched
Internal medicine	17	13.9
Family medicine	16	13.1
Internal med-geriatrics	1	.8
Internal med-pediatrics	2	1.6
Internal med-primary care	2	1.6
Pediatrics	14	11.5
Total	52	42

Total matched: 122
Total number in class: 136
42 will stay in state; 80 will go out of state

Matching as a couple, Zobeida Diaz and Gregory Rachu will be heading to Rhode Island for residencies at Brown University.

Jon Barlow happily marks the spot: Mayo Clinic's orthopedic surgery program.

Stillwell, director of academic and career advising at the school. "It's technology that allows us to reach family members and friends who may not (otherwise) get to participate."

"This year is a real success story for rural medicine and primary care."

The students who arranged for family to watch them from the simulcast made everyone aware of how far the technology could reach. When Faiz Syed went up to read his match location, he said hello to his parents watching him in Philadelphia and his wife watching in India. Syed announced that he would be going to Wheaton Franciscan Healthcare, St. Joseph Hospital in Milwaukee for his transitional year and to Geisinger Health System in Danville, Pennsylvania, for diagnostic radiology training.

Several students will also be heading for rural medicine residencies, including two in Baraboo, Wisconsin.

"This year is a real success story for rural medicine and primary care. Students are training in rural sites across the country, including Duluth, Minnesota; Pocatello, Idaho; and Baraboo," says Stillwell. "Baraboo is as good a place for rural medicine training as anywhere in the country, and it's getting two of our best students—Dan Sutton and Bridget DeLong, who both could have gone anywhere in the country."

As a married couple, Magnolia and Jonathon Printz say the Match Day experience was particularly challenging, though they had already overcome one significant hurdle.

"The residence match wasn't as difficult as applying for medical school and getting in at the same school," Jonathon says. Originally from Milwaukee, the Printzes matched together at the University of Michigan at Ann Arbor.

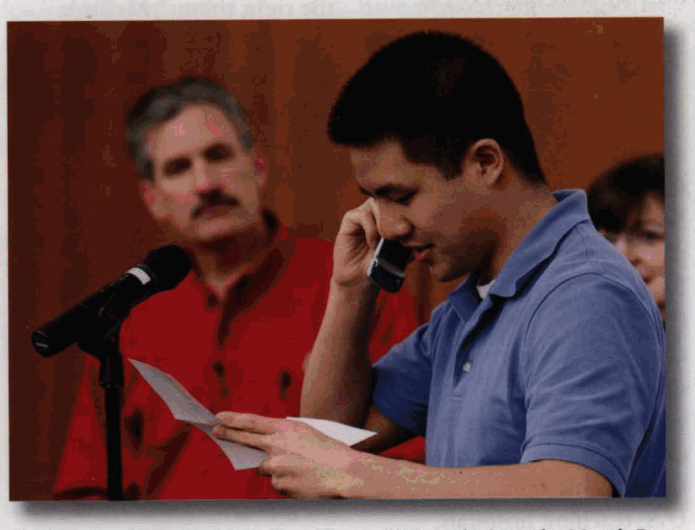
For Magnolia, the Match Day experience was emotional.

"Everything sort of slowed down and my heart was racing," she says. "It was a relief we are both in really good schools, studying anesthesia and orthopedic surgery. We couldn't be happier."

They say selecting possible schools was difficult, since not all programs were equal for both of their fields.

"It was really nerve-racking as a couple," Jonathon says. "One program may have a good anesthesiology program but not a good orthopedic surgery program, and vice versa. When we sat down to make our list, we really had to make some compromises and say, 'Look, that may be really good for you, but we have to look out for a place that's good for both of us.' Fortunately, it worked out best for us both."

To couples seeking a match, Magnolia offers the following advice: "Compromise, compromise, compromise."



Andrew Ju phones a classmate who couldn't make it to the Match Day announcements to let him know about his selection.

Street Medicine

One Student's Personal Experience

Jenkins shares a birthday cookie with one of the street dwellers she met and treated during her training in Pittsburgh.

By Jennifer Jenkins, Med 4

I was restless. I just sensed something missing.

After most of my third-year rotations, I felt I was left with a lot of knowledge but not enough exposure to people truly in need of care. Having myself been one of those folks, I felt compelled to round out my education before the demands of residency and future practice hit.

So, last fall, with a LOCUS (Leadership Opportunities with Communities, the Underserved and Special Populations) grant in my hand and a smile on my face, I took a six-month leave of absence from medical school and set out to Pittsburgh's Operation Safety Net (OSN). I was eager to delve into the evolving field of street medicine.

OSN focuses its efforts on the unsheltered homeless. While reaching out to street dwellers is a complex, time-consuming and difficult task, OSN has achieved success with a non-judgmental, open-hand and big-heart approach. Jim Withers, MD, one of the leaders in the new street medicine movement, directs OSN, and I felt very fortunate to work with him.

Outdoor rounds, dubbed "street rounds" by the clinicians who perform them, are conducted five days a week. House calls are made to the streets, under bridges, along back alleyways and in church vestibules.

We carry backpacks full of medicine, clinical instruments, sandwiches and socks to our patients' "homes," which are made of cardboard, used construction tarps and sticks. Sometimes they truly have no home, so we carry our supplies to their blankets on street grills and in doorways. We give them heavy-duty

While monitoring her patients' medical conditions on the street, Jenkins gently explores their readiness to accept social services, which often include psychiatric support and housing options.

sleeping bags to weather the Pittsburgh cold.

While monitoring our patients' medical conditions, we gently explore their readiness to accept our social service recommendations, which often include psychiatric support and housing options. Some engage, some do not. It is often a matter of timing, and always a matter of respecting their autonomy in the choice to engage. Still, even when they choose to remain on the street, we continue to offer our outstretched hand, hoping that one day it will be clasped.

My first day, I grab my pack full of supplies and set out with a motley crew of medical students and physicians to walk the streets and alleys, rolling from one bridge to the next.

The first stop is the bus station, where I meet John. An uncontrolled diabetic, he has an impressive entire lower-extremity venous stasis ulcer infected with god-knows-what, oozing white gunk in a steady stream. I smooth antibiotic ointment over the peeling inflamed skin and wrap his wounds as Dr. Withers brings up rooming possibilities.

"It's not going to get any warmer," Withers says.

"Yeah, I know, but I'm all right for now," John replies.

I know this feeling.

Next we see Robert, who would prefer to sit in his dilapidated wheelchair and get drunk on mouthwash. He lost functional use of his legs after a car accident, but the more costly event was the death of his soul. His eyes fill with tears as he tells me his poignant story. He takes sandwiches, drinks his mouthwash, and says, "You're precious...."

"No, Robert, you are."

It's so easy for me to connect with everyone. The street dwellers and I know each other the second we meet. It isn't anything particular that is said, any sort of secret swagger or handshake, just a certain look in the eyes that only one who has been there knows. Kind of like when a cat recognizes another cat—we all know our own kind.

Next we dip under the freeway overpass, where we find four "beds" in a row—blankets wrapped in plastic. Two-foot-high walls made of tarp keep the rats out. Seeing safety in numbers, many street people often dwell together, which lowers the possibility of violence, theft and rape.

Clarence is recovering from a bad staph infection from a spider bite. I refill his pain meds and dole out sandwiches. He and his wife, Miriam, are grateful, as are the rest of the group.

I mentally scan the concrete for a barren area and think to myself, "I could live here, if I ever really needed to." You see, I've been homeless too.

I can't pass by an alleyway without mentally constructing a shelter for myself...just in case. Once the homeless experience lays its mark on you, it becomes part of your fabric, a patchwork quilt of pain and toughness interwoven. You know you can survive—with a resilience that would put TV reality shows to shame.

The silent film version of my life: broken home, little to no support, college dropout, alone in Chicago. I headed for the streets and the shelters, the seedy underbelly of the city. My mission was survival. I got lucky and became a professional DJ; I had a knack for it. There was always a job when I needed it. My friends were barflies and addicts. Funny how their stories were often the same as mine. Living on the streets of Chicago, I ended up spinning in clubs, hanging out with the lost crowd.

