QUARTERLY

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

APPROACHING *the* CENTURY MARK

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

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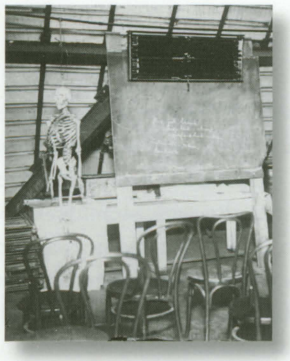
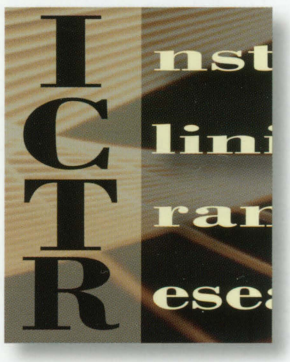




On the Cover: With Science Hall representing its beginnings and the Health Sciences Learning Center representing its current place in history, the University of Wisconsin School of Medicine and Public Health marks its centennial anniversary. ***Insert image by Michael Venner.***

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

This is a special issue of the *Quarterly* because it marks the beginning of our 100-year anniversary celebrations at the UW School of Medicine and Public Health. The magazine and the commemorative history book that accompanies it help us look back with gratitude and appreciation for the many people, places and programs that have contributed to the school's remarkable growth and evolution. As we approach the 2007-08 academic year, you will hear more about our plans to honor the school that began so humbly in the fall of 1907 and that has been going strong ever since. As you know, there are so many things to be proud of.

Even as we celebrate our rich past we also should look forward to our future with great excitement and optimism. I am incredibly excited about where we are headed, particularly in terms of our unique transformation into an integrated school of medicine and public health.

We have just begun a thorough, multi-step process involving many people at our school and others outside it to identify exactly what this will mean to all our various missions. We will be reporting our progress on this fundamental shift for the school in future *Quarterly* stories.

One thing we know for sure is that the transformation will enhance our relationships to communities, and as it happens, community is a theme that runs through the collection of stories in this issue of the magazine. The new Institute for Clinical and Translational Research is the latest dramatic step forward in building an even stronger research community, bringing together investigators at the school, on campus and across the state to ensure that discoveries made in our laboratories move rapidly to clinical trials in patients and ultimately, where indicated, into patient care and population-based interventions in our communities.

The feature on the Wisconsin AHEC is another beautiful example of an extended community involving experts at sites within the AHEC system working to provide important services to new components of our statewide community, including the growing Hmong and Latino populations. In a similar way, the feature on the Walking Forward program describes an impressive collection of people who are striving to improve cancer treatment in Native American communities in South Dakota and Wisconsin.

Never hesitant to reach out to communities, students in this issue write about rolling up their sleeves to help the good people of New Orleans as they continue to recover from Katrina, immersing themselves in the battle against the epidemic of alcohol and substance abuse and plunging into the frigid waters of Lake Monona to support the Special Olympics of Wisconsin.

Finally, in terms of our alumni community, in this issue we profile Robert Schilling of Schilling Test fame. Dr. Schilling has been a personal hero of mine for many years, going back to the days when I wrote one of my first academic publications on psychiatric aspects of vitamin B12 deficiency. I was deeply moved to learn after I arrived here at the school that Dr. Schilling is a distinguished faculty member at the school and that he continues to inspire students, colleagues and many others.

We are indeed a great and growing community, and we're delighted to feature so many interesting and important aspects of it in this issue of the *Quarterly*.

In the past two issues of the *Quarterly,* we informed you about some of the new and very exciting things that have happened at the UW School of Medicine and Public Health and about awards, triumphs, celebrations and changes in the lives of our family. Dean Golden described this extended family nicely in his message in the winter issue.

Many of the events that have occurred fit into our new Wisconsin Medical Alumni Association (WMAA) strategic plan. Strategic plans are usually created for a limited span of years. The last one was intended for the years 2001-05, and many of the goals had been reached while others were ongoing when we last reviewed the plan in late 2005.

Not only had physical changes occurred with the completion of our new medical school building and move to the west campus, but a name change and leadership change was anticipated. It was time to review the entire strategic plan and update it to meet the needs of the future.

A committee chaired by John Kryger, MD '92, was formed in the spring of 2006, and for the next six months we worked steadily at understanding our association, our past accomplishments, issues that needed to be addressed and methods to accomplish our goals. We ended up creating a document that is easily read and understood–and that really says what was felt to be important.

We now have a strategic plan for 2007-11. Just as our school has expanded its teaching, research and outreach mission to include public health, we felt it was appropriate to expand the scope of the constituents whom we serve. As a result, the WMAA now reaches out to graduates of the SMPH, current and former residents, students, and current and former faculty members.

We also arranged our core functions into the categories of communications, events and programs and student initiatives. We identified our priorities as improving communication effectiveness with all WMAA constituents, increasing active engagement of all WMAA constituents and increasing endowments to sustain the financial support of the organization.

Many of the familiar and successful WMAA-sponsored activities will continue, including the *Quarterly,* Alumni Weekend, the Host Program, Dean's Cup, White Coat Ceremony, Operation Education and others.

In terms of new activities, our plans include:

- further developing our WMAA Web site
- restructuring and defining the role of class representatives and providing them with technology to enhance their networking
- developing leaders from recent graduating classes
- offering programs and services for newly retired alumni
- exploring the effectiveness of the Low Interest Student Loan versus scholarships
- considering Super Life Members
- inviting students to describe student funding needs.

There also are other plans and ideas to be presented at the appropriate time. It will be important to review this strategic plan occasionally to celebrate our accomplishments and, especially, to keep us moving toward our goals.

My thanks to John Kryger, Maury Cotter (strategic planning consultant), Dean Golden, Karen Peterson (WMAA director), members of the Executive Committee and Board of Directors and others who participated in creating our new plan. Their attendance at meetings and dedication to the project made the process go smoothly and resulted in a document that should serve us well for the next five years.

Sandra Osborn, MD '70
WMAA President

A Centennial History

of the University of Wisconsin School of Medicine and Public Health

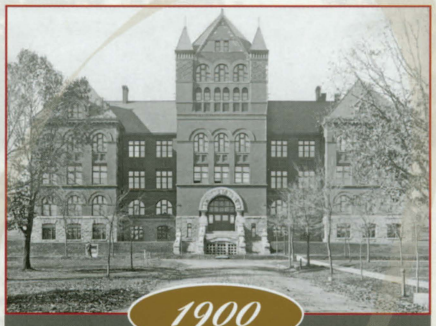
In the fall of 1908, one year after the College of Medicine had been established at the young University of Wisconsin, eight students interested in becoming doctors matriculated in the new school. The two-year curriculum consisted entirely of basic science classes, most of them held in Science Hall, a space that was shared with other colleges. In those first years before a four-year curriculum was established, students would transfer elsewhere for the additional clinical training they needed to become physicians. At the beginning, a handful of faculty members—either "borrowed" from the College of Letters and Science or recently hired for the new college—taught the students anatomy, physiology, physiological chemistry, pathology and pharmacology.

Hints of the school's innovative future were in the air. Faculty members were beginning to explore new scientific areas. In the next few years, they and new colleagues would work in their small laboratories on lung and heart studies, treatments for epidemics, Hodgkin's disease and the effects of oxygen on metabolism. The Preceptorship, a program based on the apprenticeship system that immersed medical students in the clinical practices of doctors across Wisconsin, would set a new and enduring standard in medical education. And early leaders, believing that the college had a responsibility to serve the needs of the people of the state, pressed for the inclusion of public health and public service into the school's mission.

Today, just shy of 100 years later, the entering class, usually divided evenly between women and men, numbers 150. A deep and broad four-year curriculum emphasizing the importance of problem-solving and life-long learning provides students clinical experiences from the first days at medical school, as well as an array of opportunities to delve into research. Most classes are held in the new state-of-the-art Health Sciences Learning Center and clinical instruction takes place in the nationally recognized UW Hospital and Clinics in addition to many other facilities. Construction on the Interdisciplinary Research Complex is well under way.

Scientists today are deeply involved in world-class research, leading the way with studies relating to stem cells, cancer, cardiovascular medicine and neuroscience. Translational research, involving the nimble movement of new discoveries from laboratories to clinics and communities, has become a hallmark at Wisconsin. With the

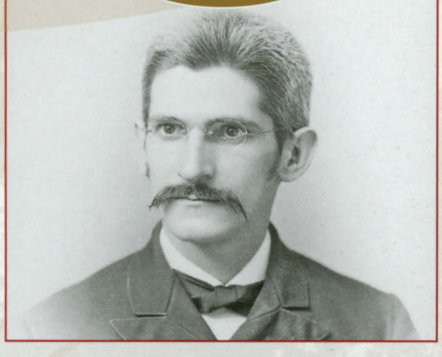
1875 >> **1900** >> **1904**



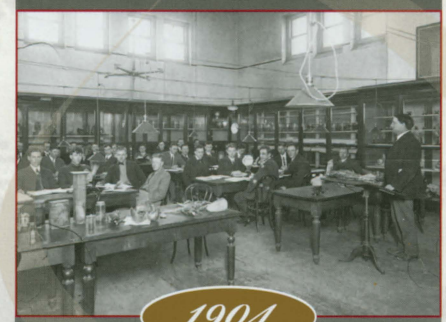
1900

Biology and other science classes in the premedical curriculum are taught in **Science Hall**, originally meant to facilitate the study of engineering, chemistry and geology. Classes are also held in the Chemical Engineering Building located next door.

1875



Zoologist Edward Birge, the "father of medical education" at Wisconsin, sets up a laboratory in the basement of University Hall (later Bascom Hall) to support a course he offers for first-year biology students. In the 1880s, Birge builds a substantial curriculum to serve future students of medicine. Later he helps recruit faculty to expand the "premedicine curriculum."

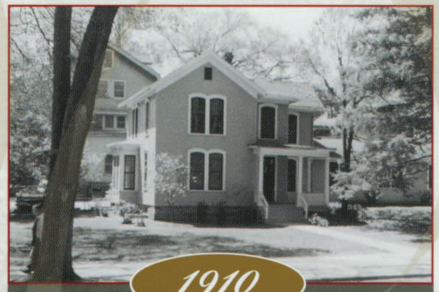


1904

With the hiring of **Dr. Charles Bardeen**, the university acknowledges the need to incorporate more human-related studies of anatomy and physiology in the premedical biology program. Bardeen teaches anatomy and creates an anatomy department.

1907

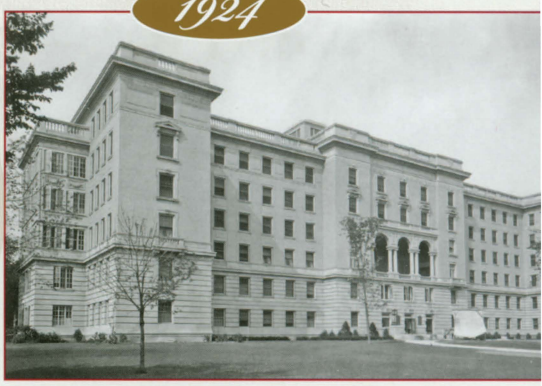
Following approval by the state Legislature, the university Board of Regents and University Committee, **the two-year College of Medicine**, consisting of the departments of anatomy, physiology, physiological chemistry and bacteriology and hygiene, is created. Bardeen is appointed dean.



1910

Cornelius House serves as the first student clinic. The Department of Clinical Medicine is created and eventually housed in the Student Infirmary building. Other small hospitals and clinics on campus gradually follow.

1924



Construction on **Wisconsin General Hospital** is completed.

1926

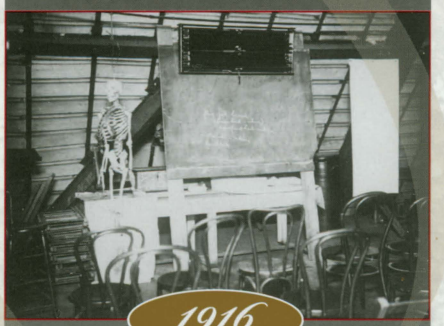
The school **expands its curriculum** to a four-year program.

The **"Wisconsin Preceptorial Plan,"** which places students under the tutelage of physicians in Madison and across the state, begins "something new in medical education."

1907 >> 1920 >> 1927

institution's recent change into the School of Medicine and Public Health, everything about the school is being fundamentally transformed.

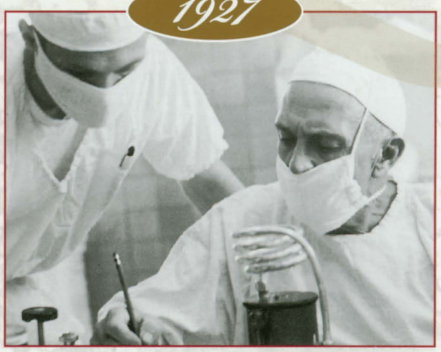
The book that accompanies this issue of the magazine—*A Centennial History of the University of Wisconsin School of Medicine and Public Health* by John W. Jenkins—provides a scholarly description and a compelling account of what transpired in the years between (and slightly preceding) 1907 and 2007. In the context of the larger university, Jenkins details the growing pains, advances, struggles and triumphs that have brought the school to its present place. The pages here touch upon the highlights.



1916

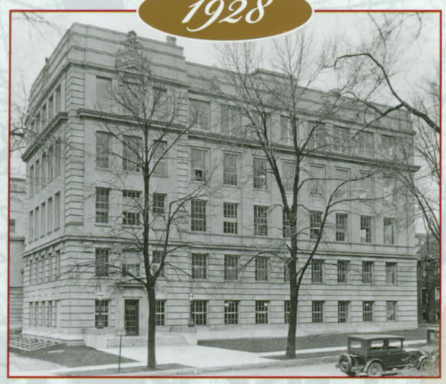
Wisconsin's two-year program is the **largest of its kind** in the nation, with enrollment now at 123. Bardeen and university leaders recognize that more classroom space is seriously needed for teaching and a hospital suitable for instruction is crucial for a four-year MD program.

1927



Ralph Waters is recruited and forms the first academic medicine program in anesthesiology. Over the years, he develops numerous clinical innovations and creates a lasting legacy.

1928



Service Memorial Institutes, abutting Wisconsin General Hospital, opens, serving as the school's academic home. Scientific and clinical staff now work together collaboratively.

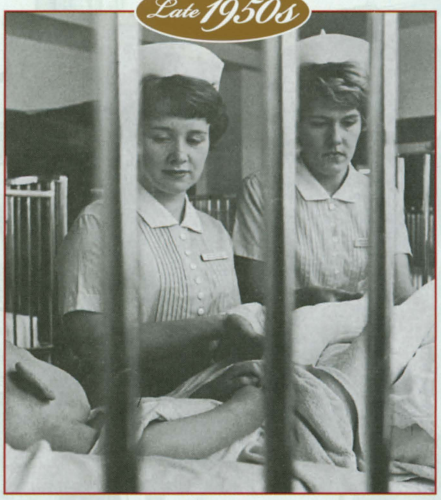
1930s

Frederic Mohs develops a surgical technique to remove external tumors, such as mouth, lip and skin cancers, while sparing normal tissue.

1935

William S. Middleton is appointed dean. A foremost teacher and clinician, he cultivates local and statewide clinical capabilities and nurtures the school's groundbreaking anesthesiology work and fledgling cancer research program.

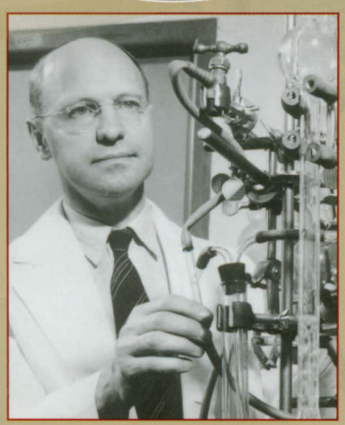
Late 1950s



Teaching affiliations with Madison General and St. Mary's Hospital in Madison are operational and the Veterans Hospital is now closely associated with the school. The Department of Medical Genetics, chaired by James Crow, is formed. It is the first such department in a U.S. medical school.

1928 >> 1940 >> 1960

1935



The cancer institute is formed. Later to become the McArdle Laboratory for Cancer Research led by Harold Rusch, it represents a new form of problem-oriented, multidisciplinary and institutionalized research.

1950s

The school begins to accumulate important **state, federal and foundation grants** to support both physical plant improvements and investigative studies in an increasingly wide range of problems, most notably, but not limited to, cancer and heart disease.

Faculty unrest grows around policies and procedure that thwart high-quality scholarship, prompting some promising scholars to leave.

1955

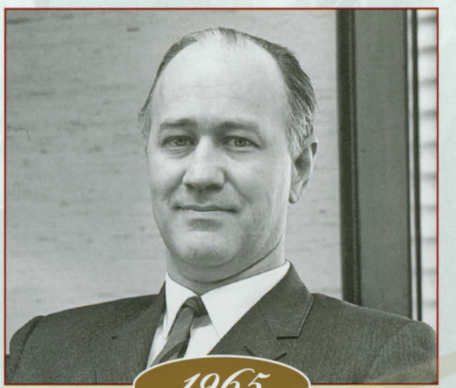
John Z. Bowers is appointed dean.

