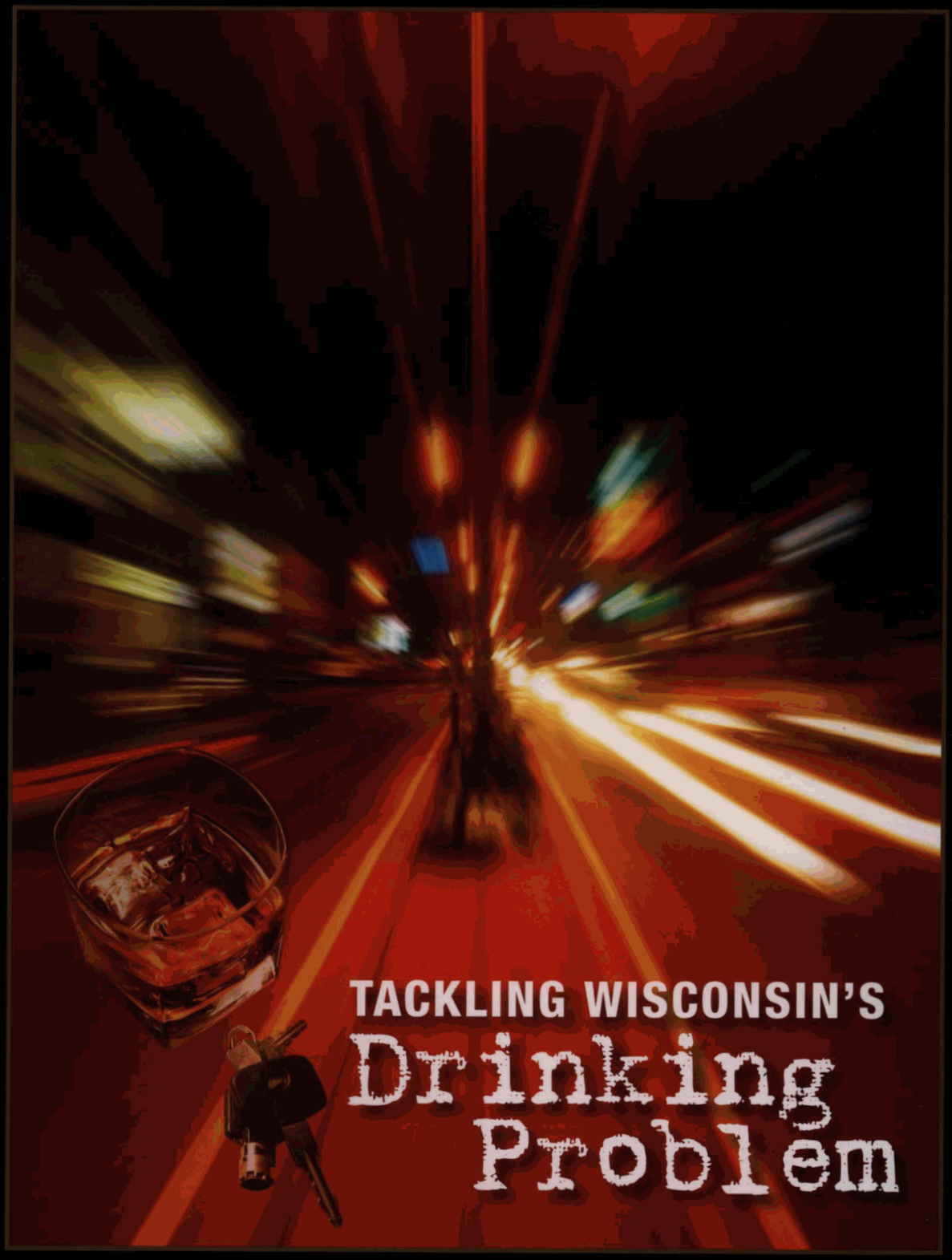
QUARTERLY

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



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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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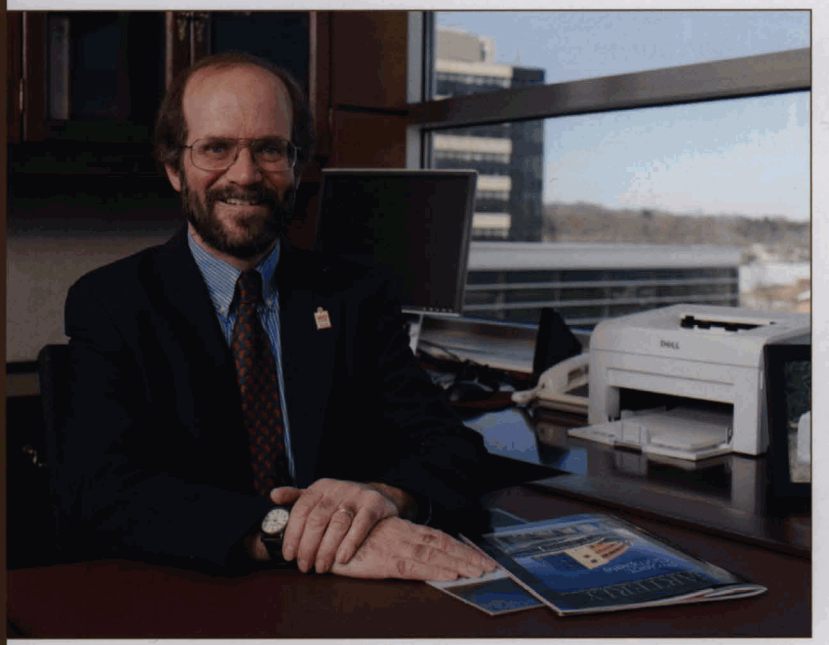


Robert Golden, MD
Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison

Perhaps the most exciting and important aspect of our school's future as we push forward into our second century of educating medical students is our transformation into a school of medicine and public health. We are continuously defining how this change will enhance everything we do.

The transformation signals that we want our graduates to embrace a model that synthesizes the traditions of medicine with the synergistic perspectives of public health. We hope that some of our graduates will follow in the footsteps of Dr. Richard Riegelman, who is featured in the Alumni Profile of this issue. He earned his MD at our school 35 years ago and then went on to become the founding dean of a leading school of public health. But I am sure Dr. Riegelman will agree that even more important than producing national academic leaders is the creation of a new generation of physicians who integrate the practice of medicine with the principles of public health.

Our transformation also involves an even greater engagement with the people of Wisconsin as we seek to improve their health through models that bring together medicine and public health. An important example of this, highlighted in the cover story, is our bold effort to address the epidemic of excessive binge drinking, which is tragically destroying lives across the Badger State.

In partnership with the UW Hospital and Clinics, the UW Medical Foundation and a growing legion of other organizations and individuals throughout the state, we are pushing forward in the tradition of Wisconsin's progressive spirit to tackle this problem. Our strategy is to address this issue not only from a clinical perspective, but also through legislative action, which we hope will bring about better public policies that will save lives.

Another important component of health in our country involves the reformation in the way in which healthcare is delivered and financed. We are so pleased to have recruited health policy expert Professor Thomas Oliver to our Department of Population Health Sciences from Johns Hopkins University. I'm sure you will be interested in reading his responses to the pressing questions in this vital area that our nation faces.

Finally, the new integrative model for our school must be built on a strong scientific base, including basic, clinical and, especially, population health sciences. In each issue of this magazine, you have read articles on important new developments in our research programs, such as last summer's feature on the opening of the Wisconsin Institutes for Medical Research and the fall story on the Survey of the Health of Wisconsin, or SHOW. In the *Quarterly* section called Research Advances, you can also find vignettes of representative research projects, all of which hold promise for elevating the health of the public.

As we look toward the future as a transformed—and transforming—school, we envision the development of even more research advances. Growing numbers of teams of investigators will bring together different perspectives on basic, clinical and translational science in a way that can critically impact not only individual patients but also the large groups of people who live in communities scattered across this great state.

Greetings, medical alumni and friends! As I write this, the snow is falling in Madison and students are busy preparing for exams. It has been an exciting semester, with an array of engaging events and programs sponsored by the Wisconsin Medical Alumni Association (WMAA).

Following the White Coat Ceremony in September, the Dean's Cup Competition started, as did our ongoing monthly TG parties. Our goal with these social activities is to provide medical students relaxing breaks from their busy school schedules. In October, Homecoming was the big event, with a record seven classes holding reunions. A wonderful mix of alumni, faculty and students joined in the celebrations. Highlights included a performance by our medical student acappella group and a private performance by a UW Marching Band ensemble for the nearly 700 people who attended our WMAA homecoming tailgate. I hope you enjoy the reflections in this issue of the *Quarterly.*

We didn't slow down after Homecoming though. The WMAA sponsored the annual Halloween costume contest between houses, and in December we showcased more student talent with our daily "Tunes in the Atrium." As you'll read on the following pages, we also hosted the Alpha Omega Alpha Banquet and a tailgate party for UW Hospital and Clinics residents.

Now we all look forward to winter events and the spring semester. We have great plans to get us through the long winter months in Wisconsin! Below are some highlights.

Operation Education

The WMAA, in conjunction with the Wisconsin Medical Society Foundation, hosted the fourth annual physician fair, Operation Education, on January 22. Medical students met with alumni to discuss career options. This activity, part of the Student Alumni Partnership Program (SAPP), recruits volunteer physicians from the greater Madison area to share information about their specialties.

Winter Event

Plans are under way for the annual WMAA winter event to be held on Friday, March 6, 2009. This year the event will be held at famous Lambeau Field in Green Bay! Coinciding with the WMAA board of directors winter meeting, the event will provide our alumni a chance to connect with one another, tour Lambeau and to hear about exciting happenings at the school.

Spring Reunions

Class representatives for the classes of 1949, 1954, 1959, 1964, 1974 and 1979 are busy working with the WMAA staff to plan their class reunions. They will be held in conjunction with Alumni Weekend, May 7-9, 2009. Classmates will soon receive details about the reunions.

As I begin my ninth year as the executive director of your medical alumni association, I continue to be amazed by how many supportive, devoted alumni and students we have. Working with this extended family has been extremely rewarding for me.

Please feel free to contact me with your ideas. You can reach me by e-mail at kspeters@wisc.edu or telephone at (608) 263-4913. Or send correspondences through the mail to Karen S. Peterson, Assistant Dean for Alumni/External Relations and Director, Wisconsin Medical Alumni Association, 750 Highland Avenue, Madison, Wisconsin 53705. I look forward to hearing from you!

Karen Peterson
WMAA Executive Director

AWARE
ALL-WISCONSIN ALCOHOL RISK EDUCATION

TACKLING WISCONSIN'S Drinking Problem

ALCOHOL IS A BIG CHALLENGE IN WISCONSIN. THE STATE'S BINGE DRINKING AND UNDERAGE DRINKING RATES TOP THE CHARTS. MEANWHILE, ITS PENALTIES FOR DRUNK DRIVING ARE AMONG THE MOST LENIENT IN THE COUNTRY.

by Susan Lampert Smith

On a February evening in 2007, University of Wisconsin-Madison freshman Patsy Wagner was crossing Langdon Street, heading back to her lakeshore dormitory after a sorority meeting. She didn't even see the car that hit her. The impact threw her against the windshield, and the driver kept on going. Caught under the car, she was dragged 45 feet down the street as witnesses screamed at the driver to stop.

"While I was pinned under the car, bleeding and screaming, I could feel him bouncing the car as he remained sitting in the driver's seat, drinking," Wagner told the court.

Police found an open beer and an uncapped bottle of Jack Daniel's in the car, and discovered the driver sitting in a snow bank. He told police, "God, I'm so drunk."

In May that year, while out on probation for injuring Wagner, the driver was again arrested—a fourth citation for drunken driving. As his public defender told the court, "He realizes he has a serious problem with alcohol."