It was a colorful few years.

Fast-forward. While I was living at the Open Door Youth Shelter in Chicago, I met Sue Brown, who became my counselor. I got a job working with emotionally disturbed deaf children, and in addition to learning sign language and recovering my confidence, I put

myself through college. After a notable performance in graduate school at the Roswell Park Cancer Center, I found myself headed home, accepted to the University of Wisconsin School of Medicine and Public Health.

There are many reasons why people choose to sleep in parks, cars and bus stations rather than going to the shelters. Shelters are crowded and dangerous, with no place to keep one's belongings, which are often stolen. Many people prefer the quiet dignity of their modest encampments to the rigidly controlled structure of the shelter system, where they are kept busy with required activities and under thumb with nightly curfews.

While I was working in Pittsburgh, a dear friend sent me a giant cookie for my birthday, and I jumped the freeway, dodged the cops and headed for the camps under the Liberty Bridge. Among the occupants were Mitch and his friends, whom I had met on the streets. It was a creepy, garbage-laden, tucked-away place. Every time I went down there, I felt like I was going to get shot in the head.

I beamed as they loudly belted out Happy Birthday, which echoed in the hollows of the concrete. We had soda and slices of my birthday treat huddled around a black and white battery-operated TV, watching the Steelers game, the bridge sheltering us from the chilly November rain.

Janice lives in a rolled-up tarp in the underbrush next to the Greyhound bus station. On rounds, she accepts socks and meds for her urinary tract infection. Off rounds, we talk about her estranged family and how she wants to get a place so she can host her grandchildren. She won't come out of her tarp, so I kneel outside and talk into the small opening she created at one end.

One day she says to me, "Jen, would you like a muffin? I've got an extra one right here."

I find myself wishing for these kinds of genuine moments for my fellow medical school classmates and myself in our future medical practices—in every specialty. Such moments illustrate an evolution from the sterile black-and-white diagnosis and treatment to the decidedly messy, yet beautifully rich world of technicolor. They are a leap from a caretaker to the community, a place where authentic connection is possible. Deep healing happens here. I've seen it. I've lived it.

I'm back at school now, finishing up rotations. My return to the streets is never far from my mind. During that street medicine experience, I reconnected. I found myself in awe of people's drive, raw courage and refusal to be hammered down.

Many have helped me rise from my own personal struggle. Now, soon to graduate from medical school, I hope to be a part of someone else's ascent. But I worry that the system is not constructed to reach those who operate on such different wavelengths. Has the milk of human kindness gone sour? Have we reached the limits of our tolerance?

Some would argue about the cost-effectiveness of OSN. But how much is a life worth? You never know what people can do until you give them the chance. Perhaps a Picasso is lying next to a dumpster, victim to the circumstances of life. Maybe the cure to cancer is locked inside Janice's head. Perhaps waiting in the ER is a potential Martin Luther King, the next Pasteur...the next medical student.

Mitch called me a few days ago. This guy, whose only focus is survival, took the time, energy and money to contact me.

"I'm just callin' to say, I'm OK, Jen....I'm OK."

For her work on behalf of homeless people, Jenkins has been given the American Medical Association Foundation's 2008 Leadership Award, the Zorba Paster Compassion in Action Award and a Gold Humanism Society grant.

OPERATION EDUCATION

A RESOUNDING SUCCESS

Left: The atrium was filled during Operation Education, when eager first- and second-year medical students gathered around physicians and asked them questions about various specialties. Top: Resident Jaime McCord explains what general surgery is all about. Bottom: Preventive cardiologist Patrick McBride discusses cardiology.




From left: Molli Rolli describes a day in the life of a psychiatrist; John Kryger explains why he likes urology; Kim Mackey describes his career in obstetrics and gynecology and Greg McClain tells students why he chose surgery as a specialty.

A record number of physicians stepped up this year to volunteer for Operation Education, the physicians' fair sponsored jointly by the Wisconsin Medical Alumni Association and the Medical Society of Wisconsin Foundation.

Nearly 40 doctors representing numerous specialties were on hand for the annual event on January 16, 2008, which provides first- and second-year School of Medicine and Public Health students an opportunity to talk to physicians and residents about specialties they may be thinking about—or not.

"It was great to learn about residencies I have not even considered," says Med 1 Brianna Petersen.

Mona Ranade, also a Med 1, appreciated hearing the physicians' personal stories.

"How and why they decided to do what they are now doing gives us a picture of what to expect in the near future," she says.

Adds Med 1 Adam Szadkowski, "The physicians and residents were all very open and candid."

The following physicians, listed with their specialties, participated this year:

ANESTHESIOLOGY:
Carolyn Farrell, MD '83
John Strohm, MD '79

CARDIOLOGY:
Patrick McBride, MD '80, MPH

DERMATOLOGY:
Molly Hinshaw, MD '00

DIAGNOSTIC RADIOLOGY:
Michael Stiennon, MD '76

EMERGENCY MEDICINE:
Ryan Wubben, MD '79
Lindsay Krall, MD (resident)
Stacy Brand, MD (resident)
Peter Falk, MD '04

FAMILY MEDICINE:
Paul Wertsch, MD '70
Jacob Prunuske, MD '00
Brian Arndt, MD '05 (resident)

INTERNAL MEDICINE:
Edwin Ferguson, MD
Jilaine Berquist, MD

NEUROLOGY (PEDIATRIC):
Carl Stafstrom, MD

NEUROLOGY:
Katie Nixdorf, MD '06

NEUROSURGERY:
Sharad Rajpal, MD '02

OBSTETRICS/GYNECOLOGY:
Kimberly Miller, MD '83
Kim Mackey, MD

OPHTHALMOLOGY:
John Chandler, MD '65

ORTHOPEDIC SURGERY:
William Niedermeier, MD '73
Matt Hebert, MD '99

PATHOLOGY:
Chen K. Chang, MD
Michael Stier, MD '94
Josephine Harter, MD

PEDIATRICS:
Elizabeth Neary, MD '91
Sandra Osborn, MD '70

PHYSICAL/REHABILITATIVE MEDICINE:
Kim Arndt, MD '05 (resident)
Nalini Schgal, MD

PLASTIC SURGERY:
Thomas Bartell, MD '83
A. Neil Salyapongse, MD

PSYCHIATRY (CHILD):
Murray Kapell, MD '00

PSYCHIATRY:
Molli Rolli, MD
Bhawani Ballamudi, MD
Brian Vasey, MD

RADIOLOGY:
Timothy Crummy, MD

RHEUMATOLOGY:
Matthew Crowe, MD

SURGERY (GENERAL):
Jaime McCord, MD (resident)
Greg McClain, MD (resident)

UROLOGY:
John Kryger, MD '92

Kokotailo Named Dean for Faculty Development

Patricia Kokotailo, MD, MPH, professor of pediatrics at the University of Wisconsin School of Medicine and Public Health (SMPH), has been appointed associate dean for faculty development and affairs at the school, effective April 1, 2008.

"This important new position will focus on the development of our most valuable and precious resource: our faculty," says SMPH dean Robert Golden, MD. "Dr. Kokotailo is uniquely qualified for this critical job, and I'm thrilled she has agreed to take it on."

Kokotailo will create, direct and coordinate programs aimed at helping faculty who are engaged in all the school's missions and at all levels of experience achieve their full professional potential. An important aspect of the job will be focusing on the school's commitment to recruiting, retaining and promoting a diverse faculty within a supportive environment.

During her nearly 20 years as a SMPH faculty member, Kokotailo has demonstrated the requisite leadership skills for this new role. She serves as the director of pediatric faculty development and has established international collaborations in the area of faculty development. She was a visiting scholar and then visiting professor at King's College London from 2003 to 2007.

In addition, since 1998 she has been director of adolescent medicine in the Department of Pediatrics and medical director of the Adolescent Alcohol and Drug Assessment/Intervention Program at the school. She was the director of pediatric medical education at the SMPH for 10 years.