1960

Dean Bowers and faculty in the surgery department "go to war" over a new chair. University leaders enter the fray, and the Board of Regents agree to fire Bowers in 1961.

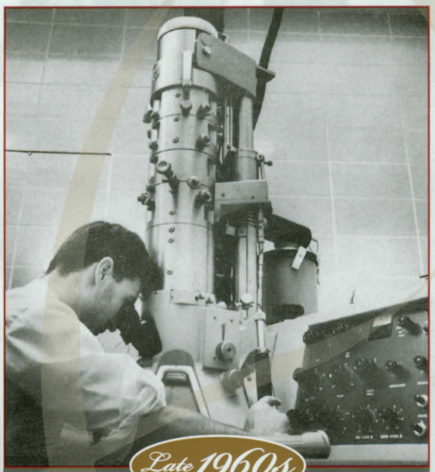
1965

University leaders and planners agree that not only are the school's facilities inadequate, but so too is the site upon which they stand.



1965

Peter Eichman, assistant dean for clinical affairs, is appointed dean. Like a CEO, he runs a complex, bureaucratic entity that is now a major medical center at which many clinical services and educational programs are offered.



Late 1960s

In this era of **"Big Medicine,"** biomedical science explodes with new knowledge and capabilities. However, researchers suffer later from budget cuts begun during the Nixon administration.

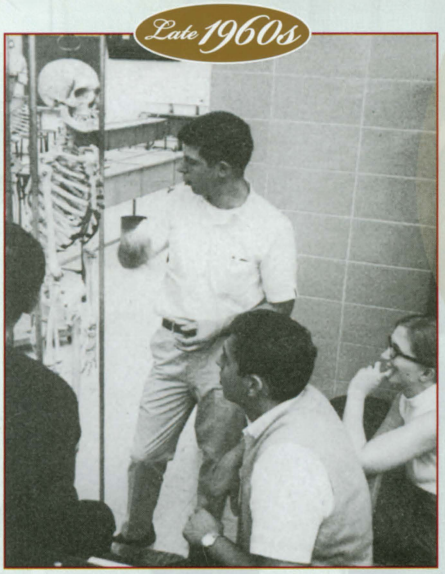
1970s

Charles Mistretta creates digital subtraction angiography, a powerful computerized method that has become the gold standard for visualizing blood vessels.

1973

Lawrence Crowley is appointed dean but leaves fairly quickly for Stanford Medical School.

Late 1960s



Far-reaching revisions of the **MD curriculum** yield expanded opportunities for student self-direction, enhancements in the correlation of scientific and clinical information and interdepartmental teaching.

1970

The medical center is reorganized into the **Center for Health Sciences**. A new position of vice chancellor for health sciences is created.

Early 1970s

The **Department of Family Medicine** is formed.

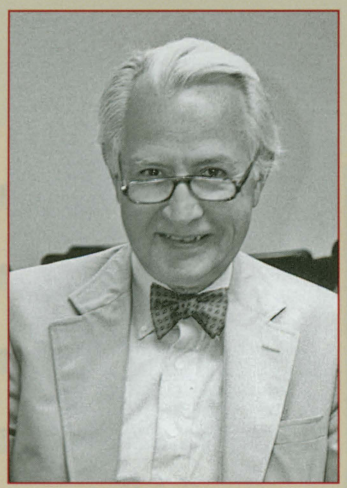
1972

Robert Cooke is appointed first vice chancellor for health sciences, David Kindig and Jay Noren follow.

1975

Howard Temin is named co-recipient of the Nobel Prize in medicine for discovering reverse transcriptase, the enzyme that explains how retroviruses cause cancer and AIDS.

1978



Arnold Brown is appointed the seventh dean. The school's leader for 13 years, he oversees a period of relative calm.

Mid 1980s

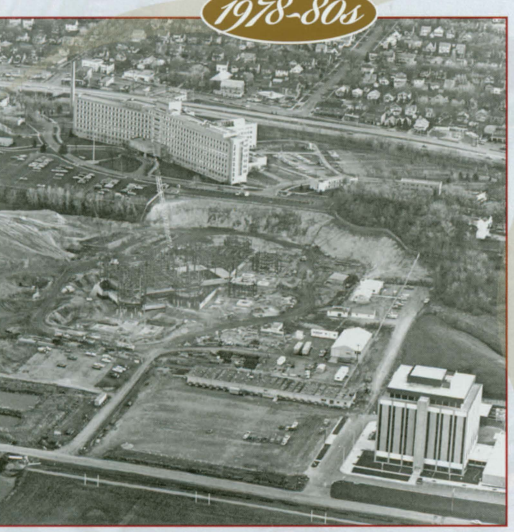
Basic science departments are increasingly successful at obtaining large amounts of outside funding and, therefore, expanding their faculties. Curriculum revisions include smaller, more interactive work groups of students and faculty members, more attention is paid to primary and ambulatory care and the Medical Scholars and Alternate Study programs are instituted.

1992

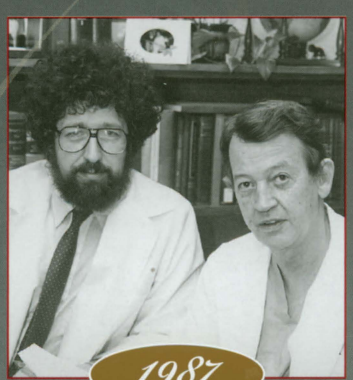
Laurence Marton is appointed dean, he encourages curriculum changes aimed at preparing generalist physicians, starts a strategic planning process and proposes a building initiative on the west end of campus.

1978 >> 1981 >> 1995

1978-80s



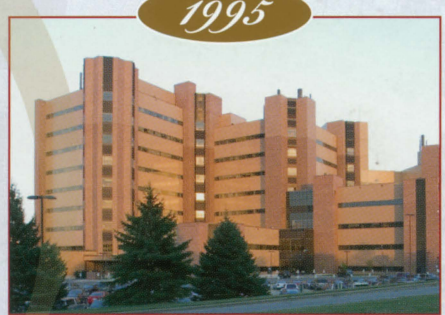
Construction on the new **Clinical Sciences Center** (UW Hospital and Clinics) on west campus begins, ending in 1979. Major remodeling follows on the central-campus Medical Science Center, which continues to house the basic science departments and the school's preclinical education programs.



1987

James Southard and **Folkert Belzer** develop UW Solution to extend the time organs can be preserved for transplantation. They and their other clinical colleagues become world leaders in organ transplant operations.

1995



UW Hospital is restructured as a public authority so that it can operate more freely. The clinical practice plan is restructured into the University of Wisconsin Medical Foundation.

Mid 1990s

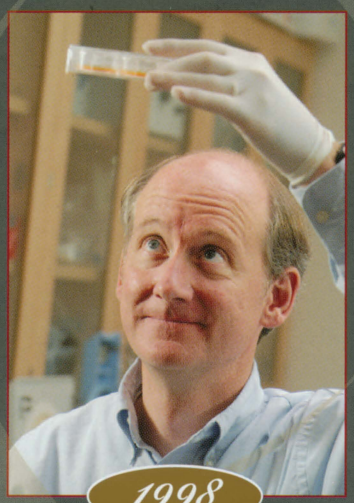
UW Chancellor David Ward abolishes the vice chancellor for health sciences position.

University of Wisconsin School of Medicine and Public Health

1995

Philip Farrell is appointed dean, begins and completes a series of four strategic planning exercises, finishes an overhaul of the MD curriculum, forges relationships with student leaders, enhances the statewide clinical campus.

1998



James Thomson isolates human embryonic stem cells, opening the door for regenerative medicine studies aimed at treating multiple diseases by promoting new blood vessel or tissue growth.

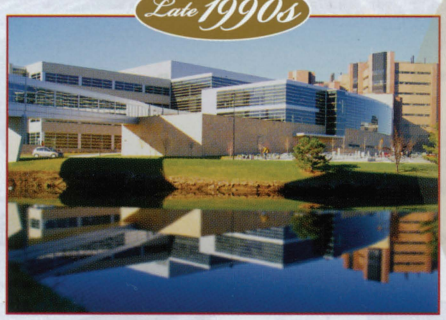
2005

Groundbreaking for the **Interdisciplinary Research Complex**, which will bring most researchers from central campus to the health sciences campus, takes place.

Following approval by the Board of Regents, the school officially becomes the **University of Wisconsin School of Medicine and Public Health**.

1990 >> 1997 >> 2006

Late 1990s



Addressing a third major facilities crisis since the school's founding, Farrell uses the HealthStar initiative to raise funds for a new Center for Health Sciences building. Construction on the **Health Sciences Learning Center**, which will house instructional space, administrative offices and a combined health sciences library, begins—and is completed in 2004.

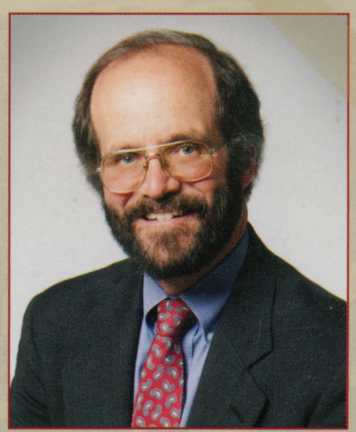
2000s

In preparation for the school's name change, the Department of Preventive Medicine becomes the Department of Population Health Sciences, with new master's and PhD programs, the biostatistics and medical informatics department is created and a master's in public health degree is begun.

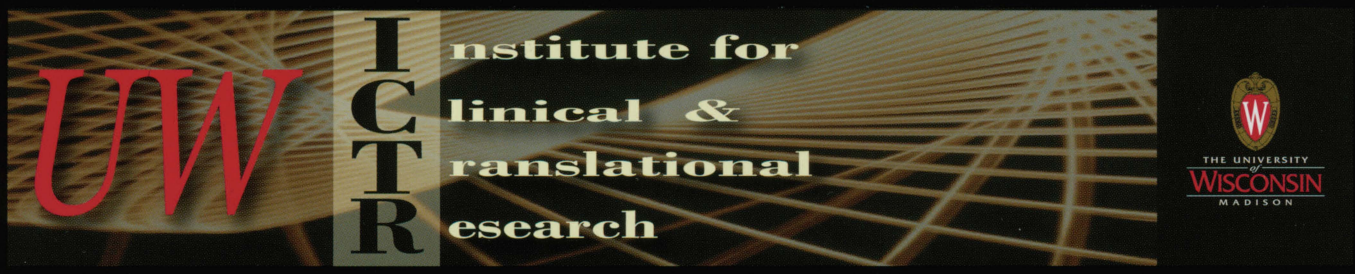
2004

The school's endowment grows from about $35 million to $435 million, including a $300 gift from Blue Cross/Blue Shield. The gift makes possible the creation of the **Wisconsin Partnership Program**.

2006



Robert Golden is appointed dean, assuming leadership of the school into its second century.



A New Institute

Accelerates the Translation of Scientific Discoveries into Improved Health

by Dian Land

A new institute has been created at the University of Wisconsin-Madison to coordinate, facilitate and support clinical and translational research on campus and across the state. The goal of the institute is to ensure that research with the greatest potential to improve peoples' health moves rapidly along a continuum from laboratories to clinical research forums at the university to doctors' offices, clinics, hospitals and health departments throughout Wisconsin.

The UW Institute for Clinical and Translational Research (ICTR) represents a novel partnership between UW-Madison (with the William S. Middleton Memorial Veterans Hospital) and the Marshfield Clinic Research Foundation (MCRF).

"This union creates an amalgamation of the strong and distinct resources of these institutions, bringing together unique opportunities to enhance the clinical and translational research opportunities in Wisconsin," says Marc Drezner, MD, ICTR director.

Although UW-Madison serves as a singular partner with MCRF in the ICTR, five major academic units together make up the UW arm of the partnership. These academic units are the School of Medicine and Public Health (SMPH), School of Nursing, School of Pharmacy, College of Engineering and School of Veterinary Medicine.

According to Drezner, who is also the SMPH associate dean of clinical and translational research, the overarching mission of the institute is to substantially advance clinical and translational research by training people to conduct such research, providing them the resources to do the job most effectively, and identifying and removing barriers that prevent the fruits of the research from being swiftly put to good use.

The new institute was created in large part as a response to the "Roadmap for Medical Research," an ambitious plan from the National Institutes of Health (NIH) to transform the way research is conducted in the United States. One goal of the Roadmap is to address the "disconnect" between the explosive growth of medical knowledge and the time it can take for that knowledge to translate into clinical practice that actually helps people. NIH experts and others believe that re-engineering the clinical and translational research enterprise is the most rational place to begin.

The Roadmap calls for the establishment of academic homes for clinical and translational research. In keeping with this goal, the NIH recently began a Clinical and Translational Science Awards (CTSAs) grant program that eventually will provide major funding for up to 60 academic health centers to create expansive CTSA programs.

On January 16, 2007, UW-Madison submitted a proposal in the highly competitive CTSA grant application process. Not wanting to wait until awards are announced this summer, university leaders decided to create the new institute now. Final approval for the ICTR came on February 7, 2007.

"We went ahead and invested resources to ramp up activities so we can hit the ground running once we ultimately receive the CTSA grant," says Robert N. Golden, MD, SMPH dean and UW-Madison vice chancellor for medical affairs. With funding from the Wisconsin Partnership Program and other sources, Golden tapped Drezner, CTSA principal investigator, to lead the institute.

Several other compelling reasons contributed to the decision to create the institute, Golden adds. "Clinical and translational research have clearly emerged as important disciplines here at UW-Madison. Scientists who will work in the new Interdisciplinary Research Complex and the Wisconsin Institutes of Discovery, both under development, will further fuel the growth in these areas, as basic discovery becomes rapidly translated into clinical and population-based applications," he says.

In terms of activities off campus, the school has enjoyed a handful of important long-running relationships across the state, and a new emphasis on clinical and translational research offers opportunities to expand them. "Marshfield Clinic, with its outstanding research programs and networks, is a perfect example of this. We look forward to enhancing that relationship to broaden the scope of our collaborative research," says Golden.

In addition, with the recent creation of programs such as the Survey of the Health of Wisconsin (SHOW) and the Wisconsin Network for Health Research (WiNHR), both of which are also funded by the Wisconsin Partnership Program, the SMPH is expanding statewide partnerships to assess health needs and produce novel research that affects all people in Wisconsin—from Hmong communities in Wausau to African-American communities in Milwaukee.

–Continued on next page.

Marc Drezner, MD, ICTR director.

A Broad Mission

The ICTR has a broad mission of advancing clinical and translational research that improves peoples' health by producing new investigators, supporting them in their work and helping ensure that the results of the work reach people in need. The new institute will:

- Expand existing school and campus education and career development programs aimed at producing investigators competent in clinical and translational research; and develop new doctoral and master's degree programs in clinical investigation.
- Build a core group of biostatisticians and biomedical informatics experts to aid in study design, data analysis and management and epidemiological studies; and assist in linking investigators and their databases at research centers across campus and the state .
- Through a portal Web site, facilitate access to an array of existing longitudinal research protocols under way at the school and on campus.
- Make available a multitude of ICTR services, including core resources from genome sequencing to small molecule screening.
- Expand the UW General Clinical Research Center into the Clinical and Translational Research Core (CTRC), which includes not only the UW Hospital central unit but also satellite units throughout the hospital; expand the CTRC to other hospitals and clinics in Wisconsin.
- Develop a regulatory affairs office to stay abreast of the latest federal activities related to clinical and translational research.
- Through a network of community collaborations, support the performance of translational research designed specifically to increase the application of research findings to large groups of people throughout Wisconsin.

Expanding Definitions of Research

Understanding the expanding definition of translational research will help people better appreciate some of the challenges the institute will address, says Marc Drezner, MD, ICTR director.

"Type 1 translational research involves the movement of basic laboratory science to controlled clinical trials," he explains. "Type 2 translational research involves community- and population-based studies that tell us how discoveries from controlled clinical trials translate to the real world, where things are much less controlled."

As an example, Drezner points to flu shots. "Through a series of large clinical trials, researchers have clearly demonstrated that flu shots are effective. But only slightly more than half of the at-risk population regularly receives the shots," he says. Likewise, scientists have shown that aspirin decreases the risk of heart attacks, yet only approximately 60 percent of people who could benefit use it.

"It's clear we've not succeeded as well as we should at moving creative discoveries into communities," Drezner says.

Many complicated factors can contribute to this frustrating situation, he adds. They can include doctors not knowing about or not being convinced of the research findings, public policy issues precluding easy adaptation of novel advances, patients feeling skeptical about the new strategies and blockades in underserved areas of the state and country that prevent adaptation of new advances.

"Type 2 research can be used very effectively to examine these issues and identify ways to get simple interventions to the patients who so badly need them," Drezner says. "This will be a big part of what the institute will be focusing on."