He's not alone. Wisconsin has a problem with alcohol. The state's binge drinking and underage drinking rates top the charts. Meanwhile, its penalties for drunk driving are among the most lenient in the country. In Wisconsin, first offense drunken driving is a civil forfeiture, similar to a parking ticket. A fourth offense conviction of drunken driving is a misdemeanor.

Now healthy, Patsy Wagner models one of the T-shirts she designed many long months after a disastrous meeting with a drunk driver.

Wisconsin is one of only two states with penalties that lenient. Neighboring Minnesota, Iowa and Illinois all have "three-strike rules," in which the third offense is considered a felony.

Almost every day, Wisconsin physicians treat patients like Patsy Wagner in emergency departments and operating rooms.

Alcohol has become a public health emergency in the state. So in November 2008, the leaders of UW Health called a press conference at the Wisconsin State Capitol to announce a coalition aimed at combating problem drinking in the Badger State. The All-Wisconsin Alcohol Risk Education (AWARE) coalition is calling attention to the health and safety problems created by abusive alcohol use, asking partners from across the state to join a fight for law changes.

Under the bright lights of television cameras, a crowd of reporters, lawmakers and lobbyists gathered in the Senate Parlor to hear the three UW Health CEOs explain that the annual economic impact of alcohol-related health and social problems in Wisconsin is nearly $5 billion. Every year, alcohol is responsible for 1,300 deaths, 8,500 traffic crashes, 6,800 traffic injuries, 2,400 substantiated cases of child abuse and 90,000 arrests.

"Wisconsin is an island of excessive consumption of alcohol and it is well past the time to change direction and join the mainstream," said Robert Golden, MD, dean of the University of Wisconsin School of Medicine and Public Health (SMPH), at the press conference. "Instead of leading in alcohol abuse, we should point the way—as we have in so many other areas—and address our collective problem with compassion, vigilance and dedication."

Golden said that the SMPH uses a unique approach to teach medical students how to recognize and care for people with alcohol problems (see sidebar on page 7). Its Wisconsin Partnership Program has awarded more than $2.8 million to 12 regional and statewide initiatives directed at alcohol and other drug abuse prevention, early intervention and treatment services. And Richard Brown, MD, of the Department of Family Medicine, directs a $12.6 million federal grant aimed at developing alcohol screening and assistance programs across the state.

Golden's comments on the need to change Wisconsin's drinking culture landed him

LEGISLATIVE ACTIONS PLANNED

UW Health is leading a statewide coalition that will increase public awareness of the gravity of alcohol abuse in Wisconsin. The All-Wisconsin Alcohol Risk Education (AWARE) initiative will push for an aggressive public policy agenda promoting responsible alcohol behavior and solutions to alcohol abuse.

To date more than 30 different groups have joined AWARE, including additional healthcare providers, law enforcement agencies, Mothers Against Drunk Driving (MADD), the American Automobile Association (AAA), insurance groups and local health departments, to name a few.

Early in 2009, the AWARE coalition will meet to shape its legislative agenda. Its goals are to reduce drunk driving, decrease underage drinking and prohibit insurers from denying claims for accident victims who test positive for alcohol and other drugs.

Possible actions may include legislation that would:

- Significantly increase the fine for the first citation for operating a motor vehicle while intoxicated (OWI) in an accident involving no bodily injury;
- Institute a felony charge after a person's third OWI arrest;
- Support expanded use of ignition interlock devices that prevent driving while intoxicated;
- Legalize sobriety checkpoints allowing law enforcement to randomly stop and check driver sobriety; and
- Convert the first OWI with no bodily injury to a criminal penalty.

AWARE also is planning statewide meetings to demonstrate support for these efforts. If you would like to know more about the AWARE coalition, or if you would like to help Wisconsin sober up, please see the Web site http://www.uwhealth.org/aware/.

"WISCONSIN LAW TREATS FIRST TIME OFFENDERS LIGHTLY. YET FIRST TIME DRUNKEN DRIVERS ACCOUNT FOR 68 PERCENT OF ALL FATAL AND SERIOUS INJURY ACCIDENTS."

in *The New York Times*, and he was interviewed by a BBC broadcaster who said England, too, is struggling with the unfortunate results of alcohol abuse.

But the school can't do it alone. Golden explained that the AWARE coalition wants a third-strike-for-drunken-driving rule like our neighboring states already have. It also wants higher penalties for first-offense drunken driving citations.

"Wisconsin law treats first time offenders lightly," Golden said. "Yet first time drunken drivers account for 68 percent of all fatal and serious injury accidents."

Alcohol's effect on UW Hospital and Clinics is truly astounding, said Donna Katen-Bahensky, hospital president and CEO, at the press conference.

"As western Wisconsin's Level-One Trauma Center, we treat impaired drivers and their victims almost every day," Katen-Bahensky said. "In 2007, 30 percent of motor-vehicle accident admissions to our emergency room involved alcohol, a jump from 2000, when 11 percent were alcohol-related."

Wisconsin laws governing how insurance treats drunk drivers are outmoded, as well. It is one of only two states in which the law requires auto insurance to pay for auto repairs even if the driver is drinking. Yet, ironically, Wisconsin law allows health insurance companies to deny coverage for the impaired driver's hospital bill. This law also discourages healthcare providers from screening patients for alcohol abuse and other addictive disorders.

"Every patient who comes into the emergency room is treated," Katen-Bahensky said. "Yet in the case of drunken drivers, the hospital can be denied payment. This puts a burden on the hospital and on taxpayers, who pay for the care of drunken drivers through higher premiums."

Alcoholics consume more than just liquor; they account for a staggering amount of healthcare dollars. A UW Health analysis showed that the hospital spends more than 16 percent of its charity care dollars on people who arrive legally intoxicated. The average blood alcohol limit of those patients is 0.22, nearly three times the legal limit. The result, Katen-Bahensky said, is "a healthcare catastrophe."

And the problem continues to get worse.

In recent years, the level of care the hospital has provided to patients who arrive legally intoxicated has grown steadily. From July 2005 to June 2008, the hospital treated nearly 1,400 patients with blood alcohol levels of 0.08 or above.

"And we didn't see these patients just once, we saw them many, many times," Katen-Bahensky said.

On average, over the last three years alone, those 1,400 patients visited the hospital nearly 6,000 times. And 30 percent of the time, they entered the hospital through the emergency room.

Patsy Wagner had not been drinking when the ambulance brought her to UW Hospital after she was run over by the drunk driver on Langdon Street. Physicians determined that she had a fractured clavicle, two fractured vertebrae in her neck, a fractured eye socket, a broken nose and countless lacerations on her face and legs. She was forced to withdraw from UW to go home to Boston to recover.

Wagner wore a neck brace for months, and had to have more surgery in 2008 to rebuild her nose so that she could breathe properly.

Take Wagner's case and multiply it by hundreds, and

you have some idea of the scene at the UW Hospital Emergency Department. Lee Faucher, MD '96, sees every day the toll that excessive drinking takes.

"I am the one who has to come out of the operating room and tell the loved ones that the patient didn't make it," says Faucher, director of trauma and co-director of the UW Hospital Burn Center.

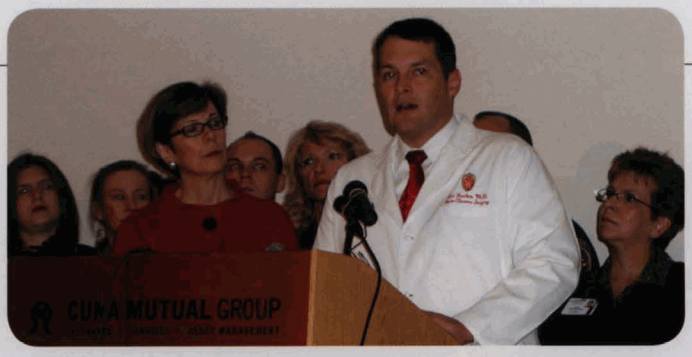
Faucher has become an enthusiastic advocate of the AWARE project, appearing at press conferences and in media interviews to promote the idea that Wisconsin needs to get its drinking under control. He's also helping with a companion anti-drunk driving effort being promoted by Dane County Executive Kathleen Falk.

In fact, despite Wisconsin's long love affair with alcohol, a number of healthcare, law enforcement and other civic organizations have joined as partners in the AWARE coalition. Dozens of people have signed on to the AWARE Web site at UW Health, to offer support and to tell personal stories of how alcohol has harmed them and the people they love.

One of them is Mary Grace Quinlan, a Boston artist—and Patsy Wagner's mother. Quinlan says her family loves Wisconsin. They've had a cottage in Door County for nearly a century and vacation there every summer.

"I'm so thrilled about this coalition," Quinlan says. "Wisconsin needs to address the problem of drinking and drunk driving."

As part of her healing process, Wagner has been addressing the problem through a Web site she developed, http://www.savethepedestrians.com, where she sells T-shirts she created that read "Save the Pedestrians" and "Keys Please: You're Wasted."



Dane County Executive Kathleen Falk (left) and UW Hospital CEO Donna Katen-Bahensky (right) listen intently to Lee Faucher, UW trama director.

Wagner is now a student at the University of St. Andrews in Scotland. Although she still contends with lingering problems from the accident, she says she has no hard feelings towards the state, and may be returning.

"I adored Madison, I still do, and I miss it very much," she says. "Honestly, I couldn't have been at a better place when this happened. I can't even describe the support that my friends, teachers and sorority sisters gave me during the whole ordeal. I would love to come back to Madison. I am definitely considering it for graduate school."

Maybe by then, Wisconsin will have become more AWARE of its alcohol problem and will have made progress in addressing it.

STUDENTS TAKE HOLISTIC LOOK AT DRUNKEN DRIVING

Teaching medical students about the health effects of alcohol has long been a part of the curriculum at the School of Medicine and Public Health (SMPH), but a new format now allows for a more in-depth look at the issue.

First-year medical students will explore how injuries and deaths from drunken driving crashes can be reduced as they tackle an "integrative case" involving an intoxicated driver. Integrative cases encourage students to examine a problem from many perspectives, including prevention and public health policy.

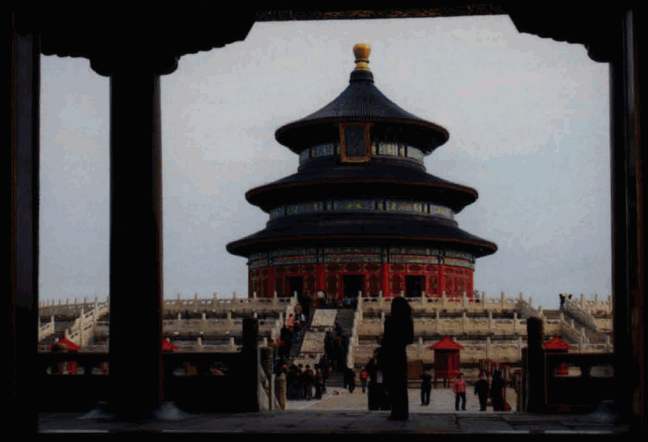
The case focuses on a patient brought into the emergency department with trauma as the result of a vehicle accident caused by drunken driving. Some of the MIs will meet with public policy experts, lawmakers, lobbyists, law enforcement officials, alcoholism prevention experts and others. Their charge is to see what role physicians can play in reducing the incidence and morbidity resulting from drunken driving crashes.

The students will share their findings with classmates who will be researching other aspects of the case, such as the role of EMTs and trauma teams in responding to crash victim injuries.

Alcohol expert Richard Brown, MD, SMPH associate professor of family medicine; Lee Faucher, MD '96, director of trauma and co-director of the burn unit at UW Hospital and Clinics; and Michael Walters, MD, UW emergency room physician, are among faculty who are working with Renie Schapiro, MPH, from the Medical Education Office, to develop and teach the case.

Family Medicine on Two Continents

UW / China Exchange Advances Primary Care



by Mike Klawitter

Kenneth Kushner, PhD, a professor in the Department of Family Medicine (DFM) at the University of Wisconsin School of Medicine and Public Health (SMPH), still remembers that summer day in 2001, when he and other colleagues from the medical school who were in bustling Beijing, met one of the country's most influential doctors.