Kokotailo received her MD from Northwestern University Medical School and her MPH in maternal and child health at the University of Illinois. She completed her internship and residency in pediatrics and a fellowship in adolescent medicine and general academic pediatrics at the Johns Hopkins Hospital.

She is a graduate of the Hedwig Van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women. Kokotailo is widely respected among colleagues and students as a stellar teacher and mentor. Her research, funded continuously since 1988, encompasses health risk behaviors of adolescents, medical education and faculty development.

The Kokotailo appointment is the latest in a series of top leadership hires begun after Golden's arrival in July 2006. Since then, five new chairs have been appointed: Paul Harari, MD, in the Department of Human Oncology; Robert Pearce, MD, PhD, in the Department of Anesthesiology; Susan Lederer, PhD, in the Department of Medical History and Bioethics; Laurel Rice, MD, in the Department of Obstetrics and Gynecology; and Valerie Gilchrist, MD, in the Department of Family Medicine. Christine Seibert, MD, also has been appointed the school's new associate dean of medical education.

"We have expanded and revitalized the leadership team, with a balance of external people bringing fresh ideas, complemented by internal people who have a national perspective but are especially familiar with the rich traditions and legacies of our university as well," says Golden. "I'm really pleased that we've attracted the highest quality leaders, people who are sought after by the best medical schools in the country."

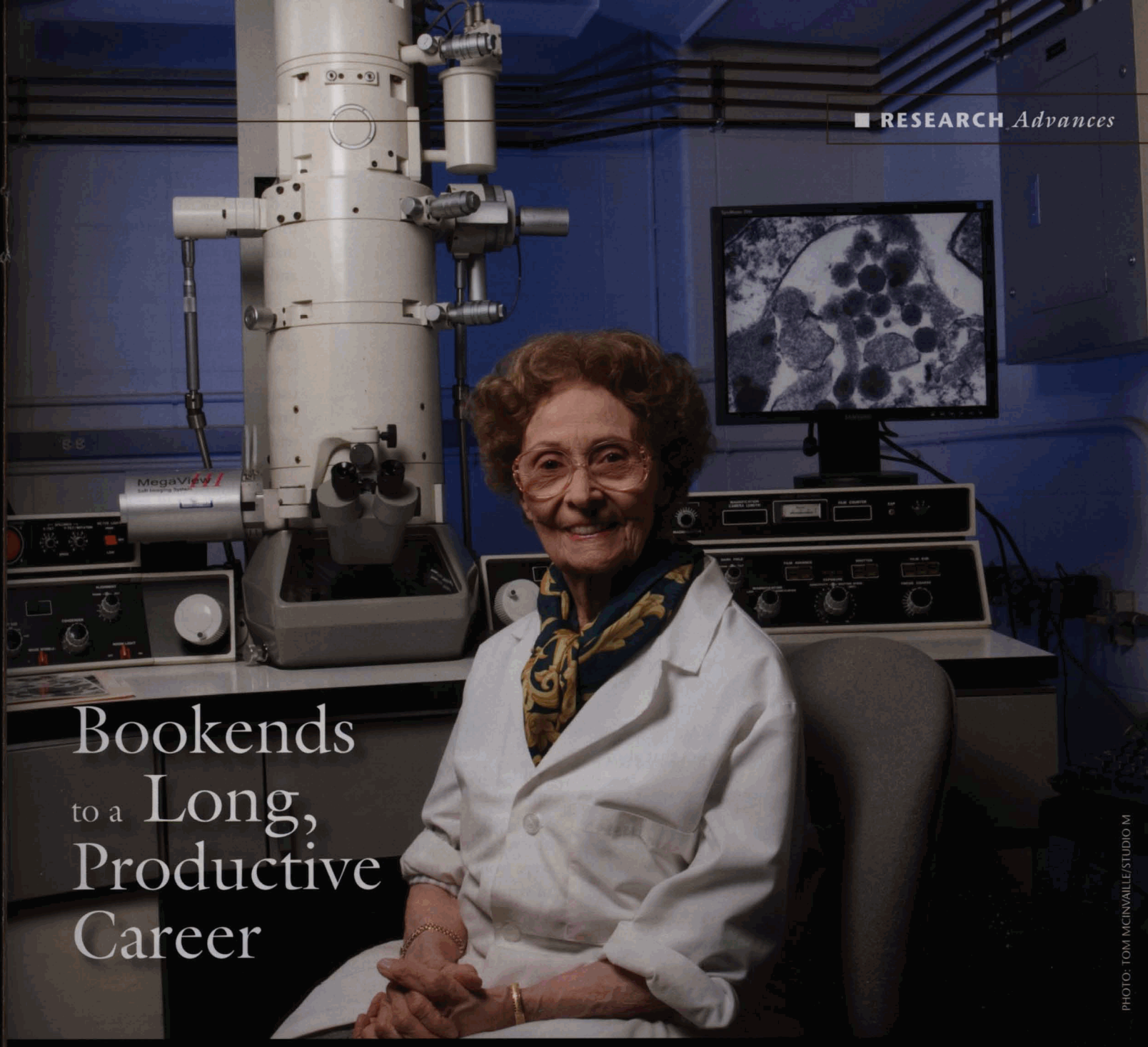


PHOTO: TOM MCINVAILLE/STUDIO M

Bookends to a Long, Productive Career

Neuropathologist Identifies Culprit in Brain Disease–Again

by Dian Land

Countless hours spent peering into an electron microscope on and off over the past 16 years paid off handsomely for Gabriele Zu Rhein, MD, a University of Wisconsin School of Medicine and Public Health (SMPH) professor emerita of pathology and laboratory medicine. Thanks to that hard work, she ended 2007 with the publication of an article in the *Journal of Neuropathology and Experimental Neurology* announcing the discovery of a new brain disease.

Yet to be named, the rare disease is caused by a little understood parasitic bacterium called mycoplasma, a one-cell organism that most often invades the lung and produces walking pneumonia. Zu Rhein and collaborator James Powers, MD, of the University of Rochester, were the first to identify mycoplasma—and the vast destruction it causes—in cells lining tiny blood vessels in the human brain.

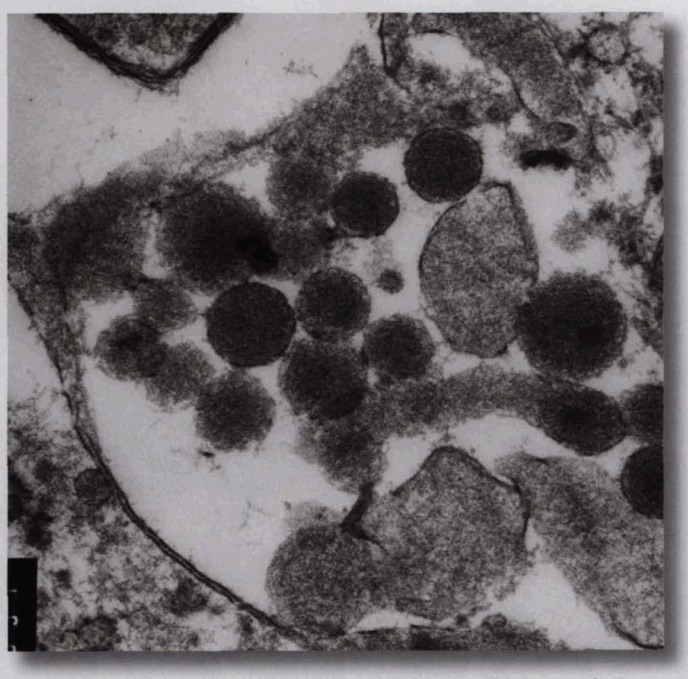
–Continued on next page

One achievement such as this is unusual indeed in any scientist's life. But for Zu Rhein, it was an unlikely repeat of a similar experience 43 years earlier, when near the beginning of her career she discovered the presence of virus particles in another novel disease afflicting human brains, called progressive multifocal leukoencephalopathy.