Finally and fundamentally, Golden says, the ICTR aligns remarkably well with the SMPH's recent change into an integrated school of medicine and public health, which at its core aims to improve health and prevent disease in large groups of people.

"The end point for us is to transform ourselves into a school that fosters integrative, multidisciplinary clinical and translational research that is closely linked to our strong basic sciences," he says. "A related priority is to become a national leader in training the next generation of investigators to push this trend forward."

With the ICTR as the foundation of the re-engineering of clinical and translational research at UW, Drezner says a first step will be the development of membership criteria, a process that will permit access to the institute and its benefits.

In the area of education and training activities, the ICTR will become the new coordinating center for current and future curricula designed specifically to increase the number of clinical investigators. Two existing UW offerings, funded by the NIH, include the Mentored Clinical Research Scholar (CRS) and the Training and Education to Advance Multidisciplinary Research (TEAM) programs.

The five ICTR schools also have collaborated recently to create a plan for master's and doctoral degrees in clinical investigation that, when approved by all necessary university committees, will be administered through the institute. "In addition, we are reaching out to students in the MD/PhD program and putting a new emphasis on the clinical and translational element in the campus National Center for Research Resources T32 programs, which are designed to encourage students to train in biomedical research," Drezner says.

In the realm of supporting clinical researchers and trainees in their work, the ICTR will offer many services. "We will identify the best way to organize and streamline a research support system to help investigators conduct their work most facilely," says Drezner, the recipient of 33 years of continuous NIH funding. "Thanks to the SMPH, the Wisconsin Partnership Program and the University of Wisconsin Medical Foundation, we are starting the

"The end point for us is to transform ourselves into a school that fosters integrative, multidisciplinary clinical and translational research that is closely linked to our strong basic sciences," Golden says.

institute build-out even before the CTSA has been awarded."

A core group of biostatisticians and biomedical informatics specialists is being assembled to provide assistance with study design, data management and data analysis. The ICTR is also taking the first steps to develop study management software, information-accessing tools, data warehouses and linkages among ICTR partners on campus and around the state.

Through a user-friendly Web site portal, the ICTR will create distinct levels of access for ICTR member investigators and trainees, interested researchers at other UW schools and colleges and the general public. "Eventually, we will list all clinical and translational research areas under way at the university, including specific investigators and their studies," says Drezner. "Users from across campus, the state and even the country will be able to do key word searches to identify UW interdisciplinary research and the people who are involved in it."

Additionally, the 20-year-old UW General Clinical Research Center (GCRC) in UW Hospital and Clinics (see story in Winter 2006 *Quarterly*) will become the Clinical and Translational Research Core (CTRC), and expand in its current location by 58 percent to 5,803 square feet by fall 2007. A series of satellite units in the hospital will broaden the range and scope of the CTRC, which will be staffed by specially trained nurses. These satellites will allow researchers to study, for example, patients who present spontaneously with acute illnesses.

"In the near future, we expect to create similar satellite units at UW Children's Hospital, Aurora Sinai Hospital in Milwaukee and St. Joseph's Hospital in Marshfield," says Drezner, the director of the UW-GCRC for two years.

The benefits of ICTR membership will also include access to information on many core laboratory resources at the university. These include new radiological research procedures, biochemical testing services, genome sequencing, cell processing, metabolomics, small molecule screening, immune monitoring and molecular imaging.

–Continued on next page.

"These collaborations will facilitate the dissemination of research into practice, stimulate community-based participatory research and increase opportunities for citizens throughout the state to participate in clinical research," Drezner says.

Experienced Leadership

Some of the key players include:

Marc K. Drezner, MD, ITCR director, is also SMPH associate dean for clinical and translational research.

Christine Sorkness, PharmD, professor of pharmacy, and **Humberto Vidaillet, MD,** director of Marshfield Clinic Research Foundation. Both are associate directors in the ICTR.

Michael Fleming, MD, MPH, SMPH professor of family medicine, is the assistant director of the education and career development core.

David DeMets, PhD, chair of the SMPH Department of Biostatistics and Biomedical Informatics, is assistant director of the biostatistics and biomedical informatics core.

Justin Starren, MD, PhD, director of Marshfield Biomedical Informatics Research Center, is a biomedical informatics supervisor in the ICTR.

Nizar Jarjour, MD, SMPH professor of medicine, is assistant director of clinical research.

Javier Nieto, MD, PhD, chair of the SMPH Department of Population Health Sciences, is assistant director of population-based research in the ICTR.

Maureen Smith, MD, MPH, PhD, SMPH professor of population health sciences, is assistant director for type 2 translational research and community engagement.

Furthermore, investigators who submit their protocols or pilot projects to the ICTR Scientific Review Committee will be eligible for coverage of hospital inpatient and outpatient research rooms, research nursing services, statistical and informatics assistance and coverage of some ancillary costs.

Ensuring that clinical and translational research makes the biggest impact possible on human health will be of strategic importance to the ICTR's overall efforts. This means, says Drezner, that great emphasis will be placed on type 2 translational research—the kind of community-based investigation that reveals how information from clinical trials and epidemiologic studies translates most effectively to people in need.

In this regard, Drezner and his colleagues will rely heavily on existing and developing academic-community partnerships throughout Wisconsin. For example, the Wisconsin Area Health Education Centers (AHEC) will serve as the ICTR External Advisory Board. The SMPH's Center for the Study of Cultural Diversity in Healthcare, as well as research networks like SHOW and WiNHR, will provide practical input on the healthcare needs of communities and populations across the state.

"These collaborations will facilitate the dissemination of research into practice, stimulate community-based participatory research and increase opportunities for citizens throughout the state to participate in clinical research," Drezner says. "The collaborations will serve as the vehicles for implementing and evaluating community interventions."

The ICTR is about service and relationships—throughout the entire state and all across campus, says Drezner. "We want to amplify relationships among scientists and with communities in order to stimulate the metamorphosis of the research process so that it can be used tangibly and quickly to improve health," he says.

Ensuring that clinical and translational research makes the biggest impact possible on human health will be of strategic importance to the ICTR's overall efforts, Drezner says.

Headquarters Under Construction

The Institute for Clinical and Translational Research is now operating out of a small administrative center on the fourth floor of the Health Sciences Learning Center (HSLC). A larger space in a highly visible and accessible area on the second floor of the HSLC will be open in early fall 2007.

To consist of slightly less than 3,000 square feet, the space will contain open-office workstations and five private offices. The design scheme will match the rest of the building. The InfoLab, which currently occupies the space, will be re-located to the second and third floors of the Ebling Library in a new InfoCommons.

Members of the Wausau Hmong community participate in a walking program created three years ago by local community health workers who coordinate regularly with Wisconsin AHEC. Walking indoors in winter, they enjoyed a picnic outdoors last summer.

AHEC Programs Aim to Improve Community Health

by Bob Rashid

As Wisconsin becomes more diverse with its growing Hmong, Latino and Native American populations, community health workers are playing a larger role than in the past in bridging the cultural gap between the communities they serve and the delivery of healthcare.

Community health workers function as advocates and educators, and at times provide direct assistance. They often are hired more for their leadership skills and high level of caring than for a formal degree, although they are trained on a variety of topics, including diabetes, nutrition, teen violence, domestic abuse and depression. Typically, they belong to the community that they serve and thus share a strong bond with its members —and this may be the key to their value.

In Wisconsin, a formalized community health worker (CHW) program falls under the guiding arm of the Wisconsin Area Health Education Center (AHEC). Organizationally part of the rural and community health division of the University of Wisconsin School of Medicine and Public Health (SMPH), AHEC operates from its modest offices in the Medical Science Center on the UW-Madison campus.

Wisconsin AHEC, which is part of a federal AHEC system extending to many states, supports four regional centers across the Badger State: Northern, Northeast, Southwest and Milwaukee. These regional non-profit organizations serve as community partners, while the AHEC program office coordinates the academic resources of the university to develop goals, curriculum, training and evaluation for each project.

The AHEC network reaches out through its regional centers to

underserved populations, providing community-based projects to promote better health through education and practice. Community health workers currently serve Hmong, Latino, Somali and African-American populations in four different communities throughout the state and four Milwaukee public high schools.

"These programs don't necessarily have to be huge to make a difference in the health of the community," says Nancy Sugden, director of AHEC Statewide Program Office. "Wherever they are, they are making a big difference."

One of AHEC's longest running CHW projects—in Wausau, Wisconsin—is now entering its fifth year. Five community health workers based in separate local agencies work with the growing population of Hmong refugees, now numbering more than 6,000 in that area, the eighth largest concentration in the United States, according to census data from 2000.

MeLee Thao serves as the coordinator of the Wausau community health workers. She works at UW Health Wausau Family Practice Center as a physician assistant and patient advocate. Four other community health workers also work there, each in their respective agencies: the Marathon County Health Department, the Bridge Community Health Clinic, the Women's Community, Inc. and the Wausau Area Hmong Mutual Association (WAHMA).

Community health worker Blanca Ramos helped Juan Curiel, a participant in the Sí Se Puede Program, measure his blood sugar.

"MeLee is my point person," says Kirstin Siemering, DrPH, RD, community programs coordinator for AHEC and the official academic partner for the Wausau project. Siemering meets with the CHW group at least quarterly, working as technical advisor and facilitating program planning and evaluation.

In Laos, the Hmong lived in small, remote villages, where walking was a way of life. People were self-sufficient. The temperature rarely fell below 60 degrees. In Wausau, where the temperature last winter dipped to 11 degrees below zero, people stay indoors.

Three years ago, the community health workers, who meet every two weeks to plan outreach activities, inaugurated a walking program for the Hmong elderly. The program was greeted enthusiastically, but it soon became clear that transportation to the walking site was a problem because the elderly don't drive. WAHMA responded by supplying a van and driver.

"Over the past year, that walking program has really expanded," says Siemering. "A big component of the program is the social support it provides, getting people out of their homes and having the elderly connect with one another. They walk and do health education at the same time."

Adds Siemering, "What makes the program successful is having local program coordinators, like MeLee, right there working with the community health workers."

To improve the program, Siemering recently set up a method of on-line reporting between the community health workers and her office. This electronic progress reporting "works better than the pencil-and-paper method," she says.

Another successful CHW project—in Green Bay—is moving into its second year. The Sí Se Puede (Yes You Can) project builds on the success of a small diabetes outreach project based at St. Willebrord Catholic Church.

"Marty Schaller [center director for Northeast Wisconsin AHEC] heard about what was happening at St. Willebrord and saw an opportunity to expand it," says Siemering.

She worked with Schaller to develop a grant, which was funded by the Wisconsin Partnership Program. Sí Se Puede brings together over 10 community and academic partners. In addition to Siemering, SMPH staff include Staci Lowe, PhD, of the Center for the Study of Cultural Diversity in Healthcare.

The program helps Latinos living with diabetes manage their disease through a six-week curriculum and monthly follow-up activities, all conducted in Spanish. Kathryn Dykes, a nurse practitioner who has worked at St. Willebrord's for the past 10 years, serves as the local program coordinator.

Dykes and Siemering collaborated with the project's lead CHW, Idorine Hernández, a nurse with over 27 years' experience in primary care and health education in her native Mexico, to develop the curriculum.

Community health workers teach participants about the complications of diabetes, the importance of nutrition and the value of physical activity and social

support. Practical training in using glucometers is also provided. Family members are invited to attend, and the classes are often emotional events.

"From the first class, participants are asked to open up," says Siemering. "These are people who have been living with diabetes for many years and have all these feelings of fear and shame bottled up. The first group went through seven boxes of Kleenex during the initial meeting. The Sí Se Puede program is a perfect example of how the intimacy of a community is preserved and strengthened through the work of CWHs."

Sugden says the program is successful on another level as well.

"We've struggled for years to increase the number of minority students in the health professions, and we've had limited success," she says. "But by doing CHW programs, we can take people from the community, provide them with leadership skills and place them in the healthcare setting as a bridge back to the community. And it really makes a difference. Ultimately, the CHWs can inspire young people in the community to pursue health careers."

One goal for Siemering is to turn AHEC into a focal point of communication for community-driven CHW programs throughout the state. Evidence of its beginnings is taking shape through a CHW program in Milwaukee that will borrow from the Sí Se Puede model.

AHEC is also stimulating interest in health careers by means of internships offered through its Community Health Internship Program (CHIP). The program enables Wisconsin undergraduate and graduate students to intern at the local level with a variety of public health agencies and organizations.

"CHIP is dedicated to encouraging young people to consider careers in public health," says Sugden.

Siemering, who has taken many internships in nutrition and public health, personally appreciates the value of such programs. "There is a great potential for internships to inspire," she says. "That's what motivates me."

Milwaukee has had a CHIP program since 1999 and Wisconsin's statewide program began in the summer of 2004. Twenty-six projects are proposed for this summer's statewide program, addressing issues as diverse as maternal-child health, nutrition, environmental health and infectious disease. Students from campuses around the state apply for these full-time, two-month positions.

To help students avoid feeling isolated when they are geographically separated throughout the state, Siemering started a blog last year and was "delighted" with how students interacted.

"There are many opportunities for learning if students can interact with each other," she says. Students also participate in virtual seminars held on a variety of topics once a week through conference calls.

There have been some pleasant surprises. Carrick Davis, a public health student from Beloit College, was sent to Polk County last year in the northwest reaches of the state to conduct data analysis of the Rural Health Dental waiting lists.

Davis had a rough start. "I've spent a good amount of time wondering how and why I was placed up in Polk County, doing dental research, where most of my background is in nutrition, physical activity and overweight/obesity," he wrote in an early blog entry.

But the experience steered his career in a new direction. "I was interested in specifically going into policy work in graduate school," Davis says, "but I found myself very interested in the link between land use and health. I had never been to a truly rural area before, and my fascination with the differences between [that and] an urban environment in relation to healthcare was sparked during my AHEC summer."

According to his final evaluation, his work provided "key staffing and analysis." And for the local health department, the benefit was "immediate and concrete."

Adds Siemering, "We're building a reputation for putting high-caliber students who can do really good things in health departments." Recently, more than 90 percent of participating students have said that the CHIP program has led them toward a career in public health.

It's a situation in which everyone seems to win. Local health departments receive help and accomplish tasks that would have been difficult or impossible to complete, and the students gain valuable hands-on experience.

"These programs open up communications between the SMPH and communities," says Sugden. "Not only do they embody the Wisconsin Idea and the school's new emphasis on public health by taking resources from the university to communities across the state, but they also immeasurably enrich our own work."

To read more about all Wisconsin AHEC programs, go to http://www.ahec.wisc.edu/.

A Unique Collaboration

Aims to Lower Cancer Mortality in Native Americans

by Sarah Esmond

The burden of cancer is not borne equally across communities in the United States. It is well documented that significant barriers to high-quality, culturally appropriate cancer care are many—and not well understood. For American Indian communities, such barriers can include a lack of familiarity with cancer care options, lack of access to high-quality, culturally competent care delivery systems and care providers, and poor healthcare experiences in the past.

Now, a unique collaboration of doctors, nurses, medical anthropologists, laboratory-based researchers, genetic counselors, biostatisticians and community-based researchers hopes to significantly address these issues and lower cancer mortality rates among Northern Plains and Midwestern American Indians.

Key players from the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center (UWCCC), Rapid City Regional Hospital (RCRH) in South Dakota, the Center for the Study of Cultural Diversity in Healthcare (CDH) and Department of Biostatistics and Medical Informatics at the UW School of Medicine and Public Health (SMPH), Mayo Clinic and several Native American clinics have converged around the project called "Walking Forward."

Funded by the National Cancer Institute (NCI), Walking Forward is based at RCRH, the sole healthcare provider serving western South Dakota. The hospital service area includes four large Indian reservations and smaller Native American communities—a total population estimated at 60,000 people living an average of 140 miles from Rapid City.

"Native Americans in western South Dakota present with more advanced stages of cancer and suffer from higher mortality rates compared to the non-Native American population," says Walking Forward principal investigator Daniel Petereit, MD, an affiliate of the CDH, the UWCCC and the Cancer Institute in Rapid City and an assistant professor in the SMPH Department of Human Oncology. "We know that a conventional course of cancer treatment lasting six to eight weeks is a significant barrier to treatment, and may be one of many factors that contribute to American Indians presenting with advanced cancer."

Petereit, a native of South Dakota who completed fellowship training at the UWCCC, created Walking Forward several years ago. For the project, he currently heads several clinical trials utilizing treatment systems developed at the UWCCC—brachytherapy and tomotherapy. These advanced radiation delivery systems shorten the overall treatment time for patients with prostate

and breast cancer from six to eight weeks to as few as one to three weeks—and minimize disrupting patient and family quality of life.

Mark Ritter, MD, SMPH associate professor of human oncology and member of the UWCCC, is the principal investigator on the prostate tomotherapy trial, which has accrued patients from four cancer centers, including one in Rapid City. Preliminary results of the first 160 patients are very encouraging, showing few recurrences and minimal side effects, notes Petereit. The results were presented at last year's annual meeting of the American Society of Therapeutic Radiation and Oncology.