"She rode up on a bicycle," he says. "We were tremendously impressed by her. At first, we called her Dr. Red, because she wore a red dress and we didn't know her name."

The bicyclist turned out to be Du XuePing, MD, a vice president at FuXing Hospital in Beijing, a powerhouse in the Chinese medical community and a driving force in the development of family medicine in China.

She also spearheaded what has become an annual medical exchange program involving UW and Chinese physicians. The meetings of these medical minds have helped the two countries learn each other's methods of patient care.

"China is seeking help from the U.S. to develop new education methods and improve the efficiency of its family medicine programs," says Kushner, adding that FuXing Hospital and its affiliated Yuetan Community Health Service Center (where Du now serves as director) started one of the first family medicine training programs in 1997. "This exchange also offers American family physicians the opportunity to observe real-life traditional Chinese medicine practice in its original setting."

Kushner, who teaches the psycho-social aspects of family practice to UW residents and provides psychological services at Wingra Family Medical Center in Madison, says the exchange has provided the American and Chinese physicians insights into cultural differences, language barriers and global health concerns. It also has led to collaboration on scholarship (see sidebar on page 10).

Du started the wheels in motion in 2002, after she first visited the UW DFM to observe the operation of an American residency. Three years later, UW doctors were invited to FuXing Hospital, which is part of Capital Medical University, for a symposium focusing on family medicine in China. The annual Beijing Symposium on Family Medicine and Community Health Services has been a hit ever since.

"They've had up to 350 participants, including some who spent two or

At left, Dean Funk (left) and Kenneth Kushner stand next to a welcoming sign before giving lectures in Fuzhou. At right, Ding Jing and Wu Lin visit the UW family medicine clinic.

three days on a train to get there," says Kushner, who has made seven trips to China. "Dr. Du has network connections with a number of clinics in China, and gets people from all over the country to attend. We give talks about how we practice and teach. I think we go more as consultants than anything else."

Other DFM faculty members who have made the trip include Melissa Stiles, MD; Kathleen Walsh, MD; David Rakel, MD; Adam Rindfleisch, MD; John Frey, MD; Craig Gjerde, PhD; Jonathan Temte, MD, PhD; Rian Podein, MD; Luke Fortney, MD; Dave North, MD; Michael Ostrov, MD; Dean Funk, MD; and Jie Wang, MD.

Over the course of the program, groups of the Americans have visited the Chinese cities of Beijing, Shanghai, Xian, Xiamen, Fuzhou, Baiyin, Lanzhou and Chongqing.

Kushner says Chinese doctors often train much differently than American doctors.

"In China, you can call yourself a physician with anywhere from two to eight years of training," he says. Some doctors, especially in under-served rural areas, have very little formal education. During the Cultural Revolution, "barefoot doctors" who only had a high school education learned medicine on-the-job at village or county hospitals while earning very poor wages.

Chinese officials are now placing greater emphasis on retraining their doctors rather than developing new residencies.

"They want to retool people already working in the community," says Kushner.

On the other side of the exchange, Chinese doctors spend time in Wisconsin, learning the operations of UW Hospital and Clinics. Their last visit came in May 2008 for a three-day DFM-hosted primary care conference. They took tours of Wingra Family Medical Center, the Access Community Health Center, the Health Sciences Learning Center and other parts of the UW Health system.

"They observed hospital services, Hospice and other places of interest," says Kushner.

One idea that the Chinese were eager to take home was patient-friendly pediatric waiting rooms with toys and other play things. Since laws allow most families to have only one child, Chinese place great emphasis on children and childbirth. For example, to avoid complications for women in labor, 50 percent of all births in Beijing are done through Caesarians, or C-sections.

"They don't want to take a chance with that one child," Kushner says. "One well-known Chinese obstetrician has been known to perform eight C-sections in one day."

Childhood immunization also has been a priority in China since the 1950s.

The visiting physicians also were impressed to learn about the number of new SMPH graduates who enter rural medicine, since wages for Chinese doctors working in the countryside are extremely low.

"Our visitors assume that rural physicians in the U.S. are paid much less than doctors in the urban communities," says Kushner. "It's a real eye opener."

Kushner says that unlike in the U.S., where there is usually a one-on-one correspondence between doctor and patient, Chinese family medicine involves greater use of population health, with programs geared toward protecting and educating the public on preventing the spread of infectious diseases.

"I think they are really far ahead of us in this area," he says. "For example, one doctor may be responsible for the average blood pressure of a population of patients, which could include thousands of people. It really took us aback that a general practitioner might have charts for patients who live in one building, and may be responsible for several apartment buildings."

Jie Wang, MD, clinical assistant professor of family medicine at the SMPH, has been integrally involved in the exchange program. She earned her medical degree at the Shanghai Railway Medical University in 1991 before moving to Wisconsin in 1993. She says modifications in the Chinese healthcare system were triggered by the

Exchange Stimulates Scholarly Collaborations

Last year, the journal *Family Medicine* published a paper co-written by three UW Department of Family Medicine (DFM) faculty and two Chinese colleagues. In the article, "Primary Care Reform in the Peoples' Republic of China: Implications for Training Family Physicians for the World's Largest Country," the authors discuss the history of healthcare reform in China, new government resolutions that stress the role of family physicians in the healthcare system and the educational challenges of training family physicians to meet these new mandates.

UW DFM faculty members are working to open up additional research channels with their Chinese colleagues.

Kenneth Kushner, PhD, and Jie Wang, MD, have begun a collaboration with Du XuePing, MD (above), a champion of expanding family medicine in China. They are in the process of collecting examples of critical incidents, or descriptions of clinical situations that Chinese physicians find trying due to psychosocial and/or ethical issues raised by them.

Another study, led by Marion Ceraso, MHS, of the SMPH Department of Population Health Sciences, is investigating smoking among family physicians in China.

Participants at the primary care conference in Madison last spring gather near Lake Wingra. Some 50 Chinese physicians have come to UW-Madison over the past six years.

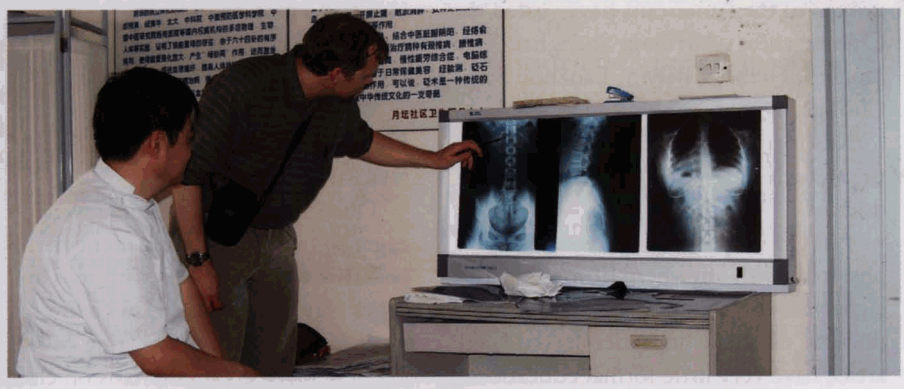
SARS outbreak in 2002-03, which began in China and spread to 37 other countries. Nearly 8,100 cases were diagnosed and 774 people died.

"It made the Chinese government realize that changes were needed in the healthcare system," she says. "If you have a good community-based clinic, then patients with fevers or colds can be treated locally instead of crowding the tertiary hospitals, which can prevent the spread of disease."

Despite advances in which doctors typically know their patients, do home visits, look for the sources of diseases and usually isolate and control them, Wang says receiving medical care can be a day-long process at Chinese clinics, especially in smaller cities where there may be a scarcity of doctors.

"There is no appointment system," says Wang. "You go in the morning, wait in line, get registered and see the doctors. It works like a round robin. If I have a cold and back pain, I wait in line to see different doctors for the different medical problems."

Wang says this system is not a problem for elderly people who don't work, but for younger people with jobs, it may not be as easy to take time off to receive medical attention. In those cases, people may treat themselves with the variety of drugs



Adam Rindfleisch reviews X-rays with a practitioner of Chinese tui na massage.

available at local pharmacies or go to the emergency room after work.

"There is a surplus of doctors in larger cities," she says. "But there are not enough well-trained physicians in smaller cities or the countryside. So sick peasants may not get proper care. And when the disease gets serious, they must travel a long way to bigger cities."

Kushner says his travels to China have led to some surprises; for example, the wide availability of Western medical treatments.

"If you go to the operating room or critical care unit at FuXing Hospital, they have everything you would look for," he says. "Even in smaller centers, they have integrated physical therapy and rehabilitation into primary care. It's like one-stop shopping."

Kushner also was amazed by the wide availability in Chinese hospitals and pharmacies of medications commonly seen in the U.S. Due to their cost, however, the Chinese government encourages use of less expensive traditional herbal remedies.

"Nowadays, the hospital brews the herbs and you often get a two-week supply," says Wang. "I think in people's minds, Chinese medicine is very good at treating chronic illnesses and in regulating the body toward wellness. However, many younger people may opt for Western medications."

Kenneth Kushner speaks at the opening of the 2004 Beijing Symposium on Family Medicine and Community Health Serivces. To his right is Liang Wannian; left is Xu Xiuming, hospital president.

Wang says use of other traditional medical treatments, such as acupuncture and therapeutic massage, also are encouraged by government officials.

Yet another aspect of the exchange is the development of rotations for UW medical students, family medicine residents and integrative medicine fellows to study traditional Chinese medicine (TCM) in China.

"Our relationship with Dr. Du has enabled us to observe how TCM is practiced in Beijing and in other parts of China," says Wang. "We are planning on offering the rotation again this coming summer."

Kushner gives kudos to Chinese medical professionals for their friendliness toward visiting colleagues.

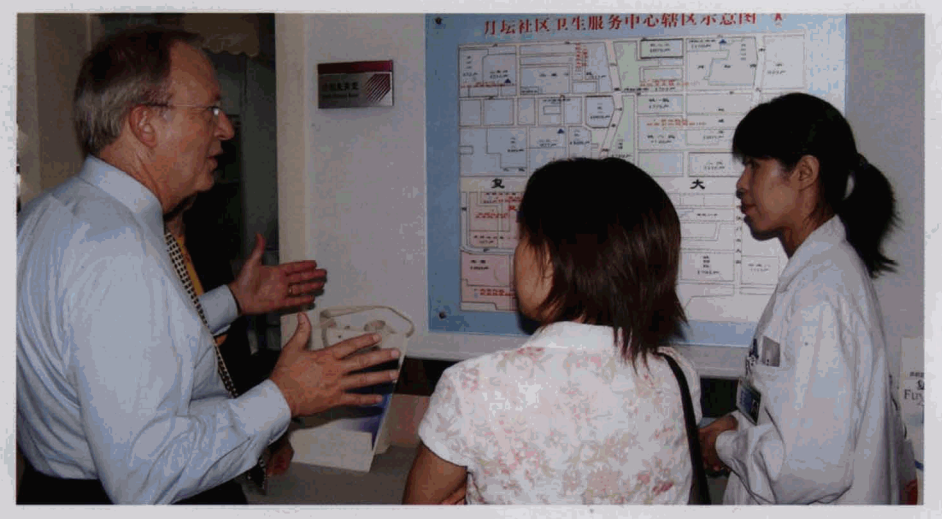
"Their hospitality is overwhelming," he says. "That's something we can really learn from them."

Overall, Kushner considers his travels to China and the professional relationships he has developed to be very fulfilling.

"The exchange has been one of the most gratifying aspects of my 35 years as an educator in family medicine," he says, adding that it has helped give him a global perspective on the practice of primary care.

He says he is particularly impressed with the mutuality of the relationship.

"The Chinese and American health professionals have much to learn from each other," Kushner says. "I hope that we will be able to create strong enough professional bonds that it will carry over to the next generation."