An energetic octogenarian who still spends every working day in her office in the Medical Sciences Center (MSC), Zu Rhein says several common factors contributed to both discoveries: persistence, luck, fruitful interdepartmental collaborations and the careful eye of a morphologist—a scientist who studies cell shapes—applied to the electron microscope.

"What so intrigued me, though, were these incredibly unusual, giant endothelial cells inside the brain capillaries, where the blood should be flowing."

Zu Rhein recalls the late 1950s, shortly after she had joined the SMPH faculty, when electron microscopes were just being introduced. Carl Olson, PhD, a professor in the UW Department of Veterinary Medicine, had acquired one of the high-powered scopes and worked with papillomaviruses, members of a family known as papovaviruses that also includes polyomaviruses. As Zu Rhein taught Olson's master's and doctoral students neuropathology, she became very familiar with these viruses.



A collection of mycoplasma-like organisms inside a brain capillary demonstrates great variation in shapes and sizes.

"Almost no one involved in human pathology then was familiar with this group of viruses," says Zu Rhein, the only neuropathologist in the state at the time. "Polyomaviruses, in particular, were considered strictly animal viruses."

Zu Rhein remembered the images when she consulted on a human case that had stumped a local pathologist. She examined the autopsy brain tissue in the electron microscope and was astounded by what she saw.

"I had never seen anything like this in a human brain," she says. "Cells with unusual nuclei contained virus particles, and there was absolutely no doubt that they were from the papova group of viruses. They turned out to be polyomaviruses."

Zu Rhein reported the finding at scientific meetings and in a journal article in 1964 but initially experienced opposition, at times hostile, from classical virologists. With an increasing number of cases, however, the naysayers came to accept the discovery.

Seven years later, Billie Padgett, PhD, and Duard Walker, MD, of the UW Department of Medical Microbiology cultured the virus. In extensive studies that followed, Zu Rhein and her associates found that the virus caused diverse malignant tumors in rodents and even monkeys.

Today progressive multifocal leuko-encephalopathy (PML) is well established as a usually fatal disease that progressively damages the white matter of the brain at multiple locations. It occurs almost exclusively in people with severe immune deficiency, such as AIDS and transplant patients on immunosuppressants.

"I finally felt certain that we were justified to stick out our necks in a poster—which earned an award—and a publication."

Following the polyomavirus research, Zu Rhein shifted her focus to the prion disease called transmissible mink encephalopathy. Her work on this and the polyomavirus-related diseases has been reported in five articles in the journal *Science*. Throughout the years, Zu Rhein has been regarded as an expert on the neuropathology of PML, and as such has been asked frequently to consult on cases that could fall within that category.

That's what happened in 1991, when an unusual

"If clinicians learn to recognize this disease, they could find it to be much more common than we now think."

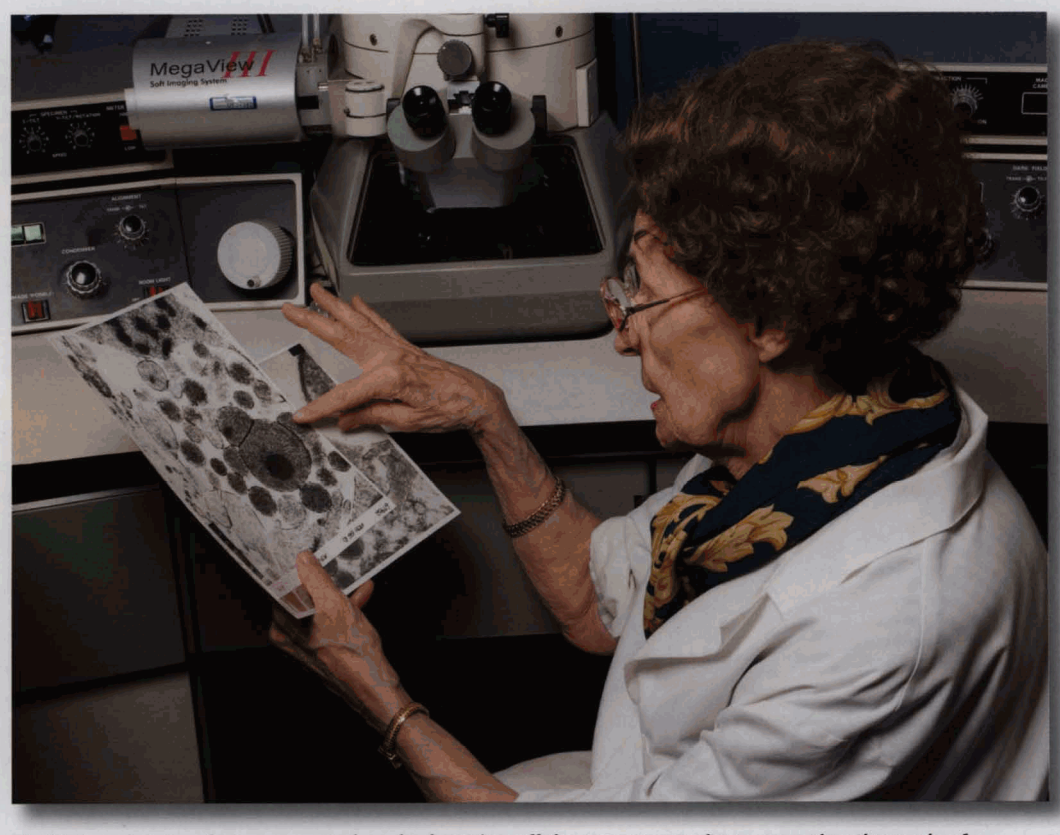
specimen thought to be PML arrived at her lab for confirmation.

"I could see in a few minutes of looking at the slides that in no way was this PML," she says. "What so intrigued me, though, were these incredibly unusual, giant endothelial cells inside the brain capillaries, where the blood should be flowing."

Zu Rhein found no viruses in the electron microscope, but she observed mysterious multi-shaped membraneless "bodies" she had never come across before. She sent the slides to Michael Hart, MD, now chair of the SMPH Department of Pathology and Laboratory Medicine, an expert on brain blood vessels. In her letter to him she wondered if the strange "bodies" could be mycoplasmas, or, jokingly, "a mutant of the Andromeda Strain."

Hart too was baffled, so he forwarded the slides to neuropathologist Powers, at Rochester, who agreed the culprit could be mycoplasma.

But Zu Rhein was reluctant to submit the findings for publication since the data were based on only one patient. So she shelved the project—until 2004, after Powers had received two more cases that appeared to look like the original one.



Zu Rhein points to what appears to be a bud coming off the parent organism, suggesting the mode of multiplication for the single-cell mycoplasma.

Zu Rhein went back to the electron microscope and found the new samples matched the first one. At Hart's urging, she agreed to complete the work. She put herself through a crash course on mycoplasmas; the well-thumbed textbooks she studied are now stacked in her office. Painstakingly evaluating minuscule slices of the autopsy brain samples, she became confident in recognizing the shape-shifting organisms in the capillaries.

"Some 16 years later, I finally felt certain that we were justified to stick out our necks in a poster—which earned an award—and a publication," she says.

The challenge now will be to spread the word to clinicians so that they can look for the disease in patients exhibiting problems with walking, swallowing and other motor activities and who don't test positive for other relevant problems. Although the disease is known to have killed at least three people, it should be amenable to effective treatment with antibiotics.

"If clinicians learn to recognize this disease, they could find it to be much more common than we now think," Zu Rhein says.

With more cases diagnosed, more autopsy material hopefully would be available for culturing the organism or identifying it with molecular methods.

"It may take many years of work, and some luck, to know the true nature of this disease," says Zu Rhein.

Having done her part twice, she is content to leave further discoveries to others.

Inner Beauty

by Megan Schultz, Med 1

To see under the skin, to uncover the weave and wrap of muscles, to hold a heart in your hand—gross anatomy is both incredibly educational and deeply moving. Few people get the opportunity to see what's inside us: to see the origins of our muscle aches, to follow the path our blood takes to our little toes, to run our fingers along a spinal cord. We get to see firsthand the awe-inspiring landscapes that lie within us: the deep violet of our spleens, the messy jumble of our intestines, the intricate and intertwining networks of our nerves.