Walking Forward also has a genetic component linked to the SMPH. Researchers in the laboratory of Amy Moser, PhD, associate professor of human oncology and member of the UWCCC, are sequencing the gene called Ataxia Telangiectasia Mutate (ATM) in order to determine if there is a molecular basis for why American Indians appear more prone than others to developing side effects from radiotherapy.

A patient navigation component is at the heart of the Walking Forward project, Petereit adds. Kevin Molloy, RN, a nurse and native healer, is the project's patient navigator. He spends time with each project participant, exploring social support systems and cultural beliefs and identifying specific logistical issues (food, transportation, lodging and insurance) that need to be identified in order for successful participation to occur in all aspects of cancer treatment.

Data regarding barriers experienced by participants is also collected during these contacts. Trained community research representatives serve as lay health advisors and educators, providing information, resources and support to participants on each reservation. These staff members also provide quarterly project updates at tribal council meetings, ensuring continued program credibility and visibility, and assuring that the research is being conducted appropriately.

The Walking Forward project is part of the NCI's Cancer Disparities Research Partnership (CDRP) program, which aims to increase participation of underserved populations on NCI clinical trials. There are six CDRP programs in the United States. The Rapid City-UW collaboration was one of the first funded sites and, to date, 1,079 American Indians have participated in these Walking Forward studies.

In spring 2006, staff in the SMPH Department of Biostatistics and Medical Informatics invited colleagues from the CDH to participate in a teleconference call with members of the Walking Forward team at RCRH and UW. A large qualitative data set stemming from open-ended responses to a community health survey conducted with American Indian respondents was available for analysis. Despite significant achievements in building trusting relationships with their American Indian partners, the Walking Forward team felt it had only limited capacity to capture some of the "lessons learned" relating to the cultural values that influence individuals' health decision making, including their decisions to participate in screening that could identify cancer early on.

PHOTOS: Manthey/Erk

Mark Petereit, above at left, and his team at Rapid City Regional Hospital collaborate closely with many SMPH researchers. Opposite, patient navigator/clinical nurse coordinator Kevin Molloy visited with study participant George R. White Bull (right).

Gloria Johnson Powell, MD, CDH director and SMPH associate dean for cultural diversity, had recently recruited two medical anthropologists—Shannon Sparks, PhD, and Lisa Tiger, PhD(c)—utilizing grant support from the National Center for Minority Health and Health Disparities at the NIH.

"Each of these scholars contributes significant behavioral and social science expertise to the mission of the CDH, expertise specific to American Indian health and well-being," says Johnson-Powell, who several years ago recognized the need for additional knowledge in this area, particularly given the SMPH's interests in achieving excellence in translational research and working with underserved communities.

Sparks completed her doctoral degree in cultural and medical anthropology through the University of Arizona. Her interests include health disparities, maternal and child health and child caregiving. Her dissertation focused on kith and kin caregiving and healthcare-seeking behavior with young children on the Fort Apache reservation in east-central Arizona.

Tiger, an enrolled member of the Muskogee Nation, has conducted health-focused

ethnographic research in several Native communities, including case studies of developmentally disabled children, traditional medicines and clinical interactions between healthcare workers and Native patients. She is currently working on her dissertation, concentrating on cancer screening beliefs among American Indian communities in Wisconsin.

Sparks and Tiger seized the opportunity that the new linkages represented. They are now analyzing the Walking Forward data sets, and plan to publish multiple research-based manuscripts, representing important currency for junior academicians. Furthermore, staff from the CDH, the UWCCC and the Walking Forward team are also drafting a new proposal to the NCI to continue and enhance the project.

Johnson-Powell notes that other work with Native American communities in Wisconsin is under way, thanks to the efforts of Alexandra Adams, MD, SMPH assistant professor of family medicine, who was an early affiliate of the CDH. Through an established community-academic partnership with the Menominee Nation of Wisconsin, Adams focuses on obesity-prevention among American Indian children, utilizing community-based participatory research methods in her investigations.

The work with Native Americans is a microcosm of the CDH's broader efforts, says Johnson-Powell.

"We focus on establishing research portfolios in minority health and health disparities, and building community-academic partnerships based on a shared interest in addressing healthcare and wellness in minority, immigrant and underserved communities in Wisconsin," she says. "Training healthcare providers to be culturally competent and nurturing career development opportunities for junior health disparity investigators are some of the other important goals of the CDH."

The Walking Forward collaboration also reinforces the school's new mission to become a truly integrated school of medicine and public health, Johnson-Powell adds. "Our new mission requires examining—and significantly enhancing—partnerships with experts in behavioral and social sciences to complement our cadre of excellent faculty in the clinical and basic sciences, as well as building community academic partnerships across Wisconsin," she says.

Seeking Cultural Perspective

Medical anthropology seeks to examine the body, illness, treatment and healing from a cultural perspective. The goal is to better understand factors that influence health and well being, the experience and distribution of illness, the prevention and treatment of sickness, healing processes, social relationships pertaining to therapy management and the cultural importance and use of multiple medical systems.

While medical anthropologists draw from a broad range of theoretical perspectives, most consider themselves to be practicing or applied anthropologists. This type of medical anthropology promotes research on issues related to clinical settings and clinical healthcare delivery. Applied medical anthropologists generally approach research qualitatively, relying on interview data, focus groups, participant observation and a rich literature base to inform their work.

Medical anthropologists expect that different cultural groups will be influenced by culturally-specific knowledge relating to illness and will have preexisting perceptions about various treatments that can influence healthcare-seeking behavior and clinical interactions. Equipped with this information, medical anthropologists can facilitate interactions between healthcare professionals and members of non-Western cultures in a number of ways: functioning as brokers of the clinical interaction by providing ways for practitioners and educators to understand the perspectives of their non-Western patients or clients; aiding in the development and evaluation of interview instruments; and developing culturally meaningful health education messages and materials. Medical anthropologists can be relied on to establish a common ground of understanding between biomedical practitioners and their non-Western clients.

Medical anthropolgists Lisa Tiger (left) and Shannon Sparks (right) conferred with Gloria Johnson-Powell, CDH director.

Rebuilding New Orleans

Winter Break in the Ninth Ward

by Stephen Bloechl, Med 2
and Weronika Horembala, Med 1

During winter break 2006, eight medical students from the University of Wisconsin School of Medicine and Public Health traveled to New Orleans to assist residents still stranded in the midst of Hurricane Katrina's destruction.

Common Ground workers donned protective gear as they gutted houses filled with toxic mold, nausea-inducing odors and poisonous spiders.

During our weeklong stay last winter, we provided medical care in a neighborhood clinic run by the Common Ground Collective. Most patients had gone months without medical care. The clinic wholeheartedly provided exams and medications free of charge. We were so inspired with what the organization was accomplishing at a grass roots level that we decided to return again this winter break—but this time around was a slightly different experience.

Upon our return to New Orleans one year later, we taxied through the western residential areas, where the city appeared revitalized. The once battered neighborhoods filled with scattered debris and abandoned tarp-draped homes were now replaced with laundry-draped clotheslines, manicured lawns, freshly painted houses. Families. The restoration appeared to be a success. We were expecting to see this revitalization spread out across the entire city, but as we approached the Ninth Ward, which had been hardest hit by the hurricane, it was clear that little progress had been made.

The destruction we witnessed in the year prior was still an open wound on the city's underbelly. Sixteen months later, the lower Ninth Ward, which is New Orleans' poorest district, still appeared to be the sight of a post-apocalyptic nuclear blast. The tons of rubble that lined each street had since been removed, but the thousands of homes that were not destroyed in the flood had remained untouched since Katrina. An eerie silence surrounded the once bustling neighborhoods. Besides the swarms of cockroaches and spiders that had taken residence in the remaining abandoned homes, we were the only signs of life.

Our ten-day stay in New Orleans was again spent with the Common Ground Collective in the Ninth Ward. Common Ground (http://commongroundrelief.org) is a non-profit organization that coordinates volunteers from all over the world and all walks of life. Teachers, engineers, unemployed "NOLA" residents and students alike work side-by-side, foregoing their previous roles to contribute to the repair of the city. In addition to the 1,100 homes the organization has already gutted, Common Ground coordinates several other projects to assist in community rebuilding such as pro-bono legal counsel for displaced residents, a community center that provides free access to communication equipment, job placement services, a clothing and food distribution center and free child care. Like most of the 300 volunteers, we spent most of our time gutting houses throughout the lower Ninth Ward.

All of the houses that were flooded post-Katrina must be gutted before any rebuilding of these neighborhoods can occur. The floodwaters stood for two weeks, yet even after the water drained, most of these houses remained untouched for the following 16 months. It's difficult to describe this scene. Visualize a house filled with water, shaken up with all of its contents, then drained, and allowed to dry under two inches of sediment. Reminiscent of Pompeii, the scene looks like disaster frozen in time. These houses are volatile environments filled with toxic mold, nausea-inducing odors, poisonous spiders, unstable walls and ceilings and the occasional gas leak. Gutting the homes eliminates the noxious environment and allows residents to move back in, although, most importantly, gutting allows them to maintain possession of their homes.

It is not certain that these houses will be rebuilt after our clean-up effort; but we are giving the owners of these homes the opportunity to return. Most families did not receive

Stephen Bloechl (left) and Weronika Horembala (behind seated man at right) rested with their fellow workers.

Gutting began with removing everything from each home—ruined items accumulated over time to maintain a household where a family once lived.

anything from their insurance claims, despite paying their premiums for decades. If a family cannot afford the $4,000 clean-up fees, their house could be expropriated by the city and auctioned for a fraction of the property's worth. Without an affordable place to live in New Orleans, residents find it almost impossible to accomplish the clean-up efforts on their own. We are helping them assert their rights as property owners, allowing them to decide their own futures.

As "gutters" clad in full-body suits and respirators, we began our work on a house by removing all of its possessions. Books, DVDs, family photos, toys, dressers packed with clothes, Christmas trees, televisions, bed spreads on rusted mattresses, exercise equipment, cosmetics and food-filled cupboards still remained–items accumulated over time to maintain a household where a family once lived. It's astounding the amount of "stuff" we can collect. Once these items were emptied and heaped in front of the house, we ripped out the carpeting, molding, cabinetry and doors. Next, the walls and ceilings were torn down and every nail on the frame removed. Most of the houses fell apart in our hands, highlighting the socioeconomic conditions that supported these structures. The work we did was simple, yet demanding. Despite the unskilled nature of our labor, it is a crucial investment in the preservation of the culture and the people that have shaped New Orleans.

Working sun-up to sun-down in these conditions gave us ample time to contemplate social justice and our proactive stance in pursuing it. Common Ground has gutted over 1,100 homes, but much work still remains. There is danger of continued stagnancy for this community. In a first world country like the United States, it is astounding how little has been done. Fingers have been pointed in every direction yet regardless of where the blame lies, it is embarrassing to see how little progress has been made.

What's even more concerning is that back in our own communities, we see how quickly this disaster has been forgotten. Few people realize that life is nowhere near back to normal for the New Orleans residents affected by Katrina. For this to slip under our nation's moral radar is a travesty. Hurricane Katrina is the largest natural disaster in the history of our country and has somehow been forgotten in pursuit of more lucrative interests.

It is crucial to continue supporting the rebuilding effort, both structurally and culturally; otherwise, the city will lose its identity. Unremitting support from organizations like Common Ground is necessary to accomplish this endeavor. Moreover, initiatives to fund projects that establish social capital and infrastructure in the affected areas of New Orleans are critical components in re-establishing these broken communities.

Supporting the New Orleans rebuilding efforts would not be a misallocation of any of our assets. It is our duty, as human beings and compatriots, to continue to assist and support these, our neighbors, who are forced to deal with a fate they have not chosen. We hope that others are willing to take on this civic challenge and reach out a helping hand.

A Week's Immersion at the Betty Ford Center

by Anna Corey, Med 2

Last summer, I attended the Betty Ford Center's Summer Institute for Medical Students in Rancho Mirage, California. I had seen a flier for the program at the Health Sciences Learning Center and thought it sounded interesting. Little did I know that it would be a life-changing experience.

The Betty Ford Center was founded in 1982 by former First Lady Betty Ford and Leonard Firestone. After Mrs. Ford completed her own treatment for alcoholism in 1978, she became an outspoken advocate for increased awareness, education and treatment for chemical dependencies. The center's treatment program, based on a 12-step program, includes both inpatient and outpatient services that help men, women and their families begin the process of recovery from alcoholism and other dependencies.

Education about addiction and the treatment process is an important part of the Betty Ford Center's mission. The center has several training programs for professionals in various fields. The Summer Institute for Medical Students is a unique program that provides medical students from all over the country the opportunity to spend a week at the center in the role of a patient or family member. I joined 13 other medical students on the beautiful campus.

Immediately upon my arrival at the center, I was immersed in the Family Program. The Betty Ford Center's philosophy is that addiction is a family disease; chemical dependency not only affects the addicted person, it alters the family dynamic and structure. Family member participation is essential to the recovery process for both the people who are addicted to alcohol or drugs and their families.

Through lectures, workshops and group therapy, family members learned about the disease model of addiction, that their loved-ones are not at fault for their addiction, and that they can takes steps to help them. Throughout the week, family members came to accept that they cannot control another person's chemical use. The 3 C's: "I didn't cause it, I can't control it and I can't cure it" were repeated often. Family members learned to focus on what they could control—their own feelings and behaviors.

Living with the stress of an addicted family member can create distorted thoughts, feelings and behaviors that become

Throughout the week, family members came to accept that they cannot control another person's chemical use. The 3 C's: "I didn't cause it, I can't control it and I can't cure it" were repeated often.

destructive. In order to deal with the addict, many family members develop unhealthy thoughts and actions, such as excessive denial, enabling behaviors and co-dependency. Boundary-setting, open and honest communication and self-care were emphasized during the week. I learned that addiction has stolen much from family members: they have lost relationships, trust, communication, self-esteem, intimacy, sleep, peace of mind and many other things. During treatment, family members learned to grieve losses and begin the healing process by accepting the past and developing a plan for recovery.

The first day of the program, I felt a little out of place and uncomfortable being privy to the incredibly personal and emotional stories of the family members. I was pleasantly surprised, however, by how comfortable the families were to have medical students present during the program and how willing they were to talk with us during breaks and meals. Most were eager to tell us how their own physicians could have helped them earlier in the disease process. And to our dismay, many wanted us to re-explain the neurobiology of addiction lecture!

There was a great diversity in family circumstances; family members included husbands, wives, parents, children, friends and in-laws. Some had been dealing with their loved one's addiction for a long time, and others had just discovered it. Some were just plain angry, some were defeated and others were confused. It was amazing to observe the changes in the family members after only five days of treatment in the program. For many, anger, frustration and despair had become understanding, peace and hope. All had developed new strategies for dealing with their loved one's addiction issues and for taking care of themselves. All pledged to attend weekly Al-Anon meetings as soon as they retuned home.

On Friday afternoon, the last day of the program, the family members were reunited with the patients, who had spent the week in their distinct part of the program in a group therapy process. That morning, I remember being as anxious as the family members. What progress had the patients made in treatment? Had they accepted their addiction and were they ready to change? Would the family members be able to stay strong and put their new-found communication and boundary-setting skills into practice or would they revert

Anna Corey (center, first row) joined other medical students from around the country for the intense program.

to the old behaviors and interactions?

That session was the most moving and emotional of the entire week. I cried with happiness after hearing Bill's daughter express her willingness to stay in treatment for another 30 days to work on her cocaine addiction. I was disappointed to hear that John's wife still identified herself as a "problem drinker" instead of an alcoholic. I was furious that Jane's abusive husband still belittled and blamed her for his problems. I was proud of the way that Jack told his son who suffered from addiction that he would no longer enable him by paying his legal fees and covering up for him when he missed work.

Although some situations seemed more promising than others, I still felt hopeful for all of the family members. Addiction is a chronic disease; there are no cures or quick fixes. The prognosis is unpredictable, and relapse is not unlikely. I felt confident, though, that the family members had found the beginning of the path to their own self-healing and recovery, regardless of whether their loved-ones recover.

In addition to my participation in the family program, I attended lectures and discussions with the other medical students and the Betty Ford Center faculty and staff. Almost all employees of the clinic are recovering alcoholics and we were lucky to be able to hear their inspiring stories throughout the week as well. The message that treatment followed by Alcoholics Anonymous meetings is the best way to recovery really rang clear.

We also had the opportunity to attend several AA meetings, including one with impaired physicians, called Caduseus meetings. I know that hearing the stories of these physicians made addiction seem real to us in a way that it hadn't in the family inpatient settings. Although the physicians were of all ages, from different medical specialties and addicted to different substances, the one common thread was the sentiment, "I can't believe that this happened to me."

Some started drinking or using drugs as a stress relief during medical school and never stopped, while others started following a triggering life event. Amazingly, the brain adapts to chronic intoxication, and many of these physicians were able to function at work even when their personal lives were in shambles. They warned us that there is a 7 percent prevalence rate of physician impairment and that we should watch for signs among our classmates and co-workers and get them the help they need before they make a mistake that can cost a life or a career.