John Frey, former chair of family medicine, asks Hou Wuzi and Ding Jing questions during a tour of QiNan Clinic.

THE FUTURE OF HEALTHCARE REFORM

A Conversation With Health Policy Expert Thomas Oliver

Thomas Oliver, PhD, MHA, is an associate professor of population health sciences at the UW School of Medicine and Public Health (SMPH) and associate director for health policy at the UW Population Health Institute. A political scientist by training, he looks at healthcare delivery, finance, systems and reform in the context of how state and federal governments function. He previously was on the faculty at the University of Maryland and Johns Hopkins University. Since joining the SMPH in 2007, he has worked with his colleagues and the Wisconsin Department of Health Services to evaluate a major expansion of Badger Care, which provides health insurance to low-income working parents and their children. Oliver answered questions recently about the future of healthcare reform.

Q: What do the results of the 2008 presidential election tell you about the possibilities for healthcare reform?

The results of the election suggest that we need to do something different in regard to healthcare reform, and that the government is going to have to play a pretty substantial role. This is something that people seem willing to accept, at least for a while. It was a pretty clear call for a change of course.

Q: Where will healthcare reform fit in Barack Obama's plans?

Obama made healthcare reform one of his major issues and a centerpiece of his campaign. But that was before the economy was in complete meltdown. Now, healthcare issues are really being subsumed under the state of the economy and people's ability to keep their homes and jobs and afford the basic necessities of life.

But it's easy to see how logically you could connect healthcare coverage to this much bigger set of economic problems because we're going to experience much larger increases in the unemployment rate. A lot of the people who have or will become unemployed actually have had decent healthcare coverage. They risk losing that coverage and not necessarily getting it back with a new job. The economy is both forcing the need for more coverage and possibly preventing the means of doing it.

Q: How would we pay for broader coverage?

Obama will have to find ways to keep expanded coverage from completely blowing the federal budget or requiring a major tax increase. One possibility is

that expanding coverage might allow you to build bigger and stronger purchasing power. Programs with many people in their coverage pools—like federal and state governments through Medicare and Medicaid programs and even large employers—would take a serious look at how they could achieve better cost efficiencies.

Q: What kind of efficiencies?

We have to use resources in a much more targeted, careful way. Providers—who make most of the decisions as to what therapies are recommended, tests are ordered, drugs are prescribed and how long people stay in various settings in the system—will have to think about being more efficient and not ordering things that are unnecessary or potentially harmful. Stricter controls might be imposed on drug prices.

But you need enough information and good economic incentives to make that work, and we haven't really figured out how to "pay for performance" by linking clinical decision making with health outcomes, or to identify who absolutely should get a certain service or drug and who can do without it. The problem is that we have certain kinds of payment systems that encourage doing too much and other systems that encourage too little, so you have to blend information and accountability with payments to find an efficient and acceptable middle ground.

Q: Is "change the system now, figure out the details later" the best way to go?

The history of almost all national health insurance systems says it is—Britain, Taiwan and Chile. The best and most comparable place to look is Canada. In the early '70s, Canada pointed to the provinces that had universal hospital and medical insurance and said that all provinces would establish their own systems, and that the federal government would help regulate them and provide resources for them. Compared to the rest of the world, Canada has a very expensive healthcare system because it has a lot of the same kinds of payment systems that we have in this country. They have to negotiate very hard with doctors and hospitals, but compared to the U.S., they're much more efficient. Everybody is covered and they do a very good job.

Q: Can you summarize the main points in Obama's healthcare reform plan?

The Obama plan would not intentionally affect any of the people who already have satisfactory insurance. But it would "top off" each of those existing areas of coverage. So the State Children's Health Insurance Program will almost certainly be expanded, covering all children, up to middle class levels, who otherwise couldn't get healthcare. I think this will happen very soon after the new president and members of Congress are sworn in.

–Continued next page

Washington, D.C.

Madison, Wisconsin

PHOTO: UW-Madison University Communications

I think we'll also see some flexibility for raising income eligibility for Medicaid programs, for either working or non-working adults. Many states have almost no opportunity for Medicaid coverage if you don't have kids. I think that will begin to be loosened, in line with what the next phase of Wisconsin's Badger Care Plus is doing.

Also, I think Obama will keep advancing different ways to pool individuals and small businesses to allow at least an approximation of the health insurance premiums they could get as big companies, state governments or school systems.

Q: Does the plan make sense to you?

Obama's plan uses the tools that logically make sense if you're not going to start a new system from scratch. The other obvious alternative is to open up Medicare to younger Americans and make it our national healthcare system, but that is unlikely to happen in one quick step. More than 80 percent of all Americans do have some health insurance coverage, although this number is going down, and close to 50 million people aren't insured. Since we've already built these various health insurance programs, it will be hard to get many of those folks to want to switch.

Q: What other considerations besides using resources more efficiently do you feel need to be emphasized in a reformed system?

We have to deal better with end-of-life care because a huge proportion of resources are used there. An estimated one-quarter of all Medicare spending goes to beneficiaries in their last year of life. We also have to deal with providing better front-end primary care for everybody, and we must improve prevention. Healthcare reform plans that come forward should be addressing these big three challenges in the name of tomorrow's costs, if not today's. And we need to keep people healthier before they get to Medicare, so they don't break the bank there.

Q: Are there other issues that come into play?

The healthcare system itself needs to be more accountable, but better health starts outside the healthcare system. More effort needs to be made to get people to stop smoking, for example, or stay away from unsafe environmental hazards or wear helmets while bicycling. We need to focus more on building better environments for people to walk in and kids to play in.

Q: How important a role will the U.S. Congress play in healthcare reform?

I think Obama would be wise to let Congress take the lead and throw his political capital behind something that's negotiated in the Congress, which means it's been worked out with the key interest groups. I think there's a lot of hope for working together. Obama is the first person who has come into the White House directly from the Congress in almost 50 years. Most of the presidents in that period never served in Congress or were a legislator. Obama will be much more able, presumably, to understand where the legislative leadership is coming from, having been there himself.

Q: What are the pros and cons to having Tom Daschle lead Health and Human Services (HHS)?

The biggest advantage is that the premier health official in the executive branch will already understand Congress (since Daschle is a former Senate majority leader), and he will understand the policy options and politics of major healthcare reform (Daschle was involved in the 1993-94 debate over President Clinton's reform proposal and other congressional proposals at the time).

Daschle's appointment is a strong signal to the healthcare industry, interest groups and the American people that health reform is the number one priority at HHS. It is also a strong signal from Obama to his former colleagues that he will make them true partners in any reform efforts, not just seek their votes for his administration's own plans.

The biggest risk of the Daschle appointment is the flip side of his strengths—the secretary already has his own ideas about an approach to healthcare reform, and those ideas will have to be integrated with the health reform plans Obama developed in his election campaign.

Q: Will the national focus on healthcare reform affect what's happening on the state level?

Yes, it may allow a few states like Wisconsin, Vermont, California or Maryland, which have been talking about reform and have had real plans on the table for some time, to anticipate more federal support and encouragement. But it's entirely possible that people will say this is just hard politics and we're in the midst of a

budget crisis, so let's turn to Washington for leadership on this.

Q- What needs to happen for states to make substantial changes?

First, federal rules must be relaxed so states can pass laws saying that employers who currently aren't contributing to health insurance must contribute some. States will need to decide what level of contributions must be made, what exemptions would be allowed and how fast the changes would be phased in.

Then there will have to be a good deal of federal money going to states, because that's the only source of adequate funding for the states that have the biggest numbers of uninsured.

Third, we will have to provide health services, if not health insurance, to the large numbers of new immigrants who have come to the country legally and illegally. Unfortunately, healthcare and immigration are volatile issues on their own, so if you put them together, it's an even more volatile issue.

Q- How has the state of Wisconsin done in terms of trying to get affordable healthcare for everybody?

Wisconsin is one of the places in the country where we're seeing leadership and progress. Gov. Jim Doyle, who has been very committed to expanding Badger Care, has had the cooperation of both Republicans and Democrats in the state Legislature. Since last February, Badger Care has enrolled nearly 100,000 new members.

Q- How will the budget shortfall affect the progress Wisconsin has made?

We have an immediate short-term threat to some of that success but we've got a game plan in place to continue to move towards affordable insurance for everybody in Wisconsin. With Democrats now having majority control of the Assembly and the Senate, and with a Democratic governor, I think that if they figure out how to solve the budget situation in a constructive way, there will be a more unified approach to moving new health reform options and decisions forward.

Q- Why is healthcare reform such a challenge?

It's rocket science! You must consider factors such as: Who and where are the uninsured, what are the policies that will actually get them enrolled in coverage, which services and providers will be covered and, of course, how will we pay for it? There's not an easy answer to any of those issues.

That's why a "one-size-fits-all" model like Medicare or the one proposed in the Healthy Wisconsin legislation might work well. You wouldn't have to weigh who deserves coverage and who doesn't. You wouldn't need to consider age, employment status, size of employer, family composition, past illnesses or whether there are dependents. All these choices have moral, legal, economic and practical consequences wrapped up in them, and it never stops. Still, many people are looking at all these factors and working them into models and trying to figure it all out.

Q- Are you optimistic?

I am optimistic that there is a tremendous political opportunity to rethink what we are doing about healthcare needs in this country. I expect that there will be some forthcoming solutions for certain populations and certain kinds of strategies to expand coverage. But I think state budgets are in terrible shape, so to just keep the programs we already have, it's going to take a lot more money—and that can only come from the federal government.

The question is can people in the grassroots as well as our social and political leaders convince enough Americans that they are in this group that's getting progressively worse off. We are seeing this unique political and economic environment in which we might actually get people to say they're willing to share the risk a little bit more, to take a leap of faith, instead of fighting the same old politics of healthcare reform.

When we get out of the economic crisis, if we have a more stable and secure kind of healthcare system, we will all support that and be willing to commit to maintaining it over time.