But even after I had been exposed to such visceral beauty, even after I had felt the dense weight of a brain and seen the blackness of cancer, even after all that, I was still unprepared the day I turned over my cadaver and saw a transdermal medicine patch affixed to his shoulder. My eyes focused on the one-inch-by-one-inch translucent square, neatly labeled with the name of its drug. It was a painkiller, and the expiration date was quite recent.

Quite suddenly, my cadaver was no longer a thing, an inanimate learning tool, a conglomeration of organs and systems and pathologies arranged solely for the purpose of my edification. All of a sudden, this was a man. This was an old man, now deceased, who not long ago had experienced such pain that he needed medicine to cope with it.

I looked around me to the other dissection tanks, and it was as if a curtain had been pulled away. Tank 11 held an elderly lady with a pink Band-Aid on her elbow; not long ago she had scraped herself and bled, very much alive. Tank 4 held a gentleman whose skin of his left ring finger was rubbed white; not long ago he had been a married man, and I wondered whether his wife was missing him right this moment.

Of course I had recognized that my cadaver was once alive, but only in an abstract sense. I had been so focused on the phenomenal gift I had been given that I had been ignoring its giver. But this new realization hit me like a fist: My cadaver was a person, someone's husband, someone's friend, maybe a father and a grandfather. Over the course of his life, he had felt hope and fear and anger and joy. He had been a child once, had most likely ridden a bicycle and had a first love, had learned to drive a car and worked a full-time job. He had seen two world wars, had watched his hair go gray at the temples, had gotten sick, gotten better, gotten sick again.

And then, at the very end, this man was so generous that he gave me, a total stranger, the most amazing gift anyone possibly could: himself. For all the beauty I had seen inside his body, this intangible, invisible generosity far surpassed it. This man gave himself to me so that I might be a better doctor. And that is beautiful.

Seeking Submissions

We seek well-written essays or poems that thoughtfully describe moving, humorous or unusual experiences occurring in SMPH classrooms, clinics or laboratories. Send submissions (no more than 1,200 words) to *Quarterly*, Health Sciences Learning Center, Room 4293, Madison, WI 53705. Or e-mail dj.land@hosp.wisc.edu.

First Death

by Dan Muller, MD, PhD

Just trying to do my best.
Holding my own life together.
Holding other lives,
This third-year medical student could never know enough…

A man, a painter, dying of malignancy, eating into his carotid. He was wounded. Never showing emotion. Wanting no one with him at the end. Forcing us away. Watching him, clinically, through that small circle of glass. Alone…

Where did he come from?

I knew that he would wake each morning, reach for a cigarette, before even rising.
To the kitchen for a beer, with his cornflakes.
Another day, another
dollar. Loading up the car, driving to the site…

Little thoughts of the pain.
No longer speaking with the inflictors of pain.
Friends came, friends went.
No time to explore the depth of being human…

His strokes were smooth.
A meditation of Yin and Yang.
A cigarette hanging from his lip, the beer nearby.
Life flowed. Alone…

Where did his spirit go?

Sitting quietly in meditation.
The empty blackness, filled with the fullness of light.
Wisdom of the empty fullness.
Bringing this wisdom, as compassion in the light of day.

Sitting, tears tasting salty.
Speaking with the dead.
Without understanding the paradox, the mystery, the awe.
Truth arises…

WINTER EVENT 2008

AN ARTFUL EVENING IN MILWAUKEE

by Dian Land

Despite bitterly cold temperatures on Friday, February 15, 2008, the approximately 75 alumni, students and leaders of the University of Wisconsin School of Medicine and Public Health (SMPH) who gathered at the Milwaukee Art Museum were thoroughly warmed by an evening of beauty, camaraderie and fun.

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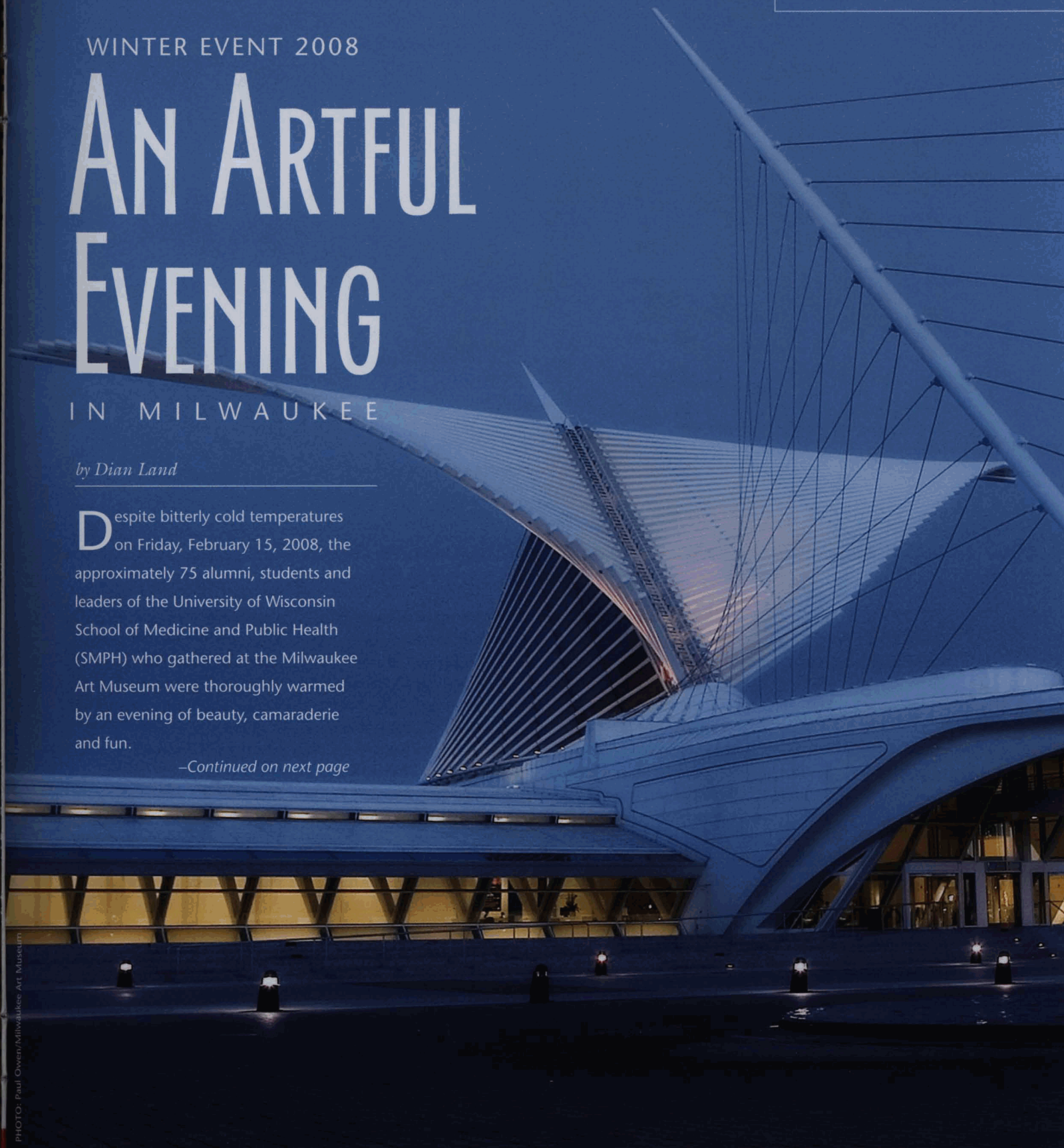


PHOTO: Paul Owen/Milwaukee Art Museum

Cafe Calatrava serves as a perfect setting for the main social event of the evening. Top right: Richard Stone ('69) visits with his guest. Bottom right: Kathe Budzak ('69), left, and Deborah Bletzinger ('99) catch up.