Although I'm uncertain of the specific area of medicine that I will pursue, I know that my experiences at Betty Ford in addiction medicine will be relevant to almost any field. Drug and alcohol addictions are widespread problems that transcend social, economic, cultural and gender boundaries and will, therefore, be present in patients in any practice. Physicians' ability to recognize and effectively intervene in drug and alcohol problems is critical to treating the whole patient, not just specific symptoms. Physicians have a responsibility to inquire into all aspects of patients' lives that contribute to their overall health.

I recently learned about the importance of effective physician addiction intervention at a lecture by Dr. Michael F. Fleming, a SMPH professor of family medicine. Dr. Fleming researches the prevention and treatment of drug and alcohol use disorders in primary care settings. His research has shown that brief interventions or "time-limited counseling" by primary care providers can reduce alcohol use for at least twelve months in a wide range of patient populations.

Physician intervention not only benefits patients and families, but society as a whole. In his benefit-cost analysis of brief alcohol interventions with problem drinkers, Dr. Fleming found that there are enormous economic benefits to society—in savings in emergency room and hospital use and in avoided costs stemming from crime and motor vehicle accidents. If these addiction intervention strategies are implemented and standardized in all primary care settings, it would benefit patients, family members, the healthcare system and society.

According to a Columbia University study (April 2002), nine out of ten physicians miss the diagnosis of addiction in their patients. Programs such as the Betty Ford Center Summer Institute for Medical Students give medical students exposure to the problems of drug and alcohol addiction early on in their medical education so that by the time they begin practicing it will be second nature to look for and intervene in these problems.

Polar Plunge An Exercise in Exposure

by Stephen Bloechl, Med 2

Primal instincts for survival took hold after the intense realization that jumping into holes freshly cut through an iced-over Lake Monona was not the best decision we'd ever made. Nonetheless, on February 17, 2007, seven masochistic University of Wisconsin School of Medicine and Public Health medical students faced the brutal truth of our decision for thirty agonizing seconds.

For the sake of the Wisconsin Special Olympics, Team Cremaster raised over $1,050 in exchange for the preliminary effects of hypothermia. After weeks of anticipation, last year's Polar Plunge was cancelled by one of the coldest days of the past five years. This year, we were determined to fight through anything Mother Nature could throw at us. To match our resolve, we donned super hero costumes. Our circa-1960 costumes were impressively fashioned over the course of eight intense hours of shopping, dying and spray painting. Team Cremaster came prepared to compete for 'best group costume' …everyone except the guy in the scrubs and "tighty-whities." That's Joseph Hansen. He didn't get the memo. But he made up for it with his last minute improvisation as "Captain Cremaster." Note the "CC" on his chest. He's legit.

PHOTOS: Katherine Berkvam

Medical students (big picture, from left) Lyndsey Runaas, Anna Igler, Joseph Hansen, Candi Leach, Weronika Horembala and Stephen Bloechl (Lisa Hamilton, jumping, is in green).

Apparently none of the rest of us got the memo either because the "best team costume" category no longer exists. Despite our lack of research, it was impressive to see everyone's resourcefulness and creativity—all in anticipation of the split-second decision that gave us a new definition of the word "cold." I can't speak for the rest of the team, but any future contributions to the Special Olympics will be in the form of monetary donations, not my common sense—or lack of it.

Operation Education

A Chance to Begin Thinking About a Specialty

by Meghan Conlin

On Tuesday, January 16, 2007, the Wisconsin Medical Alumni Association (WMAA), in conjunction with the Wisconsin Medical Society Foundation, hosted the second annual Operation Education Physician's Fair at the Health Sciences Learning Center.

The well-attended event gave nearly 150 first- and second-year medical students an opportunity to talk to physicians working in over 15 different specialties, including psychology, emergency medicine, urology and many more.

Each student could choose to meet informally with physicians in up to four specialties through the course of the evening, discussing topics such as residencies, how students could enhance their resumes and a physician's typical day.

"I got to talk to doctors from several different specialties, including orthopedic surgery, plastic and reconstructive surgery, pathology, dermatology and radiology—all in an hour and a half," says Helena Chang, a UW School of Medicine and Public Health (SMPH) Med 1. "It was really inspiring to see these doctors come alive as they described their day-to-day jobs. Over and over again, doctors told us that if you love what you do, then it's not work."

After the students and physicians finished visiting, the evening got a little more competitive with a few rounds of OPERATION, a Milton Bradley game in which players use tweezers to "operate" on the human-shaped game board and pluck out plastic "bones" without touching the sides and triggering a penalty noise. Prizes were handed out for the best performers.

"Operation Education was a great opportunity for

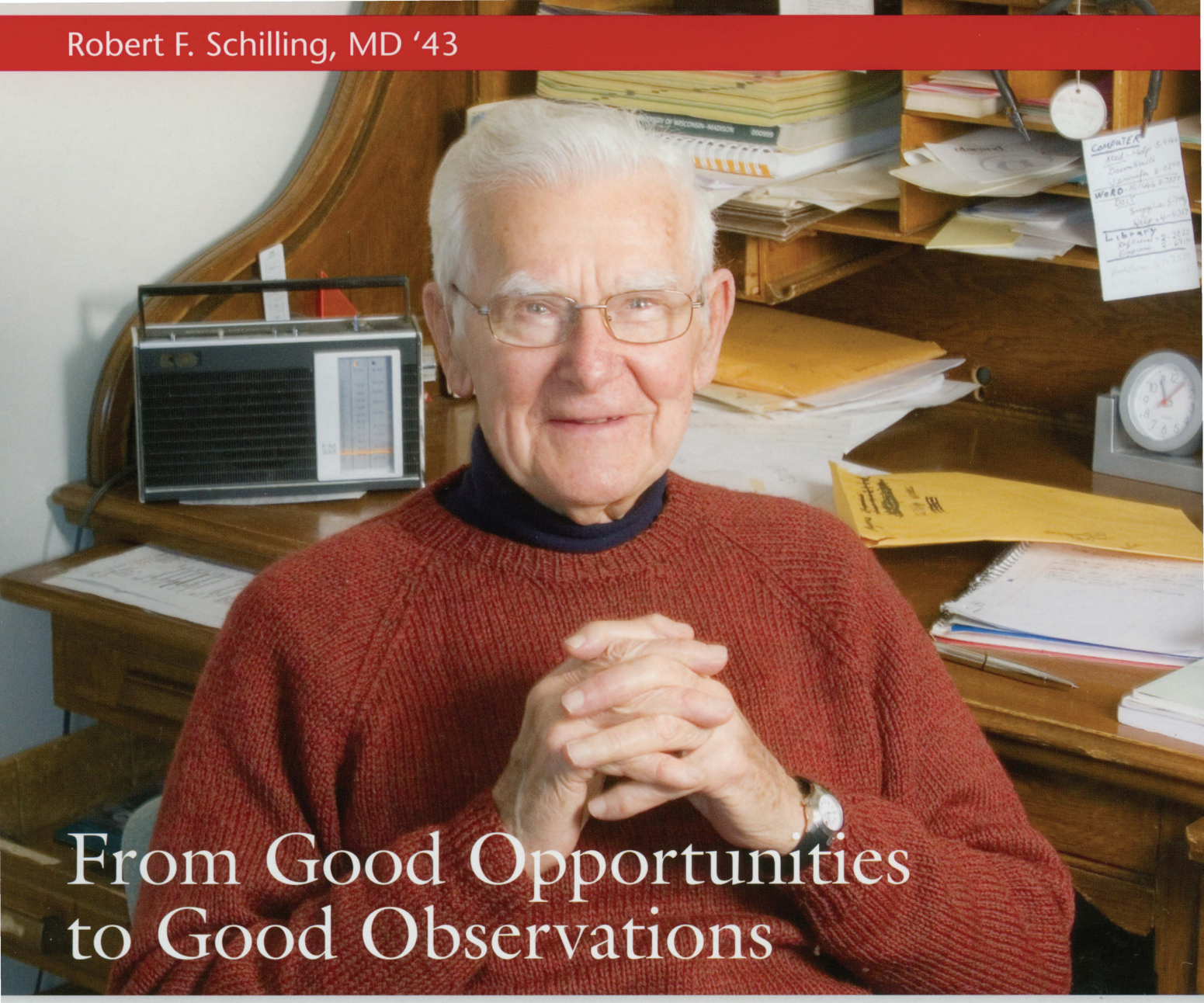
"It was really inspiring to see these doctors come alive as they described their day-to-day jobs. Over and over again, doctors told us that if you love what you do, then it's not work."

medical students to meet and talk with practicing physicians," says Adam Gepner, an SMPH Med 1. "Questions were welcomed and encouraged and I received straight-forward answers. I was able to explore a variety of different medical fields and begin to establish thoughts about possibilities that may be an appropriate fit for my career goals and lifestyle choices. Not to mention that I also got to buff up on my OPERATION skills. Come find me if you need someone to take care of those pesky butterflies in your stomach or the water on your knee!"

For students, Operation Education serves as a place to start pinpointing exactly what specialty they may be interested in working in down the road—and to get practical advice on preparing themselves.

"This is the second year I have attended Operation Education," says Jason Jagodzinski, an SMPH Med 2. "Both times have been a wonderful means of communication with physicians in various fields. I truly appreciate the opportunity to sit down with doctors to learn about their specialties and begin focusing my career path."

Practicing physicians answered students' questions about a variety of different medical fields and provided practical advice on how they could prepare for their future careers. Everyone enjoyed taking a hand at the game Operation, in which players used tweezers to "operate" on the human-shaped board.



From Good Opportunities to Good Observations

by Masarah Van Eyck

The day in early 1953 that Robert F. Schilling drank a solution containing one microgram of radioactive vitamin B12, he had no idea that his name would become synonymous with a diagnostic procedure known around the world. As a newly appointed assistant professor at the University of Wisconsin School of Medicine and Public Health, he says that he was just interested in making "some good observations" about the way pernicious anemia might affect the absorption of vitamin B12, which is required to produce blood cells and maintain neurologic function.

At first Schilling was perplexed because he knew that, as a healthy adult, he had absorbed the radioactive vitamin. But he found no radioactivity in his urine during the next 24 hours. A few days later, he again drank the radioactive B12, but also injected 1,000 micrograms of non-reactive, or "cold," B12 into his arm. This time, abundant radioactive B12 appeared in his urine.

"It was clear that the cold B12 had saturated all the B12 binding sites," he says, adding that the molecular size of B12 allows it to pass easily through the kidney filter if it is not bound to a protein.

It was obvious to Schilling that if patients were unable to absorb B12, then the radioactive B12 (or "tracer") would not appear in their urine. It was known that patients with pernicious anemia could not absorb vitamin B12, and indeed, when Schilling tested them, they did not excrete radioactivity in their urine.

Following a more formal research study, Schilling presented his findings in November 1953 at the meeting of the Central Society for Clinical Research. The enthusiastic reception

did not surprise him. "I knew before I gave the paper that I had made a good observation," he says.

Good, indeed. Since then, the Schilling Test, as it has come to be known, has allowed countless physicians to detect several serious disorders—including pernicious anemia, an autoimmune disease that causes neurological problems with progressive deterioration, as well as anemia. Equally important, the test allows practitioners to detect the specific mechanism that causes non-absorption, pointing to the possibility of intestinal malfunction, pancreatic problems or overgrowth of intestinal bacteria.

Early detection can also lead to important preventive measures, particularly for the associated neurological problems. "If we can treat these problems early, the neurologic disease can be completely reversed," Schilling explains. "But later on, it may be only partially reversible."

Ralph Green, MD, PhD, chair of the Department of Pathology and Laboratory Medicine at the University of California, Davis, whose own 40-year research career has focused mainly on vitamin B12, praises Schilling's "cleverly conceived test." Particularly insightful, he says, is that Schilling designed it in such a way to force the tracer B12 out of his body so it could be measured.

"It is of the simplest design," Green says, "and yet it involves a key intuitive step without which the test wouldn't have worked."

Schilling's discovery put the UW medical school's Hematology Section on the map. And the test itself became what Green calls "a household name" among physicians.

Schilling himself, however, is just happy that he found a way to give back something to the institution that has given him so much. "I can't tell you how indebted I am to this university for providing me with real opportunities," he says, "first as a student and then as a member of the faculty."

Schilling looks back on his early years at UW-Madison and credits his department for allowing him to make his important discovery. "The secret of a great university is to give faculty generous time for research as well as for teaching," he says.

The contrast to current times is stark, he adds. "I do not see how young faculty can do what I did then. They just don't have time. Now they are obliged to spend more time caring for patients."

Schilling earned a "numeral sweater" as a UW-Madison freshman and played varsity baseball for the next three years.

At 88, Schilling has lived through many changes in medical education and practice, all the while remaining active since joining the faculty in 1951. He happily served for several years as chair of the Department of Medicine, only leaving his post to care for his first wife, who was terminally ill at the time. And to this day he attends the Hematology Section's weekly conferences.

"Schilling's approach to medical literature is unusually rigorous," says SMPH colleague Robert Woodson, MD, whom Schilling recruited to the school over 30 years ago. "He basically ignores the author's interpretation and thoroughly analyzes the data on his own, often with new insights. He also gave a superbly informative Grand Rounds presentation within the last year."

An equally devoted instructor, Schilling taught in the SMPH second-year hematology course for decades until just this last semester. "Teaching is the permanent joy, because every year there is a new crop of young people," he says. "I stopped seeing patients when I was 70. But I still taught."

Not surprisingly, he found his four-year stint as the mentor for the Class of 1990 to be particularly rewarding. "That was a great privilege," he says. "To think you're going to be paid for spending half of your time with students!"

For Schilling, it's all a means of giving back—and perpetuating—what the university offered him. "The idea that you could come from a small village and a high school class of 30 students and come to the university and make a good life for yourself is something special," he says.

It was education that took him far beyond his modest background. As a kid growing up in Adell, Wisconsin, a village of 300 people in Sheboygan County, Schilling drove himself and several other students to the next town to attend high school. A hard-working student, he found that his studies paid off; following in his brother's footsteps, he gained the college education that his parents never had.

"I was lucky to go to college. It didn't cost so much then," he says, extolling not only the value of the

Seen above in Guam in 1945 after returning from the Battle of Iwo Jima, Schilling was an assistant battalion surgeon in the U.S. Marine Corps at the time.

education he received while first earning a BS and then MD, but also "the broad variety of people" he encountered. "I lived for a wonderful seven years in Madison," he says of his undergraduate and medical school years. Baseball was a rich part of that collegiate experience, he adds. Schilling played on the varsity team for three years after earning a "numeral sweater" as a freshman.

Enrolling in medical school in 1940 (pre-med undergrads often merged their fourth year with their first year in medical school), he quickly took up with three other house fellows who were also medical students. (While classmates Robert Gavin and Norman Becker have since passed away, he still corresponds with William Gilmore.)

"Most of us who studied in that era remember the stimulation combined with kindness and consideration of Professor of Medicine Ovid Meyer and also Walter Meek in physiology," Schilling recalls.

Leaving Madison in 1943 for an internship at Philadelphia General Hospital, Schilling found that the broad variety of people he enjoyed meeting was about to get even broader. He stayed in Philadelphia for only nine months before leaving to serve as an assistant battalion surgeon in the U.S. Marine Corps in the South Pacific.

Schilling's time in the military took him to the battles for Guam and Iwo Jima. There, the "hazardous lives" he saw people living influenced him deeply.

"Medically, that experience was very thin," he recalls. "In battle I never used anything but bandages, morphine and splints. But at the same time, it was a wonderful experience because I saw all kinds of problems—but mostly heroism—in people who adjusted in different ways to living under such duress."

Returning to the U.S. in November 1945, he was eager to begin his residency in Madison, and did so that following August after being discharged from the service and marrying Mariam Hansen.

"Thanks to Ovid Meyer, I had grown interested in internal medicine," he says. Meanwhile, Meyer clearly saw potential in him. When a hematologist in the Department of Medicine died suddenly of a brain aneurysm, Meyer offered Schilling an opportunity to go to Boston on a hematology fellowship, likely to prime him for that opening.

It was during his two years at the Thorndike Memorial Laboratory, a part of the Harvard research unit at Boston City Hospital, that Schilling first began to work with vitamin B12 while researching pernicious anemia.

Returning to Madison to join the faculty as an assistant professor of medicine, he promptly took that research in a new direction. Scientists at Merck laboratories had synthesized radioactive vitamin B12, and Schilling saw this product as a useful tool. He developed the Schilling Test just three years later.

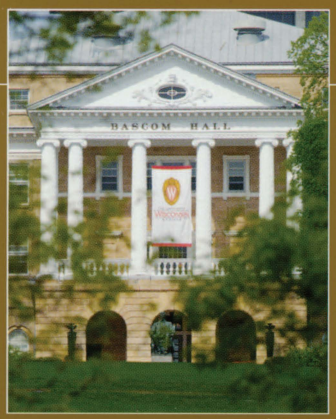
"I've tried not to call it the Schilling Test because that term doesn't tell you anything," he explains. "It's more accurate to call it the 'urine radioactivity test for vitamin B12 absorption.'"