A Pioneer in Public Health Education

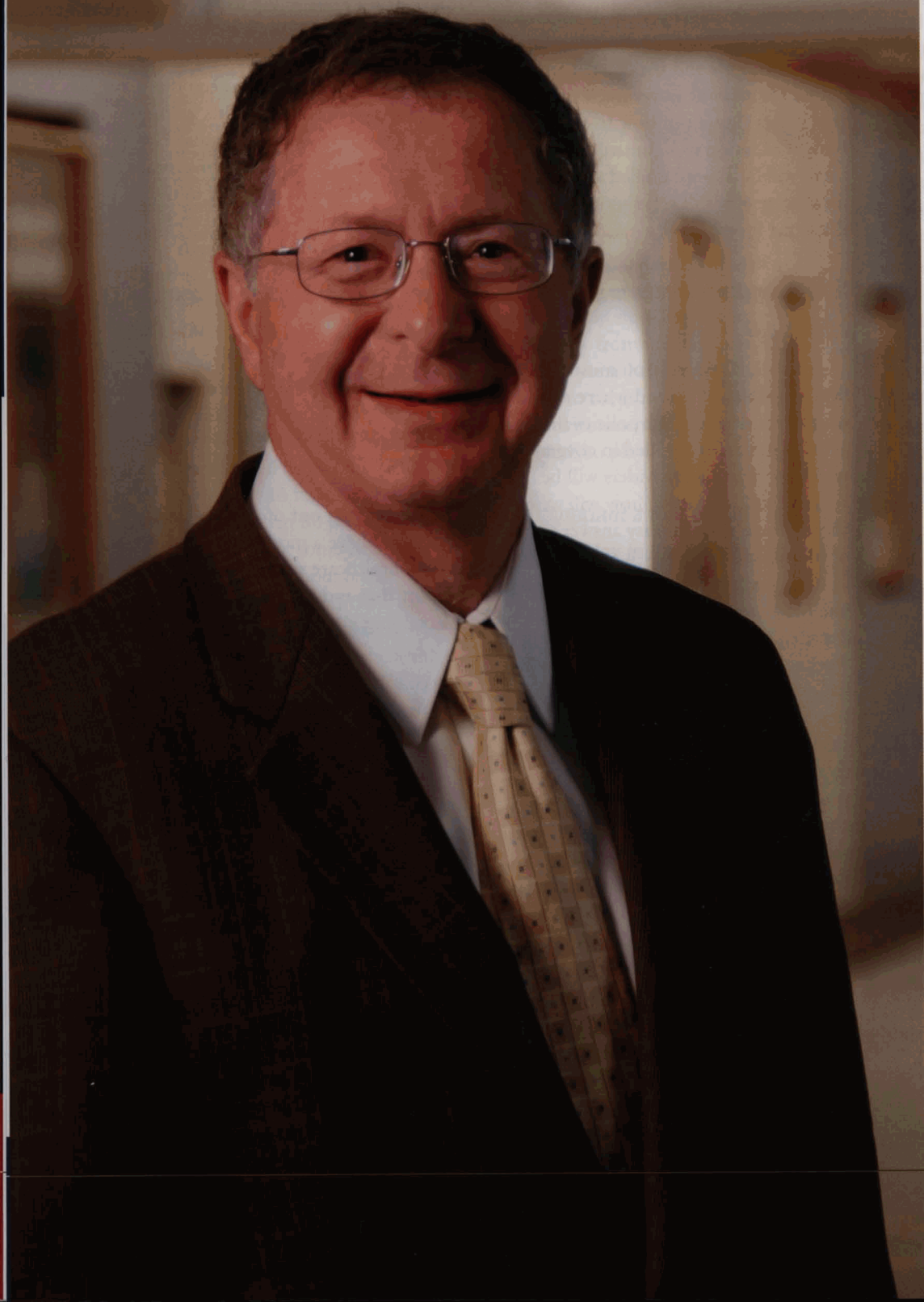


PHOTO: Michael Leong, Communications and Marketing, GWUMC

Richard Riegelman, MD '73, MPH, PhD

by Moira Urich

Patrick Remington, MD '81, MPH, director of the Master in Public Health (MPH) program at the University of Wisconsin School of Medicine and Public Health (SMPH), has admired Richard Riegelman for many years. And when he learned recently that Riegelman graduated from the SMPH, he quickly invited him to come to campus this spring to discuss his work.

"Dr. Riegelman is, without a doubt, a pioneer in public health education," says Remington, SMPH professor of population health sciences and director of the Population Health Institute.

Remington cites Riegelman's role as founding dean of the George Washington University School of Public Health and Health Services (SPHHS). And he adds that Riegelman "may be considered the dean of public health education in this country when you consider his early scholarship in writing insightful textbooks, as well as editing an emerging series of texts that is becoming the go-to source for public health programs. Moreover, he's at the cutting edge of expanding public health education to undergraduates and younger students."

Riegelman is currently a professor of epidemiology and biostatistics at the SPHHS. He also holds appointments in medicine and health policy there. He began his many years of service to George Washington (GW) in 1978, after earning an MPH and then a PhD—both concentrating on epidemiology—from Johns Hopkins University School of Hygiene and Public Health following graduation from medical school.

"I always like crossing between disciplines," says Riegelman. "For a while I went from public health to clinical medicine and back again—and then I decided to combine the two."

Prelude to Evidence-Based Medicine

Shortly after completing his MPH and PhD, Riegelman synthesized some of his scholarly interests and wrote *Studying a Study and Testing a Test: How to Read the Medical Evidence,* published in 1981. Now in its fifth edition, it teaches students how to critically assess not just the data but the design and research methods that generated it.

The book is considered by many to have contributed significantly to evidence-based medicine, which is widely defined as the process of finding, evaluating and using current research results as the basis for patient care.

"The textbook is brilliant in its insights into how to critically approach and appraise evidence in medical literature," says Remington, adding that the book has had a huge impact on his own development as a public health educator. "It was a generation ahead of its time."

Riegelman is more modest about it.

"I consider *Studying the Study* to be a precursor of just one aspect of evidence-based medicine—the critical reading of research evidence," he says.

Role as Founding Dean

In the mid-1980s, GW medical school established an MPH program, and Riegelman was the person tapped to lead it.

"We started with 30 students and were dedicated to strengthening the program, both in enrollment and in the breadth of the offerings," he says.

Thanks largely to his efforts, the program steadily flourished. Ten years later, with the MPH program as one component, Riegelman founded the new School of Public Health and Health Services, using vision and determination to guide a collection of disparate public health and health services programs into a single entity.

"I love the idea that you can develop an institution that connects educational components into a thriving enterprise," he says, noting that more than 600 MPH students soon were enrolled.

With Washington, D.C.'s unique standing as the locus of national legislative and policy issues, Riegelman says it was clear what the school might become.

"We really wanted to become *the* school of public health in the nation's capital. And I think to a large extent, we have succeeded," he says. "We have a world-class health policy department that connects our students with legislative and policy work. And our global health department takes advantage of our Washington location by tying into global health initiatives."

More recent developments include a stronger emphasis on research as well as HIV/AIDS.

"Part of our focus is local, since the D.C. metro area has the country's highest rate of HIV/AIDS," he says. "Yet we have a strong international focus, too."

Public Health for Younger Students

Riegelman's most recent passion is educating undergraduates and he supports educating even younger students. He led the development of GW's undergraduate major in public health, which has been offered since 2003.

He explains that the emphasis on undergraduate public health education stems from a 2003 report issued by the Institute of Medicine of the National Academy of Sciences. Among other things, the report urges that: "All undergraduates should have access to education in public health."

"I used to have to tell people that the 'all' was not a typo," he laughs. "Of the 2,000 four-year colleges and universities, very few offered undergraduate public health. So we've spent the last five years developing a national effort to make this a reality."

Riegelman is at the forefront of the effort, serving as the first chair of the Association of Schools of Public Health (ASPH) Task Force on Undergraduate Education.

As a first step, he and others at the ASPH and at the Association for Prevention Teaching and Research worked with the approximately 100 schools and/or accredited programs of public health.

"They quickly established undergraduate public health coursework, and many offer a public health minor or major," he says. "Those 100 schools represent about 5 percent, and we're now working with the other 95 percent of institutions."

As part of building undergraduate programs, Riegelman took on the editor's task of producing, with Jones and Bartlett Publishers, the *Essential Public Health* series

Case in Point

Riegelman believes that the need for greater public health education extends from the youngest school children to the most powerful decision makers in the country. He likes to cite one high-level example to illustrate the point. It deals with former Wisconsin Governor Tommy Thompson's efforts to expand public health funding while he was secretary of the U.S. Department of Health and Human Services (DHHS) from 2001-04.

According to an article in *The Washington Post,* Thompson told a colleague that his "first, second and third jobs" were to get a pandemic flu plan in place. But the events of September 11, and the subsequent anthrax attacks, forced that item down the agenda.

Concerns were heightened again with the emergence of SARS and later with the bird flu epidemic. Yet DHHS was allotted only about 50 percent of the total amount it requested for "pandemic vaccine development."

"I think it was the lack of knowledge," Thompson said about the Congressional under-funding. "They figured, 'Give them half.' I don't think they understood the science" behind the funding requests.

Riegelman says legislators haven't been through an educational system that gives adequate coverage of public health issues. But systematically weaving in public health instruction across the life span has major implications.

"It will encourage a commitment to public health at the local and national level and, equally important, at the global level," he says. "People are more likely to then support public health by their decision making, their willingness to pay taxes to support it and their philanthropy to encourage it."

Adds Riegelman, "When people truly understand public health, they see how it's part of their daily lives. They also understand that if we ignore it, we ignore it at our own peril."

Riegelman posed with Linda, who later became his wife, during medical school days. A Milwaukeean, he enjoyed showing his California girlfriend all the seasons in Wisconsin.

of textbooks. Intended for the undergraduate and introductory graduate level, more than 10 titles currently are available. Future plans call for the publication of more than 20 titles spanning the entire spectrum of public health.

This is all part of a larger framework designed to incorporate public health education into K-12 schools, Riegelman explains.

"The objective," he says, "is not only to teach students personal health and wellness, but to help them understand the bigger picture issues, from environmental health to pandemic flu to healthcare systems."

Return Trip to Madison

Riegelman hasn't been back to Madison in several years, but he's glad to be returning to speak. And he's glad that the visit is slated for May, after the snow has melted. He recalls one unforgettable "snow day."

As a medical student he heard that UW-Madison announced a rare closing due to the foot or more of snow that had fallen.

"I asked Linda, then my girlfriend and now my wife, to go 'traying' down the hill on cafeteria trays," he says.

This activity was new to Linda, a Californian, and Riegelman, a native Milwaukeean, says he enjoyed showing her the ropes.

"Afterwards I said, 'Let me show you where we have our medical school classes.' So full of snow and trays in hand, we walked into a classroom—only to find that the medical school classes apparently had *not* been cancelled. We were pretty embarrassed at the amusement that greeted our entrance."

When Riegelman returns to visit the SMPH, he will encounter a medical school that has changed significantly since his student days. But the school's new mission—to integrate medicine and public health under one roof—will very likely resonate with him, even though it represents a different model of public health from the one which has separate but linked medical and public health schools.

"There need to be new ways to bring public health and medicine together on an equal footing," he says. "I look forward to seeing how, together, we can accomplish that."

A NEW MD at age 53

After never giving up on her decades-long dream of becoming a doctor, Kocourek graduated with pride in 2008.

by Mike Klawitter

Match Day typically is filled with tension and anxiety for soon-to-be graduates as they learn where they will serve their residencies and begin their careers as doctors.

At the UW School of Medicine and Public Health (SMPH), the auditorium is normally jammed with nervous Med IVs who are mostly in their mid- to late-20s. But Match Day 2008 featured one excited participant who was nearly twice that age.

"Don't give up on your dreams," said 53-year-old Gennie Kocourek, as she strode to the microphone and announced her residency assignment. Two months later, as a proud graduate, she finally fulfulled her decades-old aspiration of becoming a doctor.

According to American Association of Medical Colleges statistics, Kocourek is a rarity. Since 1991, an average of only 12 students age 50 or older have graduated from U.S. medical schools each year. That puts Kocourek in a group that makes up less than one-tenth of one percent of the 16,000 students who graduate from medical school annually.

So, what took her so long?

Kocourek says she actually wanted to get into medicine after graduating from high school in Milwaukee. But a career counselor told her that medicine was too hard for women and that she should consider nursing or social work instead.

"I was interested in making a difference in people's lives, but it was not common then for women to enter medical school," she says. "It was just a sign of the times."

Kocourek studied criminal justice for three years because the coursework taught her

Kocourek reduced stress in her first two years of medical school by performing as a lead singer in the student band, the Arrythmias.

some medical skills. But her heart was never in it, and eventually she accepted an offer for a position that would occupy better than 20 years of her life.

As an information technology administrator for Milwaukee County, Kocourek supervised a staff of more than 100 people and had day-to-day contact with powerful governmental officials. Although the job provided a sizable paycheck, Kocourek felt a lack of contentment. She continually asked herself if she was satisfied with her life and the path she had chosen.

In April 2000, a wilderness medicine course changed everything. The 10-day event, which included rock climbing, one of her favorite hobbies, rekindled her life-long dream of going into medicine.

After receiving encouragement from friends and her husband, Terry, she started evening pre-med courses at Marquette University while continuing her demanding full-time job. Yet she asked for no favors or special treatment from her instructors when it came to classroom assignments and laboratory projects.

"My professors were fabulous, but I didn't ask them to cut me any slack, and none was given," she says. "It was very important for me to do all the work that was expected."

After finishing her studies at age 50, Kocourek thought her chances of getting into the SMPH looked slim as she sat on a waiting list for several months. Deciding to move forward, she accepted an offer from a medical school in Chicago and found an apartment in the city. The day before signing a lease, she learned that the SMPH had an opening, which she gladly accepted. Then reality set in.