"The setting was unique and beautiful. We try to meet at special places for these winter events, which offer alumni in specific communities and areas of the state an opportunity to hear firsthand about the latest developments at the medical school."

The annual winter event sponsored by the Wisconsin Medical Alumni Association (WMAA) was held in the spectacular downtown museum designed by award-winning Spanish architect Santiago Calatrava.

"The setting was unique and beautiful," says Karen Peterson, WMAA executive director. "We try to meet at special places for these winter events, which offer alumni in specific communities and areas of the state an opportunity to hear firsthand about the latest developments at the medical school. The art museum was a wonderful venue for us."

In addition to the special location, Peterson attributes the good attendance to a program that included John Harting, PhD, chair of the SMPH Department of Anatomy, as keynote speaker. Four new members of the WMAA board of directors—Renee Coulter, MD '79, Stephen Fox, MD '86, Thomas Mahn, MD '80, and Steven Merkow, MD '80—also created a buzz.

"This year, class representatives also helped promote the event, and that helped substantially," says Peterson.

John Kryger, class rep for the Class of 1992, got a positive response from Elizabeth Bensen, MD '82, a physiatrist who works at Agnesian Healthcare's Fond du Lac Regional Clinic.

"This was the first Winter Event I've been able to make, and it was a lot of fun," says Bensen. "It was great to see that Dr. Harting was as witty as ever, and I enjoyed seeing the fresh young faces of the medical students who were there."

Bensen says she made some of her closest friends during her years at UW medical school, and she has tried to stay in touch with many of them. She and several classmates will run

Milwaukee, February 15, 2008

Above: The Medical Student Association is well represented by (from left) John Tackett, Joe Ebinger, Lisa Shen, Paul Bergl and Robert Yang. Right: Medical student Andres Vasconcellos, Dean Robert Golden, keynote speaker John Harting and WMAA president-elect John Kryger socialize before dinner.

in a half marathon in Door County soon.

The Milwaukee event began with an afternoon meeting of the WMAA board of directors in the Quadracci Suite. A main item of business was choosing recipients for the various annual awards that will be announced at Alumni Weekend 2008, May 8 through 10. Discussions on the Low-Interest Student Loan Program also were begun, and will continue in the spring, notes Peterson.

Dean Robert Golden, MD, told the group about the expansive process over the past year that has helped define exactly what the transformation to an integrated school of medicine and public health means to the school's education, research and community outreach missions (see pages 10-11 for more details). He urged board members to promote the concept in their interactions with other alumni whenever possible.

Golden also made a point to acknowledge Herman Tuchman, MD '51, calling him "a loyal alum and remarkable 'community' cardiologist," and thanking him for his "extraordinary support of the School of Medicine and Public Health." A recent gift from Tuchman and his wife, Ailene, has created the Dr. Herman and Ailene Tuchman Chair in Clinical Cardiology.

Following social time and a hot hors d'oeuvres buffet capped with chocolate mousse and rich coffee, the evening program, held in the Cafe Calatrava overlooking a nearly frozen Lake Michigan, featured Harting's highly entertaining talk.

One of the most popular teachers in the school's history (he has won more than 25 awards for his neuroscience classes), Harting slipped seamlessly into instructor mode and peppered people in the audience with anatomy questions. He quizzed Dean of Students Patrick McBride, MD '80, MPH, several of the medical students who were on hand, and his former close anatomy faculty colleagues James Pettersen, PhD, and Edward Bersu, PhD.

"People didn't always know the answers to John's questions, so there were lots of laughs," says Peterson.

On a slightly more serious note, Harting took advantage of the school's centennial theme, which is under way this academic year, to review the history of anatomy at the SMPH. With many excellent slides in his Power Point, he

Left top: Harting reviews the history of anatomy. Bottom left: Maureen Mullins ('79), Renee Coulter ('79) and others share a laugh during Harting's talk. Bottom right: Malika Siker ('06) and Olivier Reiher. Above: Dean Golden presents Milwaukee cardiologist Herman Tuchman ('51) a gift in appreciation of his "extraordinary support" of the school.

showed the department's illustrious beginnings in Science Hall and its later move to the Medical Sciences Center (MSC).

Harting described some of the curriculum changes that have occurred in recent years, such as histology being reduced somewhat as students now examine tissues in the computerized "Histo Atlas" that the department has developed.

He also made reference to future curriculum changes that will have students beginning their first semester of instruction not with gross anatomy but rather with a focus on molecules and cells.

Harting talked about the school's plans to move the gross anatomy laboratories from their current longtime location in the MSC into completely renovated space in the lower level of the Clinical Science Center (CSC), adjacent to the Health Sciences Learning Center (HSLC).

"The WMAA has made raising funds for the new CSC anatomy facilities a top priority," Peterson says. "We hope to raise at least $2.5 million for this project, which is what we raised for Alumni Hall in the HSLC."

Some alumni classes have already begun to focus seriously on this fund-raising project, Peterson adds.

"Tom Jackson and Mary Ellen Peters rallied the Class of 1967 at their reunion last fall and ended up with nearly $100,000 in pledges from classmates," she says. "We look forward to many more classes getting involved."

Following Harting's talk, guests were invited to tour the photography exhibit called "Modernity in Central Europe: 1918-1945." The *New York Times* has called the exhibit, which showcases progressive artists between the world wars, "a spellbinding exhibition."

"The WMAA has made raising funds for the new Clinical Science Center gross anatomy facilities a top priority."

As Peterson sums it up, "All in all, the entire event was super."

Next year the Winter Event will be held at Lambeau Field in Green Bay.

Tom Rice, MD '45, who died February 1, 2008, was much loved by his family, friends, co-workers, patients and the Wisconsin Medical Alumni Association.

Remembering Tom

Thomas J. Rice, MD '45

by Maggie Rossiter Peterman

Working as an elevator operator at Wisconsin General Hospital was the ride that drove Thomas Rice, MD '45, to Marshfield Clinic, where he helped give birth to more than 6,500 babies before he hung up his delivery room galoshes after 35 years of service.

Throughout his 86 years, Rice entertained friends and strangers, whether he was in a hospital operating room, casting his rod on a trout stream or sitting in the stands at Camp Randall, Lambeau Field or a Marshfield High School athletic event.

"He was a character, there's no doubt about it," says Carol Rice, who celebrated 57 years of marriage, four children and five grandchildren with the much-loved physician.

Rice died February 1, 2008, from complications related to heart disease.

Dozens of cards from nurses, doctors, patients and friends filled with notes detailing honorable and humorous tales of her husband's zest for life still are stacked on the Rices' dining room table.

"He had one of those personalities...a jokester," she says.

Diane Lulloff, a registered nurse who often held the obstetrician's rubber apron as he hustled into the delivery room, remembered fondly Rice's thick brown corduroy pants, plaid shirt and rubber boots when he scurried in for a middle-of-the-night delivery.

"He came running in on the night shift in his wool cap with the earflaps flopping in the wind like a bird ready to fly," Lulloff says. "He'd call for his apron, roll up his pants over his white pencil-thin legs and get ready to deliver. It was quite a sight sometimes."

Despite his playfulness, Rice was a diplomat. He knew when to bow out of the spotlight and direct the applause to others. At Rice's direction, medical students often consulted nurses for answers, Lulloff says.

"He had genuine respect for nurses and great respect for his patients," says Lulloff, 59, who worked 16 years with Rice.

A Giant of a Man

As salutatorian of the 1939 graduation class from Ontario High School, about 30 miles east of La Crosse, Wisconsin, Rice collected a one-year scholarship to the University of Wisconsin-Madison.

As a child, he was surrounded by educators. He grew up in the Hotel White, a boardinghouse his parents operated for about 20 teachers. If he wasn't hunting or fishing, he had a book in his hand.

Madison was a new adventure and Rice was eager to explore. A friend told him that jobs at the hospital paid 35 cents an hour. The day after graduating from high school, Tom was running the elevator at Wisconsin General.