These days the test is used less often, partially because medicine has found other methods to diagnose B12 deficiency. The test is also now discouraged in the U.S. because the Nuclear Regulatory Commission restricts the medical use and disposal of radioactive isotopes—including the minute amount of radioactive B12 that appears in patients' urine.

Although he now takes more time to travel, fish and hunt birds, Schilling also remains an active member of the Wisconsin Medical Alumni Association, which he co-founded in 1956. He still occasionally contributes to alumni publications and always attends reunions.

In fact, in 2003 he met up with his friend Bill Gilmore to attend their class' 60th reunion.

"Hopefully, we'll be back in 2008 for our 65th!" Schilling says. "I'm a great fan of the university because it has helped make my life a wonderful life."



Joining Forces

to Improve Health Policy Communications

by Lisa Brunette

As state leaders attempt to analyze and address Wisconsin's daunting healthcare challenges, two University of Wisconsin-Madison schools and the Wisconsin Joint Legislative Council are launching an innovative partnership to forge a stronger link between the worlds of policy-making and scholarly research.

The goals of the partnership are twofold: to provide decision makers with the best available evidence for crafting solutions to healthcare issues, and to increase the relevance of UW research by incorporating real-world issues into the research agenda of the schools' faculty.

The project is jointly funded by the Wisconsin Partnership Fund and UW-Madison. The Population Health Institute at the UW School of Medicine and Public Health (SMPH) and the La Follette School of Public Affairs are partners with the Legislative Council in the project, "Advancing Evidence-Based Health Policy in Wisconsin."

"The state of Wisconsin has a wealth of researchers in healthcare and in the public policy that shapes how healthcare is organized, financed and delivered," says Terry C. Anderson, Legislative Council director. "But, while there have always been informal contacts between state government and the UW, the immense challenges of designing healthcare policy call for a stronger link between these two worlds. This project really seeks to bridge two cultures that will each benefit immensely from systematic exchange."

The new collaboration is a powerful way to use the Wisconsin Idea to improve the lives of state residents, says UW-Madison Chancellor John D. Wiley. "The partnership builds a meaningful connection between UW researchers and state policymakers to attack one of this nation's most significant issues."

The partnership will begin by creating opportunities for representatives of business and government to sit down together, share information and begin to understand "the other side of the fence." The schools and council plan to host forums on specific issues so that legislators and others can obtain non-partisan information on key issues and discuss them in a non-confrontational atmosphere. Also envisioned are symposia with invited speakers and "methods exchange" meetings in which researchers can learn how to make their work more useful to state government leaders, and those leaders, in turn, will learn how research projects are designed and implemented.

"The goal is to build on and expand our previous experience in translating health policy and public health research into practice," says Patrick Remington, MD '81, MPH, director of the Population Health Institute.

Adds Barbara Wolfe, PhD, director of the La Follette School of Public Affairs, "This is the type of project La Follette excels at: giving legislators useful, ground-level information based on hard evidence and research of what works and what doesn't. And we learn the important issues facing legislators—an opportunity that will inform our research and teaching."

Robert Golden, MD, dean of the SMPH, says the effort not only supports the school's goal of addressing the health of populations within the state, but also will help ensure that elected officials, business leaders and state agency staff have the benefit of sound and timely research on which to base decisions relating to healthcare.

Harari Appointed Chair of Human Oncology

Paul M. Harari, MD, has been named chair of the Department of Human Oncology at the University of Wisconsin School of Medicine and Public Health (SMPH). He also has been appointed an associate director at the UW Paul P. Carbone Comprehensive Cancer Center (UWCCC).

A radiation oncologist who specializes in head and neck cancer, Harari, the Jack Fowler Professor of Human Oncology, has been a faculty member at the school and its cancer center for 16 years.

"Dr. Harari is the ultimate physician-scientist. A deeply respected and skilled clinician who also has developed an internationally renowned research program, he is an extremely effective leader who is committed to mentoring and developing the next generation of academic leaders," says SMPH Dean Robert N. Golden, MD.

Harari has dedicated his career to fostering advancements in cancer research and treatment. With a focus on molecular inhibition of growth factor receptor signaling, he has directed translational research programs and international clinical trials that test combinations of molecular drugs and radiation in the treatment of head and neck cancer.

Most recently he served as co-chair of a phase III clinical trial that confirmed improved survival for head and neck cancer patients who received a new molecular growth inhibitor combined with radiation. The results were reported in the *New England Journal of Medicine* in 2006.

"Paul is an internationally known physician-scientist whose work on head and neck cancer has significantly improved the therapy and outcomes for patients with this terrible disease," says George Wilding, MD, UWCCC director.

As a cancer center associate director, Harari will focus on the development of multi-investigator transdisciplinary grant applications designed to bring multiple researchers from a variety of disciplines together to focus on specific cancer-related problems.

Today, with a total medical and research staff of 125, the UW Department of Human Oncology is recognized for housing one of the finest radiation oncology training and research programs in the world.

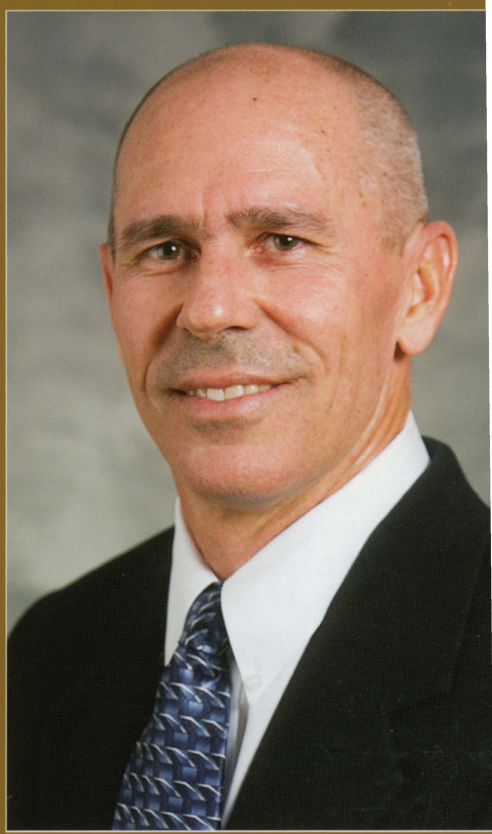
"I cannot imagine a better time in history to have the opportunity to lead such a talented group of clinicians, researchers and teachers," says Harari. "The department is uniquely positioned to make major contributions to cancer research and treatment, something it has done with increasing frequency in recent years."

Harari earned his MD from the University of Virginia School of Medicine, did an internal medicine internship at the University of California-Davis and completed a residency in radiation oncology and cancer biology research at the University of Arizona Medical Center in Tucson.

He has served as chair of the American Society for Therapeutic Radiology and Oncology (ASTRO) Education Committee, Head and Neck chair for the American Society of Clinical Oncology (ASCO) Education Committee and chair of the inaugural ASTRO/ASCO/AHNS (American Head and Neck Society) Multidisciplinary Head and Neck Cancer Symposium.

Harari is the recipient of numerous awards, including an International Cancer Research Fellowship, American Cancer Society and Radiological Society of North America Career Development Awards, ASTRO Research Awards, two UW Hilldale and resident teaching awards and the Harold P. Rusch Award for Translational Cancer Research.

Pearce Appointed Anesthesiology Chair



Robert A. Pearce, MD, PhD, has been appointed chair of the Department of Anesthesiology at the University of Wisconsin School of Medicine and Public Health (SMPH).

A physician-investigator who also is deeply involved in teaching and mentoring young scientists, Pearce, the Betty Bamforth Research Professor of Anesthesiology, has been a faculty member at the school for 16 years. He served as the department's associate chair for academic affairs from 1996-2007 and has been interim chair since Susan Goelzer, MD, who served as chair for nine years, stepped down last year.

"Dr. Pearce is an internationally renowned scholar who has maintained an active clinical practice while developing an outstanding research program," says SMPH Dean Robert N. Golden, MD. "He is a deeply respected teacher and mentor, and we are delighted to have him assume this vitally important leadership role."

Pearce has developed a distinguished career as a physician-scientist, dividing his time between the operating suite and the research laboratory in order to understand the mechanisms by which general anesthetics alter central nervous system function. In his research, he concentrates on neurotransmitter receptors, zeroing in on ion channels that control the transmission of signals between nerve cells. The research aims to identify the basic molecular events that occur during receptor activation, and how different classes of drugs affect these events.

In addition to his clinical practice and research program, Pearce throughout his career has been committed to teaching and mentoring undergraduate, medical student, resident, graduate student and postdoctoral fellow research. He participates actively in a number of graduate training programs, including the SMPH's Medical Scientist Training Program (MSTP) and the UW Neuroscience Training Program (NTP), and he is an affiliate member of the departments of anatomy and physiology.

Pearce earned his MD degree and a PhD degree in neuroscience at the University of Virginia, where he studied in both the MSTP and NTP. After completing an anesthesiology residency at the UVa Health Sciences Center, he joined the SMPH in 1990.

He is the recipient of the International Anesthesia Research Society's B.B. Sankey Award, the UVa's Douglas W. Eastwood Award and several other academic and research awards. He has been a member of the Scientific Advisory Board of the Association of University Anesthesiologists, an associate editor of the leading specialty journal, ANESTHESIOLOGY, and has served on numerous grant review panels for the National Institutes of Health and other national and international funding agencies.

The SMPH Department of Anesthesiology has a rich history. When it was founded in 1927 by Ralph M. Waters, MD, it was the first academic program in anesthesiology in the country.

"I consider it a tremendous honor and a great responsibility to assume this position in a department that has played such an important historical role in the development of the specialty," says Pearce. "I look forward to building on the strong foundation laid by past leaders, who have been committed to Dr. Waters' guiding principles of 'providing outstanding patient care, educating the next generation of clinicians and leaders, and advancing the scientific foundation of our discipline.'"

Pending final approval, Pearce will become the Ralph M. Waters, MD, Distinguished Chair of Anesthesiology.

Study to Investigate Use of

Adult Stem Cells to Treat Severe Coronary Artery Blockage

by Corissa Runde

Steve Myrah has journeyed to Costa Rica and Belize to admire exotic birds. He's gone to South Africa on an animal-watching excursion. And this summer, the 68-year-old retired university administrator and his wife are planning to sail the Aegean Sea. He's traveled the world, but Steve Myrah can't walk a block down his own street without having chest pains.

Having suffered from severe coronary artery disease since his mid-40s, Myrah is participating in a trailblazing clinical trial investigating whether a person's own stem cells can stimulate the growth of new blood vessels in the heart. The University of Wisconsin School of Medicine and Public Health (SMPH) is among the first schools in the country taking part in the study.

"I used to walk home four miles from work. I mean, I used to cross-country ski and go hiking, and now I can't do any of that without getting angina," says Myrah, the first patient to be enrolled in the SMPH portion of the national study, sponsored by the Cellular Therapies business unit of Baxter Healthcare Corporation.

The phase II clinical trial is investigating the use of adult stem cells to treat patients with a severe type of coronary artery blockage called chronic myocardial ischemia (CMI). It is a serious cardiac condition that results in limited blood flow to the heart, affecting hundreds of thousands of new individuals each year.

Steve Myrah, the first patient enrolled in the SMPH adult stem cell study, was connected to a cell separ system that collected CD34+ stem cells from his blood stream, a process called apheresis.

Promising treatment offers new hope

Like Myrah, patients eligible for the study have exhausted other conventional "revascularization" treatments to restore blood flow in the heart, such as surgical coronary artery bypass or angioplasty.

"In patients without conventional revascularization options who have failed medical therapy, this treatment strategy offers the potential of new hope for improved quality of life,"

says Amish N. Raval, MD, head of cardiovascular regenerative medicine at the SMPH. Raval is the principal investigator for UW's portion of the study.

After several treatments failed for Myrah, he says he's optimistic about the innovative new treatment—although he recognizes that he might have received a placebo rather than his stem cells.

"I'd settle for half as much chest pain as I have now," says Myrah, who daily wears time-release nitroglycerin patches to help ease the pain. The patches must be removed for eight hours a day, so he also takes four to seven under-the-tongue nitroglycerin pills a day.

"Sometimes I have to take one when I'm just sitting there. Sitting and watching the Badgers play basketball is always good for a couple," jokes Myrah, who enjoyed a long career at UW-Madison, retiring in 2001 from his position as secretary of the Academic Staff.

When his chest pains first surfaced in the 1980s, Myrah underwent his first angioplasty, a procedure to restore blood flow through several narrowed arteries in his heart.

"I felt wonderful for a few weeks," Myrah recalls.

But the chest pains soon returned. Doctors performed angioplasty a second time, with the same short-lived benefits. During his third angioplasty, Myrah's cardiologist used a more aggressive approach that helped relieve his chest pain for nearly a decade.

By 1993, when Myrah was in his mid-50s, the pain returned once again. After having five-vessel coronary artery bypass surgery, Myrah enjoyed another decade of relief from his chest pain. But in 2003, the angina started yet again.

His cardiologist explained that small vessels in the back of his heart were causing the problems, but they couldn't be reached for further surgical treatment.

"They've been treating it with medication ever since, but what I can do is limited," says Myrah.

Using stem cells to stimulate vessel growth

Specialists at UW Hospital and Clinics recently injected Myrah with a protein that helps to release adult stem cells called CD34+ from his bone marrow into his bloodstream. Next, Myrah was connected to a special cell separation system to collect the CD34+ stem cells from his bloodstream—a process called apheresis.

"I wouldn't go through all of this if I didn't think it was worth it," Myrah says with a smile, about halfway through the all-day apheresis process.

The next day, Baxter's cell selection system removed the CD34+ cells from the other cells also collected during apheresis. That afternoon, cardiologist Raval used data from electrical and mechanical mapping of Myrah's left ventricle to target the area of his heart with poor blood flow. Raval then injected the stem cells, or a placebo, directly into Myrah's heart muscle using a special cardiac catheter.

This innovative new area of research is called regenerative medicine—treating disease by using growth factors, genes or stem cells to promote blood vessel or tissue growth. Raval says he and his UW research associates have focused on adult stem cells for several reasons.

"Adult stem cells are 'precursor' cells that dwell in almost all organs in the body and have the potential to turn into a limited number of cell types," he explains. "Current research is aimed at removing a person's own adult stem cells from the bone marrow and placing them into other body organs to repair damaged tissue."

This approach has shown promise in a previous study involving CMI. In a phase I clinical trial investigating the injection of CD34+ stem cells into the hearts of CMI patients, 15 of the 18 total subjects who received the cells reported feeling better—with reductions in chest pain and/or improved exercise capacity. These results prompted Baxter to sponsor the larger, phase II trial to investigate the safety, tolerability and effectiveness of the new stem cell treatment.

Approximately 10 volunteers will be recruited for the UW arm of the study.

For Steve Myrah, much of the motivation for participating in the study could be found at the Pheasant Branch nature conservancy near his home. There, his wife Dagny goes on walks to enjoy the lush prairies and wooded hills along the nature trails.

"She misses me," Myrah says. "That's something I'd really like to be able to do with her someday."

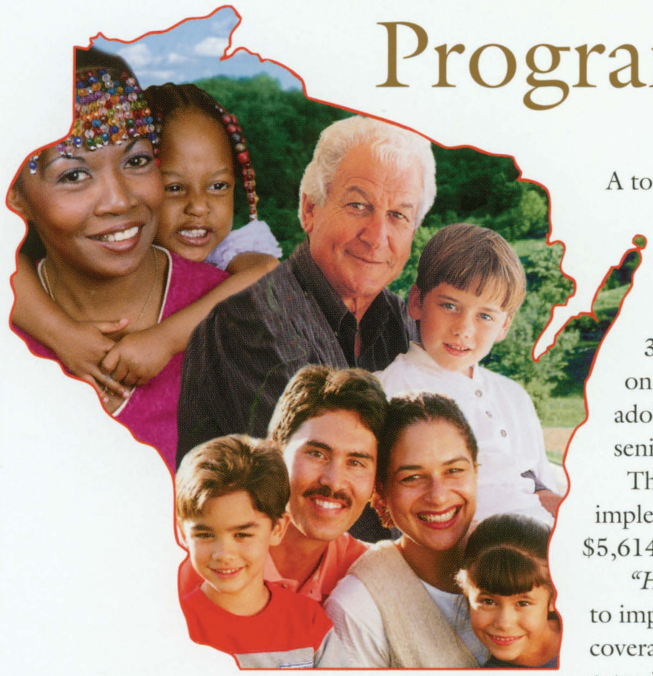
Study enrollment details

Subjects in the current phase II study are randomly selected to receive either one of two dosing levels of CD34+ stem cells, or placebo. Researchers will conduct follow-up examinations for 12 months following the investigative procedure.

To be included in the study, patients must: be at least 21 years old, experience chronic chest discomfort at rest and with minimal exertion, have found inadequate relief from medications, and be unsuitable candidates for conventional revascularization techniques, such as surgical bypass, angioplasty or stents.

For more information, contact study coordinator Soni Vander Ark, RN, at (608) 265-0612.