"I sat on the couch and this complete wave of fear came over me," she says. "I said 'Oh, my God, what have I done?'"

Husband Terry, who used to serve as Milwaukee County's budget director, helped her find an apartment in Madison. While Kocourek studied on campus, he lived in their Muskego home with her 81-year-old mother.

"My husband was behind me 150 percent," Kocourek says. "My mother was also great. She took care of the cooking and shopping and made sure Terry was getting his green veggies."

The couple would see each other on weekends; sometimes Terry would visit her in Madison, other times she would return home to Muskego.

Kocourek says her fellow classmates treated her well during her first year of medical school, even though she was as old as some of their parents. But a heavy load of classes and long hours of studying and laboratory work took their toll on her emotionally and physically.

"I was homesick and lonely," she says.

Her salvation came with the medical school rock band called the Arrythmias, in which she was one of the lead singers. Performing as a musician gave her an escape from the stress of studying.

"It taught me to laugh and smile," she says.

The stress relief from the band helped Kocourek get through her first two years of medical school. In her third year, she started doing more learning outside the classroom.

"It was very enjoyable," she says. "I was learning in a clinical setting and meeting a number of people and doctors. It was always difficult for me to sit in lecture halls."

Her fourth year, in Kocourek's words, was "heaven."

"I was taking electives and felt like I knew so much more than I did at the beginning," she says. "I also had a general idea of how to get things done. It was fun interacting with doctors, patients and other students."

She worked in four-week rotations at different Milwaukee hospitals, and decided to pursue a residency in family medicine after graduation.

"I thought it was the right fit for my personality," she says.

Last summer, Kocourek started her residency at the Medical College of Wisconsin Affiliated Hospitals Waukesha Family Practice residency, about 25 minutes from her home. Things are going well.

PHOTO: The Waukesha Freeman

Things are going well for Kocourek at her Waukesha Family Practice residency.

"At first, it was scary because now the buck stops with me," she says. "I need to be wise when making decisions involving patients. But it's always neat when I look at my badge and it says I'm a doctor."

Adds Kocourek, "All the patients have been nice to me. Some have asked about starting my residency at an older age. I tell them I'm not a young kid, but I am the new kid on the block."

Kocourek says her husband has enjoyed being part of her new life.

"He gets a big kick out of it," she says. "He is a very steady person, and has never felt threatened because he is now married to a doctor."

With medical school finally completed and her dreams fulfilled, does Kocourek regret not getting into medicine at an earlier age?

"I don't think about it," she says. "It's not a good use of my energy."

AOA *Inductees Honored*

The UW School of Medicine and Public Health (SMPH) held a banquet in the Health Sciences Learning Center atrium on November 14, 2008, to honor the 29 medical students who have been inducted into Alpha Omega Alpha, the national medical student honor society. Some 100 students and their families joined in the celebrations.

Following the banquet, Teresa Kulie, MD, SMPH assistant professor of family medicine and councilor of the AOA Wisconsin Chapter, welcomed the group. Guest speaker Carolyn Bell, MD, SMPH professor of medicine, inspired the audience with her talk, "Challenges and Satisfactions from a Career in Medicine." The students then were handed AOA certificates and recited the AOA oath.

The inductees include: Brittany Allen, Allison Rebecca Bichler, Michael L. Boisen, Michelle Boockmeier, Sean Bruggink, Analisa Calderon, Alexandra Cameli, Dustin Carlson, Adam David Gepner, Ashley Christine Goodwin, DeAnna Friedman, Anne Kolan, Micah Long, Brent Meier, Sarah Meister, Christopher Mueller, Andrew Navarrete, Matthew C. Niesen, Philipp Raess, Daniel J. Repp, Adam Philip Siegel, Nyama Sillah, Jill M. Stein, Julie Sullivan, Sara Tikkanen, Rachel Uttech, Aimee Walsh and Paul D. Weyker.

Personalized Medicine

New Initiative Positions Wisconsin for Leadership

by Dian Land

Wisconsin may soon become an international leader in personalized medicine, a simple concept that has the potential to revolutionize healthcare. With this approach, physicians will analyze an individual's genome, or entire genetic make-up, in order to identify what diseases he or she might be susceptible to, then suggest strategies to prevent the problems or treat them most effectively.

On Friday, October 10, 2008, Gov. Jim Doyle announced the project that may very well propel the Badger State to the head of the new field: the Wisconsin Genomics Initiative.

The public/private project brings together, for the first time, the UW School of Medicine and Public Health (SMPH), Marshfield Clinic, the Medical College of Wisconsin (MCW) and UW-Milwaukee.

"By aligning the intellectual capital of four major institutions that focus on healthcare education and delivery, the state of Wisconsin stands to make major gains in science and healthcare," said the governor at the press gathering. "Wisconsin is in a unique position to lead the way."

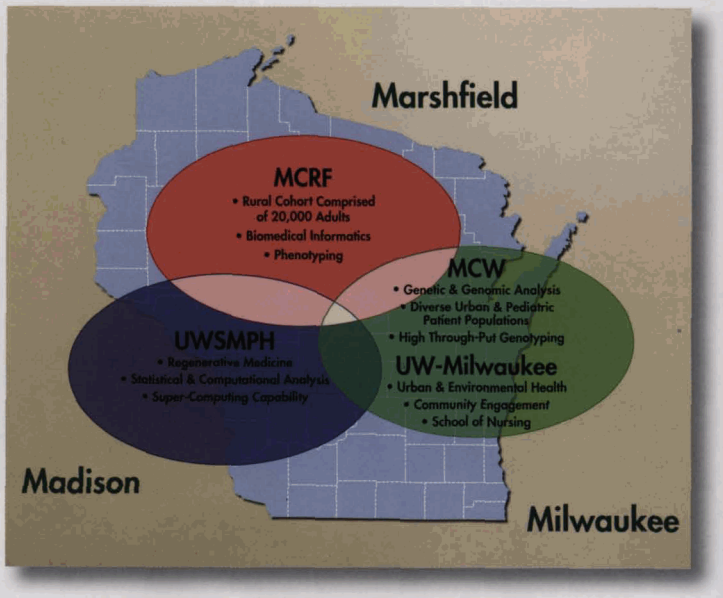
The project also will foster the development of new and existing industries needed to support individualized healthcare, added Doyle.

Personalized medicine may sound like a simple concept, but achieving it is anything but, says Paul DeLuca, PhD, vice dean and senior associate dean for research and graduate programs at the SMPH.

"It will take the special capabilities of each partner in this initiative to accomplish our goal, and it could never be done alone," DeLuca says. "Each of the four institutions involved is a leader in one or more areas needed for this enormous effort to be successful."

Marshfield has created the nation's largest bio-bank, consisting of DNA samples from 20,000 individuals. Often from extended families, the samples have been linked electronically to medical records for 29 years of clinical histories.

The MCW is one of the top human genetic research centers in the country. It will perform DNA sequencing



to identify genes, mutations and other genetic markers that may be hidden in each DNA sample. UW-Milwaukee will contribute through its on-going research in urban healthcare and health informatics.

The vast amount of data generated will be analyzed in the SMPH Department of Biostatistics and Medical Informatics, which has one of the strongest statistical genetics groups in the country as well as top computational scientists.

"By correlating the genomic data and information from the medical records, our computer scientists will identify patterns that relate to the incidence of complex diseases," DeLuca says. "The analysis might reveal, for example, that a certain set of bio-markers make a person susceptible to heart disease."

Using genomic information to make clinical decisions has been a major goal of the Human Genome Project.

Work on the Wisconsin initiative will be conducted in two phases. In the first, researchers will build a scientific model that will predict susceptibility to certain diseases and response to treatments. In the second, the model will be applied to a wider variety of people and different diseases.

Helping Patients QUIT SMOKING

CLINICIANS TO LEARN FROM INNOVATIVE CME INITIATIVE

CS2day

by Dian Land

Embracing its public health mandate, the Office of Continuing Professional Development in Medicine and Public Health at the UW School of Medicine and Public Health (SMPH) has begun a national continuing medical education (CME) initiative to improve public health by reducing the number of Americans who smoke.

Called "Cease Smoking Today," or CS2day, the initiative will educate at least 46,000 physicians and other healthcare professionals on effective ways to help patients quit smoking.

George Mejicano, MD, MS, associate dean for continuing professional development and the overall leader of CS2day, is collaborating with key national organizations to leverage their strengths for what is seen widely as a public health imperative.

"We expect to increase knowledge of treatment options, improve counseling skills and provide tools for primary care clinicians, cardiologists, pulmonologists, psychiatrists, pharmacists and other healthcare professionals," says Mejicano.

The CS2day initiative is first-of-a-kind for a variety of reasons:

- Nine organizations are involved;
- Four distinct CME models will be used to improve performance and patient outcomes by helping physicians redesign their practices and systems of care;
- The American Board of Internal Medicine is considering adopting the Performance Improvement Module created by the SMPH for its own use;
- Some clinicians will be given licenses to use handheld devices to improve their skills in counseling and prescribing strategies to help smokers quit;
- Patient- and population-level outcomes will be measured;
- Pfizer Inc. has provided an unprecedented $12 million unrestricted educational grant spanning three years;
- Two research studies designed by SMPH staff (a study of clinics that have made significant improvements in their smoking cessation practices and a test of an innovative approach to evaluating the clinical impact of complex initiatives like CS2day) will be embedded in the initiative; and
- The program will reach clinicians repeatedly as they learn new competencies to help people quit.

The curriculum is built around the recent revision of the U.S. Public Health Service tobacco use and dependence clinical practice guidelines released in May 2008. SMPH faculty and staff from the UW-Madison Center for Tobacco Research and Intervention were deeply involved in developing the guidelines.

Educational formats that include a variety of traditional and non-traditional CME activities will be used. The activities will provide effective and clinically relevant strategies for intervening and increasing smoking quit rates for patients in practice settings across the country.

Mejicano says the initiative should help determine whether collaboration among national CME providers is feasible and productive.

The other partners include the California Academy of Family Physicians, CME Enterprise, Healthcare Performance Consulting, Interstate Postgraduate Medical Association, Iowa Foundation for Medical Care (the quality improvement organization for Iowa and Illinois), Physician's Institute for Excellence in Medicine (a nonprofit foundation of the Medical Association of Georgia), Purdue University School of Pharmacy and Pharmaceutical Sciences, and the University of Virginia School of Medicine.

Meditation "Under the Microscope"

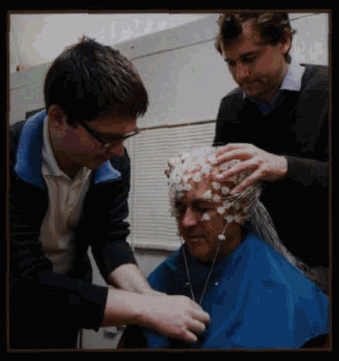


PHOTO: UW-Madison University Communications

A major grant from the National Center for Complementary and Alternative Medicine will create a new "Center for Excellence" at UW-Madison to study brain changes created by meditating.

"This will be the most rigorous and comprehensive study of meditation that has ever been done in the history of scientific research," says Richard Davidson, PhD, William James and Vilas Professor of Psychology and Psychiatry.

Davidson, director of the Waisman Laboratory for Brain Imaging and Behavior, will head the new Wisconsin Center on the Neuroscience and Psychophysiology of Meditation. Fellow investigators include Giulio Tononi, MD, PhD, SMPH professor of psychiatry, and Antoine Lutz, PhD, associate scientist at the brain imaging laboratory.

The scientists will study two groups of people: Practitioners of insight meditation, an ancient practice said to promote well-being, emotional balance and concentration through self-observation and disciplined attention to thoughts, emotions and physical sensations. And practitioners of the newer Mindfulness-Based Stress Reduction, which is taught at UW Health and other hospitals to help patients cope with chronic illness and pain.