He majored in chemistry, later worked as an orderly and graduated from the medical school in 1945. Following an internship in Los Angeles and two years' service in the U.S. Army Medical Corps, Rice in 1951 completed his residency in obstetrics and gynecology.

An RN herself, Carol Rice met her future husband at the Rennebohm Drug Store on University Avenue across from the hospital. After they married

in 1951, she helped him pack their 1948 Chevrolet to move from Madison to Marshfield, where Rice would earn $10,000 a year at the Marshfield Clinic.

He helped establish the new obstetrics and gynecology department, and delivered 400 babies that first year all by himself, says his wife. Today, 774 physicians work in more than 40 Marshfield Clinic centers throughout northern, central and western Wisconsin.

Rice also served as chief of staff at St. Joseph's Hospital in Marshfield.

"Dr. Rice was one of our giants, no question," says Reed Hall, Marshfield Clinic's executive director who knew Rice for more than three decades. "He was a master clinician and teacher.

"He had such a vibrant personality, people were attracted to him. He put patients, physicians and staff at ease. He was one of our best recruiters. His story-telling was legend."

Rice was among a trio of doctors—with Russell Lewis, MD '41, and George Magnin, MD '46—from the School of Medicine and Public Health (SMPH) who in the early 1950s helped to lay the foundation that later launched the expanded Marshfield Clinic, Hall notes.

"We were very fortunate to be blessed with this group of young physicians who were graduates of UW medical school," he says.

Of the more than 6,500 babies Rice delivered, 12 went on to graduate from the medical school and return to Marshfield Clinic as students or members of the staff.

No Nonsense

When clinic administrators needed help, Rice was one of the first to raise his hand, Lewis says.

"He served on important committees over and above, working like the dickens," he says.

And Rice treasured his patients, Magnin says.

Tom Rice, center, shared a laugh with two good friends from UW medical school days: Jack McCullough, left, and Joseph Wepfer, right. They all were members of the Class of 1945.

"The mothers of those babies were Tom's friends," he says. "Wherever he went, he acknowledged them."

Paul Harkins, MD '75, was looking for work at a major medical center in 1979 when he answered a telephone call from Rice, who delivered an invitation to visit Marshfield's community of 20,000.

"'Don't forget to bring your wife,'" Harkins recalls Rice saying. "'If she doesn't like it up here, you won't either.'"

One visit sealed the deal, says Harkins, 59, who now practices at a Mequon branch of the Marshfield Clinic.

"As soon as my wife Andrea and I met Tom and Carol, we loved them," he says. "We knew we wanted to come here."

Rice didn't mince words, though, Harkins says. He scolded overweight expectant mothers and counseled young physicians on getting acquainted in a new community. Good guidance was Rice's aim.

"We didn't know anybody when we moved to Marshfield," Harkins says, adding that Rice insisted he join the Elks Club. "He looked out for me like a father. He gave me advice on everything from taking care of patients to buying a car."

A Leader

For the hundreds of hours Rice spent teaching and mentoring medical students, the SMPH honored him in 1979 with its prestigious Max Fox Teaching Award.

Rice also served as his medical class representative. He wrote quarterly letters informing classmates about issues, events and fund-raising projects in addition to planning reunions, says Karen Peterson, assistant dean for alumni and external relations and director of the Wisconsin Medical Alumni Association (WMAA).

"He was truly a leader," she says. "He was so incredibly loyal to the school. Every time we had a campaign for something, Tom was right there. He had the ability to rally his class."

The WMAA honored Rice with its Ralph Hawley Service Award in 2004.

Dozens of books on fishing line the shelves in the den of the Rices' Marshfield home. Spools of thread are stacked on the counter near the picture window where he perched to tie flies. Rods and reels are piled up in an opposite corner, where he last dumped them.

Rice's skills as a fly tyer and instructor led to numerous invitations to teach classes at the Marshfield vocational school and a life membership in Trout Unlimited.

"He always asked his patients if their husbands fished," Harkins says. "If they did, the appointment took a little longer. If they fly fished, it took even longer."

The life-loving, hardworking, fly-tying obstetrician from Marshfield will be missed by many.

Class Notes *by Amanda Cielsielczyk*

1972

In January 2008, **Warren R. Procci** (left) was named president-elect of the American Psychoanalytic Association. Procci has a private psychiatry-psychoanalysis practice in Pasadena, Calif. He and his wife, Linda, recently celebrated their 35th anniversary and Warren's 60th birthday at a party featuring singer Paul Anka.

1980

Ruth Etzel received the 2007 Children's Environmental Health Champion award from the U.S. Environmental Protection Agency at a ceremony in Washington, D.C. in October 2007. The award was presented to Etzel for 20 years of leadership teaching health professionals about the importance of children's environmental health. She is the founding editor of *Pediatric Environmental Health*, now in its second edition.

1986

Louis Ptácek, a Howard Hughes Medical Institute investigator and the John C. Coleman Distinguished Professor of Neurology at the University of California-San Francisco, was among the 65 newly elected members to the Institute of Medicine, part of the National Academy of Sciences. His work is focused on studying genetic disorders of the brain, nerves and muscles. Areas of interest include circadian rhythm/sleep genetics and episodic disorders of the nervous system, including migraine and epilepsy.

1988

Jean Loftus has just had the second edition of her book, *The Smart Woman's Guide to Plastic Surgery*, published by McGraw-Hill. Loftus has been a guest on CNN, MSNBC, *The View* and *Dateline NBC*, discussing her field of plastic surgery and the first edition of her book, which has sold over 25,000 copies.

1995

John McCarley completed a nephrology fellowship at Emory University in Atlanta and is now a clinical instructor with the University of Tennessee College of Medicine in Chattanooga, as well as a medical director of a dialysis unit and co-medical director of an outpatient vascular access center. His current hobbies include insulation, plumbing, electrical, interior design, Smart Home and home theatre planning and design. "I am exploring my inner geek with this latest project," says McCarley. "I love being a dad more than anything else." McCarley has two daughters, ages nine and six.

2004

Corrie E. Klopcic was married to Bruno Chimpitazi, MD, on May 27, 2007 in Milwaukee. Many SMPH alumni attended, including: Rachel Lamb Cambray '04, Jessica Vropahl '04, Erin Maslowski Sciammas '05, Kiran Prasad Maski '04, Sarah Knuteson Fox '05, Heather Quam Newman '04 and Suzanne Falkenberry '04. Klopcic is a pediatric emergency medicine physician at Texas Children's Hospital in Houston. Her husband is a pediatric gastroenterologist and the director of neurogastroenterology and motility at Texas Children's Hospital.

2005

Sarah Shock was married this past September at Bryant Park Grill in Manhattan, New York. Her new husband, Keith Chan, MD, of San Francisco, is an orthopedic surgery resident at New York University (NYU). Shock, a fourth-year radiology resident at NYU, will graduate this June. She will stay at the university to do a musculoskeletal imaging fellowship. Chan will finish his residency in 2009 and is planning on doing a sports medicine fellowship, likely on the West Coast. Long term, the two plan to settle down in the San Francisco area.

2007

Claire Herrick, a first-year obstetrics and gynecology resident at the University of California-San Francisco, recently was honored by the Wisconsin Alumni Association with its Young Alumni Award. Herrick has been a health advocate in Tanzania, which she has visited four times during the past six years, as well as areas affected by Hurricane Katrina. She works with the Women's Dignity Project, providing patient care for women with obstetric fistulae. As a fluent speaker of Swahili, she also has engaged in numerous dialogues with African healthcare professionals about leadership and service in medicine and medical education in Africa. She hopes to return to East Africa soon but in the meantime is actively involved with underserved communities in the San Francisco area.

Picture This

In *Picture This*, a new subsection of "Class Notes," alumni are invited to describe a favorite memory—an unforgettable class, an unusual event, a special teacher, a fun adventure—from medical school days. Send submissions, which must be 150 words or less, to the *Quarterly* editor, 750 Highland Avenue, Madison, WI 53705 or dj.land@hosp.wisc.edu. Following is the first *Picture This*.