Wisconsin Partnership Program Awards Grants Totaling $6.9 Million



by Jon Sender

On December 27, 2006, the **Oversight and Advisory Committee** (OAC) of the Wisconsin Partnership Program (WPP) at the University of Wisconsin School of Medicine and Public Health (SMPH) awarded 25 grants totaling approximately $6.2 million for community partnerships designed to improve the health of the people of Wisconsin.

The funded projects were the third annual series of planning and implementation awards. Planning grants, typically covering one to two years of activity, help local organizations develop community-academic partnerships, stimulating new collaborations that may lead to larger projects. Implementation grants, typically covering three years, emphasize more expansive projects specifically targeting some of Wisconsin's most urgent public health needs.

A total of 81 organizations submitted applications for both implementation and planning grants. The awards, covering programs in 32 Wisconsin counties, focus on the needs of children and adolescents, families and adults and seniors.

The following collaborative implementation grants, totaling $5,614,248, were awarded:

"HealthWatch Wisconsin" – to improve access to healthcare coverage and services through a statewide training program for public health workers.

"Measuring the Impact" – to evaluate the effectiveness of home visitation programs in preventing intentional and unintentional injuries among children.

"Milwaukee Nurse-Family Partnership Program" – to implement the highly effective home visitation model program that aims to improve health outcomes for children and families of at-risk mothers.

"Project Connect" – to reduce alcohol use among Columbia County youth through environmental strategies such as compliance checks, Teen Court, and an underage drinking diversion program.

"Coordinating Partnerships to Improve Access to Public Health Coverage" – to increase the number of children enrolled in Wisconsin's Family Medicaid health insurance programs and improve children and family access to primary and preventive health services.

"Honoring Our Children Urban/Rural Outreach Project" – to reduce health disparities and improve infant health outcomes among American Indian rural and urban families through community-directed strategies.

"Taking Care of Me: A Cancer Education and Screening Promotion Program for Hispanic/Latina Women" – to develop and evaluate a peer health promoters program to overcome barriers that prevent low-income Hispanic/Latina women from obtaining breast and cervical cancer screening services.

"Strong Rural Communities Initiative" – to increase access to preventive health services and improve health outcomes for selected rural communities through collaborations among businesses, rural medical and public health providers.

"Latino Geriatric Center" – to reduce barriers to access for primary and preventive health services and provide early detection and treatment of Alzheimer's disease among Latinos in Milwaukee.

"What Works: Reducing Health Disparities in Wisconsin Communities" – to identify and disseminate evidence-based public health interventions that will reduce racial and ethnic health disparities in Wisconsin.

"Workforce Development: Advancing the Plan for a Diverse, Sufficient and Competent Workforce" – to implement a multi-faceted program to support and secure a culturally and linguistically competent public health workforce in Wisconsin.

"Wisconsin Partnership for Childhood Fitness" – to improve childhood fitness through the development and evaluation of a voluntary statewide school-based electronic instruction and tracking program among middle schools in selected communities throughout Wisconsin.

"FIT WIC-FIT Families" – to improve the nutrition and physical activity habits of families enrolled in the Women, Infant and Children (WIC) program in selected communities throughout Wisconsin.

The following collaborative planning grants, totaling $585,255 were awarded:

"Family Teaming to Improve Health Outcomes for Youth" – to improve family management of chronic and acute health problems for at-risk youth using the Family Teaming Meeting model.

"Health Care Task Force on Pre- and Inter-Conception Care: Optimizing Women's Health and Increasing Access to Primary and Preventive Health Services" – to develop culturally appropriate strategies for enhancing access to preconception and prenatal care and improving birth outcomes among at-risk women.

"Fluoridation for Healthy Communities" – to plan for community-wide collaboration and support for optimal fluoridation levels in four adjacent Wisconsin counties.

"Preventing Substance Abuse Among LGBTQ Youth in Wisconsin" – to develop a pilot program to increase knowledge, awareness, resources and the capacity to prevent and reduce alcohol and other drug use among lesbian, gay, bisexual, transgender and questioning youth in Wisconsin.

"Green City, Active People" – to reduce long-standing health disparities in Milwaukee's inner-city, Fond du Lac and North Avenues neighborhoods.

"Noj Zoo, Nyob Zoo (Eat Well, Live Well) - A Hmong Community Health Promoter Project" – to develop and evaluate an initiative that aims to increase Hmong community access to health education and information using a lay health worker model in Milwaukee.

"Childhood Obesity Wellness Campaign" – to design a childhood obesity prevention program that teaches children and families about nutrition, healthy food choices, and the importance of physical activity.

"Schools and Clinics United for Healthy Children and Youth" – to create a partnership among school districts and medical providers to plan community interventions to improve the eating and activity habits among children.

"Increasing Breastfeeding Rates in Milwaukee County" – to improve breastfeeding rates among low-income mothers in Milwaukee County.

"Northern Wisconsin Child and Adolescent Psychiatry Access Project" – to improve access to mental health services by designing a coordinated system of psychiatric care for rural Wisconsin children and adolescents.

"Fit Kids, Fit Cities" – to improve collaboration among organizations working to decrease overweight and obesity among school-age children in select communities in Wisconsin.

"Planning a Multicultural Women's Education Program to Eliminate the Stigma of Depression" – to identify factors for reducing stigma-related treatment barriers in women with depression.

The **Medical Education and Research Committee (MERC)** of the WPP also made awards totaling $700,000 last December in its New Investigator Program. Designed to support innovative approaches leading to improvements in health benefiting the people of Wisconsin, the program is open to assistant professors at the SMPH.

Awardees and the names of their projects included:

Christopher Crnich, MD, MS, Department of Medicine, *Determinants of Antibiotic Resistance in Nursing Homes.*

Karen Hansen, MD, Department of Medicine, *Treatment of Vitamin D Insufficiency.*

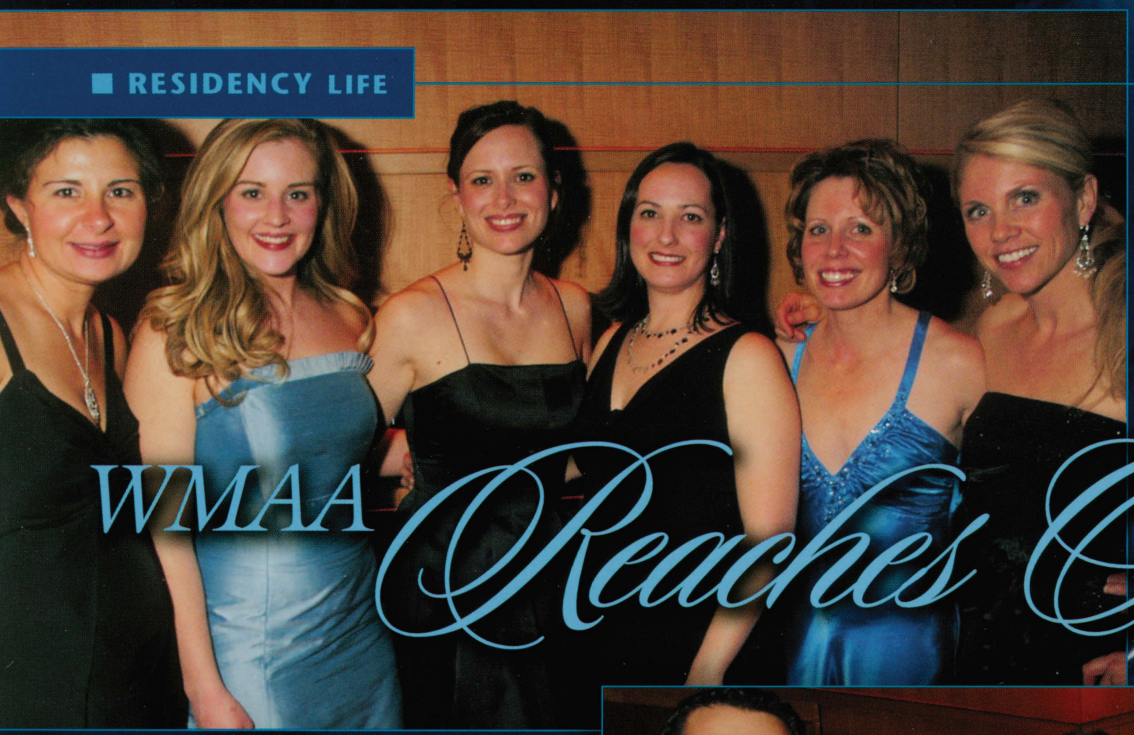
Tammy Harris Sims, MD, MS, Department of Pediatrics, *Partnering with Quitlines to Promote Youth Smoking Cessation in Wisconsin.*

Laura Knoll, PhD, Department of Medical Microbiology & Immunology, *Creation of a Bovine Cryptosporidium Vaccine to Reduce Outbreaks in Human Populations.*

Bret Payseur, PhD, Department of Genetics, *Integrating Variation at Single Nucleotides and Short Tandem Repeats to Identify Genetic Associations with Complex Diseases.*

David Rabago, MD, Department of Family Medicine, *Magnetic Resonance Imaging in a Study of Prolotherapy for Knee Osteoarthritis.*

Amish Raval, MD, Department of Medicine, *Surface-rendered 3D MRI Overlaid into Live X-Ray Fluoroscopy to Guide Endomyocardial Progenitor Cell Therapy for Recent Myocardial Infarction: Technical Development and Validation Toward Clinical Translation.*



WMAA Reaches Out to

by Meghan Conlin

The Wisconsin Medical Alumni Association (WMAA) was one of many groups that worked with the UW House Staff Association and the Significant Other Society to sponsor the "Beat the Winter Blues Ball" held at the Overture Center's Promenade Terrace and Hall on March 16, 2007. It was part of the WMAA's new efforts to reach out to residents based at University of Wisconsin Hospital and Clinics (UWHC) in a variety of ways.

"Residents are an integral part of the medical community and the UW School of Medicine and Public Health (SMPH) 'family,'" says Karen Peterson, WMAA executive director, noting that 4,000 of the approximately 10,000 SMPH alumni completed their residency programs at UW.

Peterson says that the new WMAA strategic plan identifies working with UWHC residents as an important objective. "We plan to reach out to them and involve them in meeting the goals of the SMPH and the WMAA," she says.

The ball, rescheduled after the original one was "snowed out," featured the Doug Brown and Michele Duvall Jazz Ensemble and the UW Jazz Big Band.

"This year's Beat the Winter Blues Ball was a fun-filled night of interdepartmental camaraderie among UW Hospital residents and fellows," says Emily West, planning committee chair. "It was an elegant, lovely evening filled with good food, beautiful jazz music and dancing. It was a great way for the hospitals in town to say 'Thank You' for the residents' and fellows' continued hard work and dedication.

Counterclockwise from top left: The ball planning committee included (from left) Emily West, Kylee Carolfi, Jill McHaffie, Brianna Wills, Melissa Hetland and Angie Drye. Lucky door-prize winners showed off their gift certificates. Biraj Patel and Priya Acharya also were winners. The Doug Brown Jazz Ensemble and the UW School of Music's Jazz Big Band performed. Elegant formal wear was the dress code for the evening.

Residents

This is a wonderful annual tradition that many residents, fellows and their significant others look forward to each year."

Due to the generosity of local businesses, the ball also included a large selection of outstanding door prizes, including gym memberships, restaurant gift certificates, jazz CDs, spa packages and jewelry.

The WMAA plans to reach out to residents in other ways too, notes Peterson. *Quarterly* now includes a new "Residency Life" section, where residency programs and activities are featured. And the magazine is now being distributed to all residents.

"We are offering residents a free one-year membership to the WMAA following the completion of their residencies," Peterson says. "We also plan to sponsor a tailgate party and offer football tickets to a UW Badger football game in fall 2007."

The WMAA will be inviting residents to ongoing activities, such as the annual "Operation Education" (see story on page 28) and the Holiday Tunes event held each semester in the Health Sciences Learning Center atrium.

Program Explores *Enhancement of Spirituality* for Family Medicine Residents

by Corissa Runde

Some people may say that religion and spirituality are too personal for physicians to address, and that a doctor's sole job is to heal the body, but Christina Puchalski, MD, founder and director of the George Washington Institute for Spirituality and Health (GWish), is not one of them. She contends that true healing involves much more than medications, surgeries and the myriad "technical" aspects of treatment.

"People cope with their suffering by finding meaning in their suffering. This is where spirituality plays such a critical role," says Puchalski, a pioneer in the field of the physician's role in spirituality and healthcare.

Puchalski's GWish center was developed in 2001 to restore "the heart and humanity of medicine" through research, education and policy work focused on increasing attention to the spiritual needs of patients, families and healthcare professionals.

This philosophy is becoming more mainstream at medical schools across the country, including the University of Wisconsin School of Medicine and Public Health (SMPH). The school's Department of Family Medicine recently received a three-year, $30,000 grant from GWish. The award, given to course directors J. Adam Rindfleisch, MD, and Luke Fortney, MD, supports the development of spirituality curricula for family practice residents in order to encourage a more compassionate and humanistic approach to healthcare.

Christina Puchalski, director of the George Washington Institute for Sprituality and Health, calls for increased attention to the spiritual needs of patients, families and healthcare professionals.

The department will use the grant to help residents explore their own spirituality, as well as learn more about others'.

"Basically, what we did was create a playing ground or a field by which residents could explore whatever gives them meaning and purpose in a way that resonates with them," Fortney says of the self-exploration element of the program.

For this arm of the curriculum, residents may use grant funding to go on a retreat, for example, or to take a course in Mindfulness-Based Stress Reduction, a meditation practice designed to reduce stress and help people develop greater balance, control and participation in their lives. The course is offered through the department's Complementary and Alternative Medicine division.

"One of the main focuses was for residents to protect time for themselves, so they can go and find ways to recover from the fast-paced lane of residency," Fortney explains. "This is about letting residents discover what they believe and how that fits into their professional lives."

The second main facet of the program—learning about others' spirituality—may involve opportunities to shadow UW Hospital and Clinics chaplains and develop "spiritual mentor" relationships.

"This program is about self-discovery," Rindfleisch and Fortney say in their curriculum description. "What do we as healthcare providers believe? Why do we have those beliefs? How do these beliefs influence how we treat our patients?"

By the time family medicine residents graduate from the program, they will be able to articulate beliefs on

Residents enrolled in the new program will have an opportunity to shadow UW Hospital and Clinics chaplains, such as Kenneth Wenzel, who visited recently with a patient.

topics such as aging, disease, death and the meaning of suffering, Rindfleisch and Fortney say. Among several other goals of the program, graduates will also enhance their communication skills with patients and be able to explain the central tenets of diverse spiritual paths.

Puchalski personally brought her message to the SMPH on January 11, 2007, when she came to discuss why a patient's spirituality matters in clinical care. Attended by residents, physicians, spiritual care providers and other healthcare professionals, the presentation was part of the 9th annual Cancer Residency for Spiritual Caregivers, sponsored by the UW Hospital and Clinics Spiritual Care Services Department and the UW Paul P. Carbone Comprehensive Cancer Center.

Though spirituality and healthcare were once intertwined, Puchalski says, today's medical education shapes the physician as a diagnostician adept at identifying a problem, treating it and helping patients get well physically.

"A lot of our training is still around 'fixing,'" Puchalski said. "I think that's very important, but healing is much broader than just the cure and the fix—it's how patients understand who they are, (and) cope with what's going on."

The healthcare system needs to focus on highly skilled delivery of care where both the science and art of medicine are practiced, she says.

Critical to this comprehensive approach is discussing, respecting and integrating patients' spirituality into their treatment plans, Puchalski says. Making a case for a more holistic model, Puchalski cited Kaiser Family Foundation statistics showing that most Americans are dissatisfied with the quality of care in the nation. Most respondents feel that what is lacking is compassion, Puchalski noted.

On the other side of the spectrum, Puchalski says healthcare professionals are also feeling the strain, with rising healthcare costs, insurance system limitations and a "disease-cure" model of care that focuses on time effectiveness and the financial bottom line.

In this environment, she says, many healthcare professionals feel that the altruism and call to service that drew them to medicine are not supported.

By taking the time to address patients' spiritual needs, physicians can both practice better medicine and restore meaning to their own profession, Puchalski contends.

Just as a patient's health history would indicate family patterns of disease and other important pieces of information, taking a patient's "spiritual history" will also reveal important information. A patient's religion may be one piece of the spiritual history, but the dialogue also delves into the person's coping mechanisms and what they feel gives their lives meaning, Puchalski says.

"All of these factors can influence how patients and healthcare professionals perceive health and illness, and how they interact with one another," she says, adding that knowing these beliefs and values is essential to developing individualized care plans.

Puchalski said she's encouraged by the increasing openness of medical education programs to the holistic philosophies embraced by GWish. According to GWish, in 1992, only three medical schools in the country offered courses related to spirituality and health; by 2004, that number had grown to 100.

Though the impact of spirituality on healthcare cannot be easily supported through traditional clinical trials, Puchalski contends a great deal of scientific and narrative evidence supports growth in this field. She stresses, however, that there is no formula that can measure a patient's inner ability to heal.