Volunteers will participate in three studies measuring the impact of the different forms of meditation on: emotional reactivity and regulation, pain regulation and brain activity during sleep.

The new $6 million grant follows a $2.5 grant from the Fetzer Foundation to use neuroscience to study how to foster compassion, love and forgiveness in children and adults.

Preventing a Broken Heart

A heart damaged by heart attack is usually broken, at least partially, for good. The injury causes excessive scar tissue to form, and this plays a role in permanently keeping heart muscle from working at full capacity.

Now researchers at the SMPH and Weill Cornell Medical College have identified a key molecule involved in controlling excessive scar tissue formation in mice following a heart attack. The study appeared in *Nature Cell Biology*.

The findings offer heartening news for the millions of people who have heart attacks each year and suffer from the resulting poor heart function.

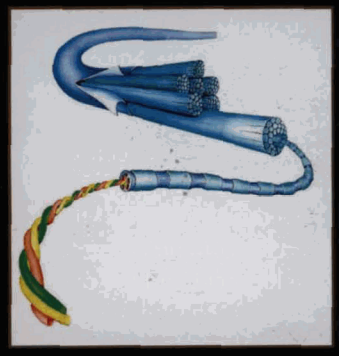
The scientists studied the protein named sFRP2, which they unexpectedly found to be involved in forming collagen, the main component of scar tissue.

"With many injuries and diseases, large amounts of collagen are formed and deposited in tissues, leading to scarring and fibrosis," says Daniel Greenspan, professor of pathology and laboratory medicine at the SMPH.

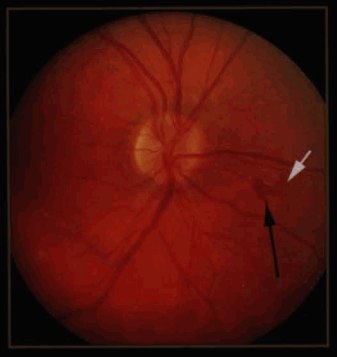
An expert on collagen, Greenspan joined with Thomas Sato, professor of cell and developmental biology at Weill Cornell, to study mice that don't produce sFRP2. When the scientists restricted blood flow to the animals' hearts, mimicking a heart attack, they found that scarring was significantly reduced.

"With the reduced level of fibrosis, heart function significantly improved," says Greenspan.

Identifying agents that can specifically target and halt sFRP2 will be a promising approach to controlling heart attack-induced scarring and impaired cardiac function, he adds.



Diabetes and Eye Disease



A 25-year study of people with Type 1 diabetes in Wisconsin has some good news: People who controlled their blood-sugar levels over the long term were more likely to reverse certain abnormalities, caused by the disease, in the retina's small blood vessels.

Then there's the bad news: Serious eye disease is a very common side effect of diabetes. Based on the Wisconsin findings, 185,000 to 466,000 Americans with Type 1 diabetes may eventually develop proliferative diabetic retinopathy, a condition that can lead to severe visual impairment.

The study, led by Ronald Klein, MD, professor of ophthalmology and visual sciences at the SMPH, appeared in the November edition of *Ophthalmology*.

Klein and colleagues have been monitoring the health of 996 people diagnosed with Type 1 diabetes before the age of 30 through the Wisconsin Epidemiologic Study of Diabetic Retinopathy, funded by the National Eye Institute.

Nearly 83 percent of study participants developed signs of diabetic retinopathy or had their existing diabetic retinopathy worsen. About 43 percent went on to develop proliferative diabetic retinopathy.

Poor blood-sugar control was strongly related to development of proliferative diabetic retinopathy. Other factors included being male, being overweight, having higher blood pressure and having protein in the urine.

In about 18 percent of people—mostly those with better blood sugar control—the diabetic retinopathy improved.

Disease in a Dish

Using stem cells derived from the skin of a patient with spinal muscular atrophy (SMA), SMPH researchers have recreated the hallmarks of the disease in a Petri dish.

Now SMA can be studied in the laboratory, an effort that was impossible in the past because animal models don't closely mimic the disease and spinal-cord cells involved in SMA can't be obtained from patients while they are alive.

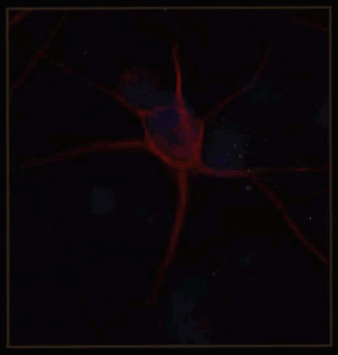
The advance occurs one year after developmental biologist James Thomson, PhD, SMPH professor of anatomy, and SMPH colleague Junying Yu, PhD, turned back skin cells' developmental clock and returned them to an embryonic state. The result was the creation of induced pluripotent cells, a new type of human embryonic stem cells.

A team led by neuroscientist Clive Svendsen, PhD, SMPH professor of anatomy and neurology and co-director of the UW Stem Cell and Regenerative Medicine Center, used the new stem cells to create a model of SMA, the most common genetic cause of infant mortality.

Published in the December 22, 2009, *Nature*, the findings showed that SMA harms motor neurons and that drugs tested on the diseased cells boost production of a beneficial protein.

"If we start to understand more of the mechanism of why the motor neurons specifically affected in the disease are dying," says lead author Allison Ebert, PhD, "then potentially new therapies can be developed to intervene at particualr times early in development."

The research was conducted in collaboration with scientists at the University of Missouri-Columbia.



Introducing Marje Murray

New Director of Development

If you're an alumnus of the University of Wisconsin School of Medicine and Public Health (SMPH) and haven't heard the name Marje Murray yet, you will soon. Murray became the new director of development for the school last summer, and ever since she's been busy meeting with as many alumni as possible.

As the UW Foundation's official point person for the Wisconsin Medical Alumni Association (WMAA), Murray has attended medical alumni functions on campus and has traveled across the Badger State to meet alumni one on one in their hometowns.

"I'm looking to hear their stories, to see how the school impacted them," says Murray, a friendly and outgoing person. "My goals are to help keep alumni connected to the school and help make it a better place for future generations of students."

Murray also has teamed up with Karen Peterson, WMAA executive director, to plan events for groups of alums living in larger cities across the country.

"It is a pleasure to have Marje on our team!" says Peterson. "She has been able to 'hit the ground running' to support the WMAA's mission. Her enthusiasm and creativity will serve us well."

Murray will focus on priorities set by the WMAA board of directors, which this year include the gross anatomy laboratories and the WMAA fund and scholarships.

"I'm looking forward to hearing alumni's goals for the school too," she says, adding that she also concentrates on the Wisconsin Institutes for Medical Research.

Murray came to the fund-raising job in a round-about way.

After earning a degree in nursing from the University of Iowa, she worked as an intensive care nurse for a few years, but gave it up because she "wanted to sleep at night." She then spent six years in pharmaceutical sales, but eventually she says she "grew jaded."

"I didn't approve of the push to use our drugs at any cost," she says. "I was the one recommending generics!"

While her children were young, she stayed at home and eventually started a catering business on the side.

"It grew and ultimately I was running it as a for-profit business to feed into a local nonprofit, where I also was involved in management," she says.

In the process, Murray discovered that she loved working for the nonprofit world.

"When this UW development job opened up with a chance to combine healthcare and nonprofit work, I jumped at it," she says.

The Foundation's vision for the UW-Madison is: "Philanthropy will make the difference between the maintenance of a great school and the evolution of an extraordinary one." Murray wants to appropriate that vision for the medical school as well.

"My job is fund raising, but my belief is that this process should always be a joyful experience for the donor," she says. "I won't be out there asking for money willy-nilly. Instead I'll be hoping to match the passions of the alumni and the needs of the school."

She also handles cardiovascular sciences at the university.

Murray lives with her husband, Dennis Sullivan, an attorney who is a UW graduate.

"I cheer for the Badgers unless they play the Hawkeyes, but in that case I'm happy whoever wins," she says.

The couple has three teenage daughters, 16-year-old twins and a 13-year-old. Plus two dogs.

"I like to read, cook and run," she adds. "I've done five marathons but I'm in a lazy stage right now."

You can mail Marje Murray at UW Foundation, 1848 University Avenue, Madison, WI 53708-8860. Her office phone is (608) 265-2922; cell phone is (608) 630-0592. E-mail her at marje.murray@uwfoundation.wisc.edu.

Tailgating Residents

Residents meet other housestaff members at the second annual tailgate party sponso red by the WMAA. Many had never experienced a Badger Game Day, particularly one in which the coveted Paul Bunyan axe was at stake. WMAA officers and their spouses also enjoyed the fun.

The Wisconsin Medical Alumni Association (WMAA) hosted the second annual tailgate for residents on November 15, 2008. The special game against Minnesota, with the Paul Bunyan axe at stake, followed the party.

"It was a real Badger experience, with tickets hard to get," says Karen Peterson, WMAA executive director. Wisconsin won the game, 35 to 32, and retained the axe.

Andre King, MD, a second-year urology resident from Norvell, Michigan, says the experience will be one he will not soon forget.

"I have always wanted to take in a Badger Game Day while I was in Madison. It came complete with a real Wisconsin tailgate party!" he says. "It was great to do it as a group with other residents and get to know some of them from different specialties."

Two years ago, the WMAA expanded its strategic plan to include reaching out to housestaff who work at UW Hospital and Clinics as a priority.

"We are seeking to enlarge our extended family and build connections with the residents," says Peterson. "The tailgate is one way to increase residents' awareness of what the WMAA does."

Philip Farrell, MD, PhD, former dean of the school and a WMAA board member, initially took the lead on the project. Current WMAA president, John Kryger, MD '92, is now another big champion of the cause.

"Am I Going to Die?"

by Pamela Kling, MD

After a bicycle accident landed me in the trauma intensive care unit (ICU) in what would be a three-month hospitalization and a three-year recovery, I am compelled to share this story. It begins as I am recovering from one of a series of operating room visits to debride my open wounds. Alarms and the bustle of the ICU were familiar to me, a neonatal intensive care physician. However, this role was new. The haze of intravenous narcotics and sedatives was punctuated with intense pain whenever I attempted to move. With my femur in traction, I lay flat on my back. I could see very little, but I could hear and spent many hours listening.

The trauma team and the ICU staff were kind and caring. The nursing staff was attentive to my needs and to the needs of my husband. With a decade of experience as a hospital attorney, he was also comfortable in the ICU, but not in his current role. My husband fares poorly with sleep deprivation, and the days in the ICU had taken their toll on him.

The frustration of being intubated and unable to effectively communicate had been immense. Just the previous day, my respiratory status had allowed for extubation. With my voice back, I was verbally asserting my opinions. On the previous night, I had been agitated and insisted my husband stay late. Now, after midnight, I demanded the nurses call him back to the hospital. They refused, in an effort to allow him to sleep. After bartering, a compromise was struck. They called him and I was handed the receiver. I still remember his voice, gentle, but concerned, questioning my needs. I remember abruptly blurting, "Am I going to die?"

Although confused by the question, he reassured me that I was improving and much better than expected. This brief conversation calmed me.

I did not speak of this night for some time, but it was etched in my brain. The fear and confusion I gave voice to in that question haunted me as I listened to voices at the nursing station, questioning why they were pursuing the current level of medical care. "Why are we continuing to support her? We should let her go." In my egocentric haze, I was convinced that they were discussing me. These discussions were familiar to me, as I had participated in many before. Although I understood that I had escaped death several times in the preceding days, I was in a panic considering whether it was time to discontinue my support.

Thinking of it still makes me uneasy today. Although I could not see, I could hear and I could listen to those words, spoken by faceless voices. Because the ICU was busy and the beds were full, the discussion concerned another patient. However, said aloud, the words were out there for everyone to hear. Although the ventilator was gone and all was better than anticipated for me, the drugs clouded my reality and facts were immaterial.