A cheap treat was an ice cream cone at Babcock Dairy. During my psychiatry rotation, I managed to persuade the other students to take some of the patients out to enjoy an ice cream cone. It was October and the sky was blue and the leaves golden and the temperature perfect. The gardens were full of neatly trimmed and bounteous, blooming chrysanthemums and some purple flowers. I'm not sure what I miss more—the food or all those glorious beautiful little gardens stuck in every little corner of campus and so wonderfully maintained. Sylvia Weir, MD '77, Beaumont, Texas.

In Memoriam

Paul Curtiss, Jr. '44
September 25, 2007
Wayland, Massachusetts

Donald Hammersley '48
July 16, 2007
Bethesda, Maryland

Roger Johnson '39
August 16, 2007
Seattle, Washington

Allen Limberg, Sr '46
July 13, 2007
Eau Claire, Wisconsin

Gordon Rosenbrook '71
September 27, 2007
Bloomer, Wisconsin

William Westley, Jr. '60
October 15, 2007
Greendale, Wisconsin

Corrections

In the winter issue, we omitted students Sara Buckman and Katherine Sullivan-Dille from the AOA Class of '08. We indicated that David Niemann is an assistant professor of neurology, but his department is neurological surgery. We misidentified Donald Kindschi as Dick Wasserburger and John Petersen as Daniel Petersen. We regret the errors.

Letters to the Editor

DEAR EDITOR:

Spring came early in the winter Quarterly. *Maggie Rossiter Peterman's artistic portrait of Dr. William Merkow (Class of 1943) brought new meaning to the rewarding path of medicine.*

Dr. Merkow, a dear friend and colleague, represents a beacon of light to our younger generation of physicians.

He richly deserves glowing praise from all of us: Long life and good health.

Sincerely yours,

Sheldon L. Burchman, MD
1958 graduate of the
UW Anesthesiology Program
Emeritus Professor,
Department of Anesthesiology
Medical College of Wisconsin

DEAR EDITOR:

What a great winter issue; most enjoyable was the piece on my well-deserving classmate, Dr. Bill Merkow ('43).

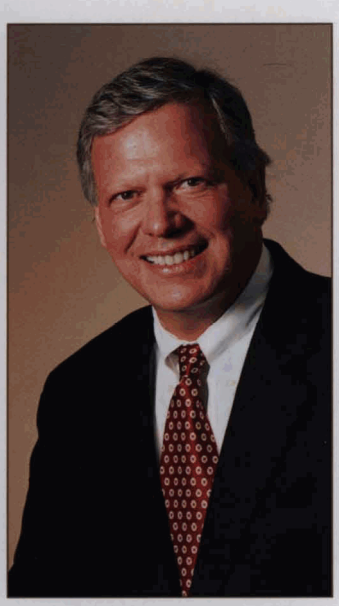
We shared good days on our drive together to military camp, where I was chief of medicine and Bill was chief of surgery. In our evenings off, Bill and I would travel to Fort Monroe, Virginia, to participate in weekly bridge tournaments—and we won a couple.

While I do my almost pro-bono work for the uninsured and high-deductible patients I see these days, they keep asking how I do what I do at my age (89). My answer is straightforward: genetics, and keeping the synapses in my head firing. Very little withering of brain cells—so far.

Sincerely,

Louis Sennett, MD '43
Metro Medical Testing
Mequon, Wisconsin

Count On Me Next Year



Christopher Larson, MD '75
Editorial Board Chair

I understand I missed a good one. The Wisconsin Medical Alumni Association (WMAA) Winter Event held February 15, 2008, that is. Ever since I have been associated with the WMAA, I have considered this a special gathering of members held during the winter at various locations around the state where we can socialize, get an update from the dean and listen to a stimulating keynote address. The Winter Event has been something to look forward to; and with each year, new activities, venues and participants have made it a must-do high point occasion for our organization.

The one I missed this year was held at the Milwaukee Art Museum. I'm told that it was particularly successful for several reasons. Many of our alumni live in the Milwaukee area and were an easy draw. Some of our gang traveled from a distance, spending time in downtown Milwaukee and seeing local attractions, while others shopped or visited friends.

Each year, the gathering attracts members from all over the state, and for me, this gives a broad picture of our active and vital membership and how much we enjoy each other socially, particularly in this fun-filled return-to-academics setting. The evening started with a cocktail reception followed by dinner. Dean Golden presented an update on the medical school, followed by a keynote address.

This year the keynote speaker, Dr. John Harting, captivated the group with his presentation that included verbal doodlings of anatomy "then and now," and friendly banter with his anatomy colleagues, Drs. Jim Pettersen and Ed Bersu. The result was a trip down memory lane for some, as well as a subject update. Those present witnessed the superb teaching style of the master himself, who showed why anatomy for our students continues to be the exciting subject it is.

Historically speaking, the Winter Event began years ago as a Sunday Brunch in Mequon, Wisconsin, with the WMAA board of directors holding a short meeting of agenda items appropriate for all WMAA members. Most important, the morning began with a social hour, and time was also reserved for socializing afterward. The style of the meetings was set.

Over the years, evening events became more popular, and different and ever-more attractive venues became possible. Though the Winter Event is typically in February, we have also held it in January and March.

I remember one year at St. Norbert College near Green Bay, when the keynote speaker was Tina Sauerhammer, MD, '03, then the youngest graduate of our medical school and also Miss Wisconsin running for Miss America. She shared with us her passion for improving organ availability for transplant, her work on this subject and her plans to pursue pediatric and transplant surgery as a specialty field, after her duties as Miss Wisconsin were over.

The Wausau meeting, at the Wausau Club, also comes to mind. This club has a colorful history reminiscent of the affluent days of lumber barons. Despite bad weather, we had good attendance, including medical students who drove from Madison and preceptor locations. Bill Neitert '78, then the WMAA president, used his persuasive skills and some "arm-twisting tactics" to induce many to come out on a terrible night. But we all agreed it was well worth it.

Last year we had planned the meeting in Marshfield but it never materialized due to the weather—perhaps a first. Future sites include Eau Claire, Green Bay and other cities. The variety of locations brings us to you and your community while creating opportunities for traveling alumni to visit friends and colleagues.

I expect these events to become even more popular and frequent in the future. The Wisconsin Alumni Association (WAA) has shown interest in our winter events, and in the future, we may have opportunities to combine our WMAA programs with the WAA Founder's Day Events around the state.

Calendar of Events

May 2008

MAY 8-10 ALUMNI WEEKEND

May 8

5-6:30 p.m.	Dean's reception Blackhawk Country Club
6:30 p.m.	Dinners for the Classes of 1953 and 1968

May 9

11:30 a.m.	Luncheon honoring the Class of 1958, Memorial Union
2 p.m.	WMAA Board of Directors spring meeting
3:30 p.m.	WMAA annual business meeting
6 p.m.	WMAA banquet honoring award recipients, Monona Terrace

May 10

10-11:30 a.m.	Brunch for alumni and medical students HSLC atrium
10:30 a.m.	"Future of Anatomy at the School of Medicine and Public Health," presented by Dr. John Harting
10 a.m.-12 p.m.	Tours of HSLC and American Family Children's Hospital
6 p.m.	Class of 1963 Dinner Madison Club

CLASS OF 2008 GRADUATION

May 16

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

June 2008

June 26	Max Fox banquet honoring Dr. Jeff Polzin Black River Falls

July/August 2008

July 22-August 4

WMAA/WAA Alaska cruise and cruise/tour

October 2008

HOMECOMING WEEKEND

October 24-25

PHOTO: Jeff Miller/University Communications

We Want to Hear From You

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

Name _____ Year_____

Home Address_____

City _____ State_____ Zip_____

E-mail Address_____

Recent Activities _____

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Please send us your new address.
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Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705

Rather connect by computer?

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

■ Observations

PHOTO: Jeff Miller/University Communications

Campus blends into town near the bottom of Bascom Hill, where green grass and early-leafing trees signal the arrival of spring.

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