Says Puchalski: "Honoring the mystery, being comfortable with uncertainty may be the place from where healing springs forth."

Strategic Plan Process Completed

by Meghan Conlin

After months of careful deliberation, the Wisconsin Medical Alumni Association (WMAA) has developed a new five-year strategic plan. The executive committee of the WMAA Board of Directors approved the plan at its meeting on March 1, 2006.

Much hard work went into the planning process, notes Karen Peterson, WMAA executive director. The process began nearly one year ago, when Maury Cotter, director of the Office of Quality Improvement on the UW-Madison campus, launched the effort.

"Maury is the leading campus expert on organizational strategic planning," notes Peterson. "She got off us to a great start."

The Strategic Planning Committee consisted of members of the WMAA executive committee; Patrick McBride, MD '80, MPH, SMPH associate dean for students; Med 2 Rachel Uttech, president of the Medical Student Association; and recent graduate, Kathryn Nixdorff, MD '06.

The entire WMAA board of directors and SMPH Dean Robert Golden, MD, reviewed the draft plan last fall and provided input, and committee members reviewed and critiqued many drafts. "John Kryger MD '92, chair of the committee, did a fabulous job of helping us focus and keeping us moving along," Peterson says.

The plan clarifies the organization's mission, goals and strategies for improvement in the areas of alumni communications, events and programs and student initiatives.

"The new five-year strategic plan for our organization sets the ground work for some exciting new projects," says Kryger.

WMAA priorities over the next five years include improving communications and increasing engagement and participation among all alumni. To do this, the WMAA plans to further develop its Web site to better connect with alumni and keep everyone informed about the SMPH and alumni activities. The alumni association also plans to develop a "Wall of Honor" to recognize alumni leaders and award recipients, and it will redefine the role of the class representatives to make them better able to reach out to their classmates.

The WMAA looks forward to further improving alumni participation by building programs to support future residents and students, offering services for newly retired alumni, reaching out to residents and their significant others and also trying to better connect alumni who live and work in the same geographic region. Furthermore, the association is hoping to increase annual and lifelong membership and use funds from alumni functions to help support current medical students.

"The mission of the WMAA, which is one of the leading alumni organizations in the country, is to cultivate relationships with alumni and students that support and strengthen the School of Medicine and Public Health," says Kryger. "I urge all alumni and friends to look at the activities and opportunities to participate in WMAA events."

The WMAA strives to serve four distinct groups of people: SMPH graduates, current and former residents at UW Hospital and Clinics, current SMPH students and current and former SMPH faculty.

"By creating a strategic plan for 2007-2011, the WMAA has identified some key ways to better serve these groups in the coming years," says Kryger.

Class Notes *compiled by Meghan Conlin*

Class of 1942

William Luetke has been recovering from brain surgery, meningitis and a seizure. He is slowly regaining his health and recently moved from a skilled nursing facility to assisted living. He has excellent short- and long-term memory and is working hard to get his independence back. He enjoys following the Badgers and watching golf on TV, and loves to get phone calls and mail. He is visited often by his son, Charlie, and family. Bill would love to hear from some of his old friends and talk about the good old days. He can be reached at 2660 S.W. 53 Lane, Gainesville, FL 32608 or by phone at (352) 548-1502.

Class of 1948

Roland Liebenow, of Lake Mills, WI, was recently honored at the Lake Mills Distinguished Alumni and Community Service Recognition Banquet for his dedication to the community.

After practicing in Lake Mills for 17 years and working for Northwestern Mutual Life Insurance Company, he continued to provide medical services at local football games, for boy and girl scout and church groups and the drum and bugle corps. He is also active within the WMAA, the American Legion, the Historical Society and in the Lake Mills Moravian Church.

Class of 1949

Bob Cranston retired in 1989, and spent 1990 and 1991 commercially fishing albacore in the South Pacific and the Gulf of Alaska. In 1991, he bought a boat and headed up to Sitka, Alaska, where he fished salmon until 1996 and lived on his boat until 2000. Presently he owns a house in Sitka and would like to fish but has some minor health annoyances. He urges his classmates to look him up if they are in Alaska at rwc3@gci.net, and says that maybe he will "get down and bend an elbow with some of you" at the 60th class reunion. He also claims to still sing a little off key, but not as badly as Bill Enneking.

Class of 1957

Richard Stiehm, a professor of pediatrics and pediatrician at UCLA, was recently awarded the Abbott Laboratories Award in Clinical and Diagnostic Immunology for his work as a leader in the field of pediatric immunology.

Class of 1967

Eric Wedell and his wife, Maïda, live in Cheyenne, WY, where Eric works at the Cheyenne Community Clinic, is a consultant to the Wyoming Health Department and is assisting with the establishment of CPOE at the Cheyenne Regional Medical Center. He recently retired after 32 years of practicing endocrinology with the Internal Medicine Group in Cheyenne. The couple has two grown children and is expecting their first grandchild next July.

Class of 1970

Richard Lipsky and **Sandy Osborn** joined **Kay Heggestad** and **Paul Wertsch** for the commitment ceremony of Kay and Paul's son, Greg, and his partner, Mark, at the Madison Club in October.

Class of 1971

Mary Wilson visited the campus with her husband, Dr. Harvey Fineberg, in November, 2006.

Class of 1976

Bill Charboneau, a staff radiologist and professor of radiology at Mayo Clinic, recently presented the Annual Oration at the 2006 Radiological Society of North America meeting in Chicago. The title of his lecture was "Image-Guided Cancer Treatment: The Science and Vision of an Emerging Field."

Class of 1981

John Siebert and his wife, Kimberly, recently returned to Madison, where John accepted a position with the SMPH as a professor of surgery in the Division of Plastic and Reconstructive Surgery. After twenty years of working for New York University School of Medicine, John says he is glad to be back in Madison.

DIGITAL VIDEO LIBRARY LAUNCHED

Did you miss the talk Harvey Fineberg, MD, PhD, director of the Institute of Medicine, presented at the UW School of Medicine and Public Health (SMPH) last November? Would you like to check out the 2007 Global Health Symposium that took place in the Health Sciences Learning Center (HSLC)?

If so, you can now access those presentations and many others in the new Digital Video Library at http://videos.med.wisc.edu. The video recordings, consisting of educational presentations, Grand Rounds and seminars that have taken place at the HSLC, are a new resource offered free of charge to everyone. The library allows you to watch the past presentations on the computer of your choice and at the time that's most convenient for you.

The Digital Video Library is the latest effort of Innovations in Medical Education (IME), a comprehensive initiative under way in the SMPH that addresses statewide distance education and learning technology, clinical skills teaching and assessment and curriculum improvements relating to public health, cultural competence and professional ethics. IME is supported by a grant from the Wisconsin Partnership Program.

Class of 1988

Brian Heywood and his wife, Shannon, live in Peoria, IL, where Brian is a surgeon and was recently elected president of the Peoria Medical Society for 2007.

Class of 1999

Justine Gavagan and her fiancé, Kurt Lindsay, live in Portland, OR, where Justine practices general surgery. Kurt is finishing a residency in neurology and is planning to do a fellowship in stoke management. The couple is planning to marry in July, and in the mean time will be living in Portland with their dog, five cats and three rabbits. Long term, they plan to move to a small town in the Northwest to build a house, raise a family and practice medicine.

Post graduate

Mike Statz, of Rapid City, SD, was recently awarded the Arnold P. Gold Foundation Leonard Tow 2006 Humanism in Medicine Award for his work at the University of South Dakota Sanford School of Medicine.

Martin Grabois, professor and chair of the Department of Physical Medicine and Rehabilitation at Baylor College of Medicine was recently re-elected treasurer of the International Society of Physical and Rehabilitation Medicine at the group's meeting in Vilamoura, Portugal.

In Memoriam

John Bond '45
November 30, 2006
Sun City, Arizona

John R. Healy
February 11, 2007
Middleton, Wisconsin

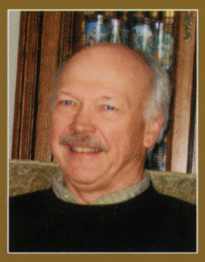
Allan E. Kagen '54
June 29, 2006
Mequon, Wisconsin

Bernie Lifson '49
2006
Wilmette, Illinois

Doug Shanahan '58
January 3, 2007
Sheffield, Alabama

In our winter 2007 spread on the Middleton Society, we failed to identify Alfred Herlitzka in a photograph with Class of 1951 classmate Nate Hilrich. We regret the omission!

Class Representatives



JOHN PEDERSON
CLASS OF 1972

TYPE OF PRACTICE: Retired from practicing pathology in 2000 after 22 years at St. Francis Hospital in La Crosse.

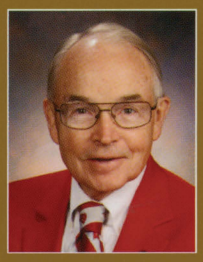
FONDEST MEMORY OF MEDICAL SCHOOL: The many fine faculty members who made learning interesting and enjoyable both in the classroom years and the years spent on rotations. I also remember the student lounge area where everyone got to know one another.

FACULTY MEMBER REMEMBERED MOST AND WHY: In addition to Dr. Middleton and Dr. Bland, I also remember that as a third year student, I spent time in the pediatric unit of Madison General and the resident was Dr. Phil Farrell. He was a fine teacher and good person.

HOBBIES/INTERESTS: I am still gardening, exercising often and doing a lot of volunteer work at church and in the community. I help mobile meals and Causeway, which provide help to people who cannot drive. I am an avid reader and collect antiquarian books and baseball cards. I have been playing duplicate bridge for about three years.

OTHER NEWS: Our daughter got married in October, so we have a wonderful new son-in-law in the family. I was briefly on a Wisconsin Medical Society committee as a retired member still interested in the healthcare delivery system.

MESSAGE TO CLASSMATES: It will be 35 years since we graduated. UNBELIEVABLE. I hope all of you will come in May for the reunion. In future years, we should consider having a fall reunion on Homecoming Weekend and attending a Badger football game. Start thinking about it now!



THEODORE FOX
CLASS OF 1957

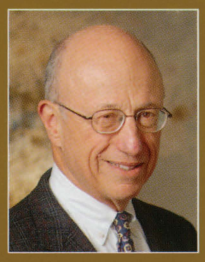
TYPE OF PRACTICE: I started the General Clinic with classmate John McKenna. Now the clinic is called Aspirus General Clinic and is located in Antigo, Elcho and Birnamwood, Wisconsin. I have a family practice in Antigo.

FONDEST MEMORY OF MEDICAL SCHOOL: Entering clinical medicine in our junior year.

FACULTY MEMBER REMEMBERED MOST AND WHY: Dr. Robert Schilling is one of my most cherished faculty members because of his sincere interest in students. He was also an excellent mentor and teacher.

HOBBIES/INTERESTS: Current events, managing our woodlands, big game hunting, active in the Knights of Columbus and Safari International. Taking care of my Morgan horses keeps me out of trouble.

MESSAGE TO CLASSMATES: Sandy Mallin and I, with the help of Karen Peterson and her staff, will hold our class reunion dinner on Thursday, May 10, at the Madison Club. On Friday, May 11, our 50th recognition reception and luncheon will take place. The medical alumni awards banquet will be at the Concourse Hotel. Please plan on attending this once-in-a-lifetime event. I can't believe we are so old!



SANDY MALLIN
CLASS OF 1957

TYPE OF PRACTICE: Private practice of endocrinology. Our three-physician group of endocrinologists merged with a 24-doctor group of internists this year.

FONDEST MEMORY OF MEDICAL SCHOOL: Playing nine holes of golf with Lee Rosenberg during anatomy lab after we finished our dissection.

WORST MEMORY FROM MEDICAL SCHOOL: Trying to start my first IV on a patient one day post-op esophageal resection. Also, remember passing NG tubes on ourselves? Our first venipunctures on each other were no bargain either.

HOBBIES/INTERESTS: I like to travel, read, play golf, go to museums and the theatre, collect art and historic endocrine texts and reprints.

OTHER NEWS: Between my wife and myself, we have ten grandchildren. I am active in the Endocrine Society, the American College of Physicians and other community groups as well.

MESSAGE TO CLASSMATES: Be well. A goal of the reunion is to see each other, reminisce, count our blessings and try to give something back to our school.

Love and Intrigue: the Old Science Hall

Christopher Larson, MD '75
Editorial Board Chair

For most of us, the first noteworthy steps toward developing the University of Wisconsin's School of Medicine and Public Health, as we now know it, began in Old Science Hall. In talking to alumni who attended classes there before the Service Memorial Institutes building was completed, I learned of many fond memories. For most, anatomy class was a favorite. Drs. Walter Sullivan and Otto Mortensen enlivened the classroom with their love of the subject matter and excitement about the course material. They brought professionalism to their teaching, which would become lifelong lessons students would cherish throughout their future years in medical practice.

To gain perspective on our roots, however, it's important to understand conflicts during the early years when our state university, with its few resources, was torn between creating a utilitarian educational institution dedicated to helping Wisconsin grow and prosper and the somewhat loftier goal of providing higher learning in the more traditional disciplines taught at many other universities.

With no funds available from the state Legislature, land grant money was the only source of revenue to start the young university. In 1864, the campus was designated the state's Morrill Land Grant Institution. The only courses offered were basic liberal arts, with engineering and law added later. A medical curriculum, though discussed, was not initially funded.

The university's second and third presidents, Drs. Charles Bascom and Thomas Chamberlain, together with Bascom's protégé, Dr. Edward Birge, insisted that a basic curriculum in life sciences be started, which eventually led to a two-year basic science medical curriculum.

Prior to the school's having a name and place, preparatory classes in the life sciences were taught by Dr. Birge, who almost single handedly created the university's basic science curriculum. It is said that he enlivened the course with a one-of-a-kind tissue called keratome, which provided excellent microscopic sections as materials from which students could learn.

In 1907, the newly approved College of Medicine was given space in Old Science Hall. The building sits in a place of prominence at the foot of Bascom Hill, and Old Science Hall was rebuilt after a fire in 1884 destroyed the entire building. Though some details are unclear, the Madison Fire Department was unable to save any of the building because the fireplugs on the hill had the wrong-sized hose attachments.

What followed was a plan to rebuild, from the rubble, a building that would be fire resistant or "slow burning," but ultimately the structure was modified to be "fireproof," with the use of iron, steel, tile, brick and stone. It would be the first building of its kind in the United States.

Science Hall's unique dark stone and fortress-like architecture, with numerous towers, turrets and chimneys, set it apart from the surrounding buildings. The building became an early source of wonderment and curiosity for me and others during our first years on campus in the early 1970s. The beauty of the Richardsonian (architect Henry Hobson Richardson) Romanesque architecture, which we embrace today, was controversial in its time. The structure reminded many people of Richardson's earlier designs—the Trinity Church in Boston and Pittsburgh's Allegheny County Courthouse and jail.

Basic science was taught in rooms throughout the building. The anatomy department, with its dissecting labs, was located in the attic. Ghoulish stories spread about the basement's morgue, including sightings of hearses delivering bodies at the rear entrance, and the use of rope and tackle from the tower to lower coffins into the morgue, ultimately to be brought to the attic by "lift" from the basement.

Such ingredients—dark towers and attics, labyrinthine corridors, tunnels, tanks, cadavers and sickly sweet odors from the incinerator—became the setting for French Professor Samuel Rogers' mystery novel, *Don't Look Behind You*, and the comic book, "The Phantom of Bascom Hill."

Old Science Hall means many things to many people. No matter how we view it, as we begin to celebrate our school's centennial, we can't avoid acknowledging that the building deserves our historical reflection.

Calendar of Events

May 2007

MAY 10-12, 2007
ALUMNI WEEKEND

Reunions for the classes of 1947, 1952, 1957, 1962 and 1972.

Thursday, May 10
5 p.m. Dean's Reception, Madison Club

Friday, May 11
8:30 – 3:30 Day on Campus with the Wisconsin Alumni Association
11:30 a.m. Recognition luncheon for class of 1957, Memorial Union
2 p.m. WMAA Board of Directors spring meeting, HSLC
6 p.m. WMAA Awards Banquet, Monona Terrace

Saturday, May 12
10 a.m. Brunch with medical students and Dean Robert Golden
Tours of the Health Sciences Learning Center

May 18
10 a.m. Graduation Recognition Ceremony Class of 2007, Memorial Union Theater

September 2007

Sunday, September 16
White Coat Ceremony, Memorial Union

October 2007

OCTOBER 26-27
HOMECOMING WEEKEND
UW vs. Indiana

Reunions for classes of 1967, 1977, 1982, 1987, 1992, 1997 and 2002.

PHOTO: Jeff Miller/UW-Madison 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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Have you moved?

Please send us your new address.
Mail to: Wisconsin Medical Alumni Association
Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705

Rather connect by computer?

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

■ Observations

PHOTO: Jeff Miller/UW-Madison University Communications

Mild spring weather and lilac trees in full bloom recently drew throngs of people to one of the most popular spots on campus.

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