Intellectually, those of us caring for ill patients understand the importance of avoiding participating in sensitive conversations that can be overheard. We all know that patients are listening, even in the middle of the night. But somehow, the background noise, our familiarity with the ICU, and the stress of working there must make us amnesic of this fact. Daily, patients or their families must overhear and misinterpret similar discussions. Families out there have most certainly overheard and misinterpreted my conversations. As I continue to recover from my injuries and return to care of patients in our slightly overcrowded and noisy ICU, I remind myself to be careful of what I say, how loud and where I say it, as someone may be listening.

Dr. Kling, a neonatologist at Meriter Hospital in Madison, is an associate professor in the Department of Pediatrics at the SMPH. This essay was originally published in Academic Medicine*—June 2008;83(6):567.*

Seeking Submissions

The Healer's Journey showcases creativity originating from members of the UW School of Medicine and Public Health family reflecting personal experiences in our world of healing. We seek prose, poetry and photographs that are moving, humorous or unusual.

Our guidelines are as follows:

Manuscripts, subject to editing, can be no longer than 1,200 words. Photos must be high resolution. Subject matter should relate to any aspect of working or studying at the SMPH or in the medical field generally.

Send submissions to: *Quarterly*, Health Sciences Learning Center, Room 4293, Madison, WI 53705. Or e-mail dj.land@hosp.wisc.edu.

Homecoming Weekend 2008

Football, Music, Friends, Reunions

by Susan Lampert Smith

An old Wisconsin tradition brought back to life and a farewell to a familiar tailgate party venue were highlights for UW School of Medicine and Public Health (SMPH) alumni returning for Homecoming 2008 last fall.

The celebrations began with a bang—as fireworks lit up the evening sky outside the Memorial Union, where medical alumni met for a welcoming dinner following the Homecoming Parade. At the Union, the alumni were also greeted by a new group of singing medical students who have revived Medichoir, a popular medical school singing group that had its heyday in the 1940s and '50s.

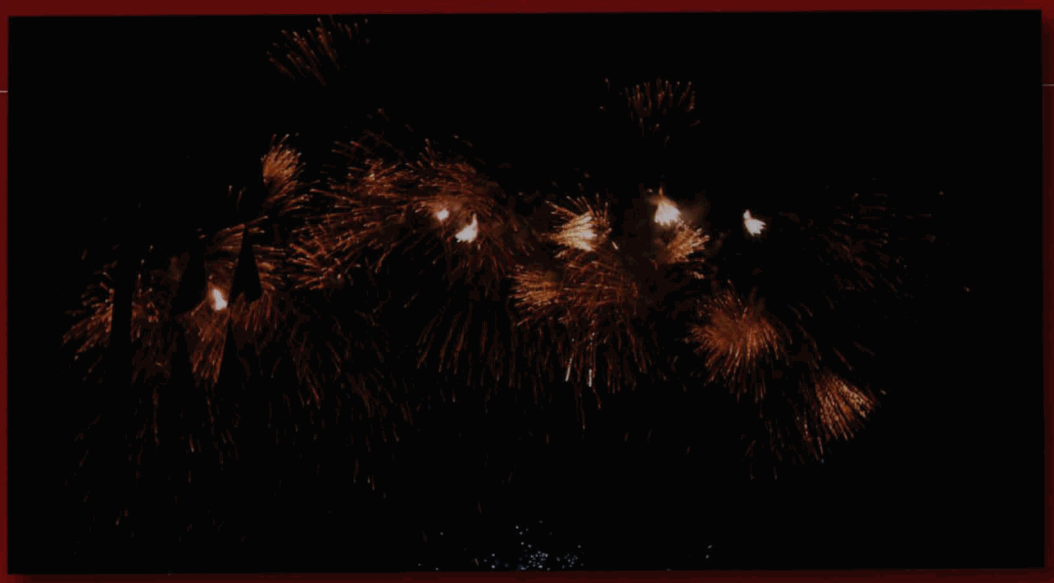
Johnny Tackett, a Med II and group founder, says he learned about the original Medichoir while as an undergraduate he did research on the history of the Medical Scholars Program,which provisionally admits first year UW students to the medical school. (Tackett himself was a medical scholar.)

"I was reading about the history of the medical school and found a page about the Medichoir," he says.

After medical school started, Tackett, who has a background in performing arts, got together with fellow Med II Brian Hong, who was a member of UW-Madison's well-known acappella group, the Madhatters, and they decided to revive Medichoir.

"It was amazing how it all came together," Tackett says. "We started rehearsing several weeks before Homecoming on our lunch hours in one of the lecture halls."

By Homecoming Eve, they were able to put on peformances of "Runaround Sue" and a harmonized



(Counter-clockwise from left): Fireworks lit the evening sky outside Memorial Union, where the festivities began following the parade. With Johnny Tackett leading in the singing, medical students revived the Medichoir. Alumni spirit generated at the tailgate helped the Badgers beat Illinois. Previous page: A group from the Badger Band entertained the medical alumni.

Med 11 Johnny Tackett, who has a background in performing arts, got together with fellow Med 11 Brian Hong, who was a member of UW-Madison's acappella group the Madhatters, to revive Medichoir.

version of "Varsity" that had everyone singing along. The group also included Med IIs Adrian Tarbares and Kurt Kastenholz and Med Is Matt Truong and Torben Larsen. Tackett says more students are planning to join as they have time to practice.

Saturday morning brought alumni together at Union South for a final Badger Bash at the popular venue close to Camp Randall. The building is slated to be demolished this winter to make room for a new and improved South Campus gathering place.

The tailgate party featured more music, this time in the form of the Badger Band, which entertained nearly 700 alumni. A highlight included a performance by a smaller group of Badger Band members, led by trumpet rank leader Becky Zemple, a sister of Med I Bob Zemple, Medical Student Association co-president.

The alumni must have been good luck, because the football Badgers had one of their better days, beating Illinois 27 to 17.

Saturday night brought more alumni revelry, especially for the Class of 1983, which celebrated its

(Counter-clockwise from right): The crowd joined in the singing of "Varsity," as members of the revived Medichoir got them going. Honored guest James Crow, professor and acting dean emeritus, laughed with Bruce Stoer ('83). Classmates Gary Koritzinsky (center) and Barry Lessin caught up with Karen Sandmire, wife of Kevin, also of the Class of '83.

25th reunion to the songs of "Count Bop and the Headliners," a revival of a popular 1970s and '80s band, "Dr. Bop and the Headliners." Barry Lessin, MD '83, recruited the band especially for the ocassion, in memory of the great times they had.

Lessin, a Chicago area radiologist, is also known as "Dr. Toga," because, as a UW-Madison undergraduate, he helped launch the famous 1978 Toga Party that brought 10,000 students in bed sheets to parking lot 60.

The Class of '83 also invited two of their favorite professors, geneticist and former interim dean James Crow, PhD, and Robert Schilling, MD '43, long time professor and creator of the famous "Schilling Test," who attended and had a great time.

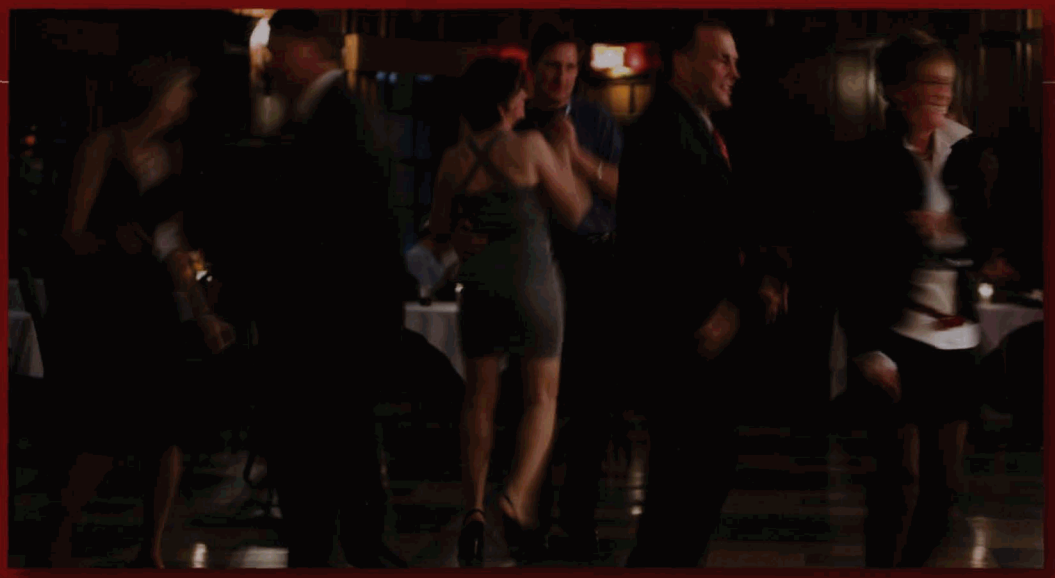
"It was wonderful to see our professors," says Susan Isensee, MD '83 and a WMAA board member. "They came and stayed for dinner. It was great to get to talk to them."

Isensee says that her classmates got a kick out of the evening's dessert: Babcock Hall ice cream flavors Berry Alvarez and Union Utopia.

The other reunion classes had fun, too.

John Kryger, MD '92, director of pediatric urology at American Family Children's Hospital and associate professor of surgery at the

Saturday night brought more alumni revelry, especially for the Class of 1983, which celebrated its 25th reunion to the songs of "Count Bop and the Headliners," a revival of a popular '70s and '80s band.



(Counter-clockwise from right): Guests danced to the tunes of the band "Count Bop and the Headliners." Robert Schilling ('43) and his wife, Marilyn, were honored guests. WMAA president John Kryger ('92) and his wife, Lynne (center), enjoyed the company of urologist Greg Horowitz ('03) and wife Colleen.

SMPH, says it was great watching friends reunite.

"The best part was seeing classmates reacquaint with one another after so many years, reliving stories from their med school days," says Kryger, WMAA president. "It really is fulfilling to see the mission of the WMAA bringing classmates together and engaging them once again with the UW spirit."

Even graduates from more recent years had plenty of news to update.

"Not only did we get to see old friends but we got to meet new babies," says Greg Horowitz, MD '03, now a Kansas City urologist. "It was great to reconnect."

The story was the same for the 10th reunion of the Class of 1998. Ann Liebeskind, MD '98, a Neenah, Wisconsin, pediatrician, says she enjoyed catching up on both the professional and the personal with more than 25 members of her class.

"Many have achieved great success in the 10 years since graduation," she says. "We now have colleagues with a wide range of expertise spread across the nation. It was great to find networking opportunities, but also to hear how everyone's personal lives have grown and enriched during the last decade."

"It was wonderful to see our professors," says WMAA board member Susan Isensee ('83), of James Crow and Robert Schilling ('43), who attended the celebrations. "It was great to get to talk to them."

Reunions

1973

Left to right: Richard Welnick, James Froehlich, David Bartlett, Cheryl Alt Bartlett and David Bong.

1978

First row, left to right: Thomas Paulsen, James Binder, Tom Krejcie, Alison Wilmeth and Susan Zimbric. Second row: Deborah Grosenick, Lawrence McFarlane, John Ziemer, Michael Rizzo,Wayne Kubal, Robert Van Der Leest, Fred Shafrin, Terry Geurkink, Merle Hunter, William Nietert and Robert Gage. Third row: Richard Immler, Peter Cooley, James Wishau, Ross Levine, Brian Lochen, Scott Springman and Gary Zimbric.

1983

First row, left to right: Joan Lohr, Susan Isensee, Johnny Carlson, Lori Utech and Meg Smollen. Second row: Pete Stamas, Pete Meyer, Chris Huiras, Jim Tomac, Dean Sienko and Dean Kresge. Third row: Jim Woodburn, Brian Smith, Barry Lessin, Gary Koritzinksy, Andrew Braun and Glen Gutzke.

Reunions

1988

First row, left to right: Betty Amuzu, Kay Gruling, Carol Uebelacker, Lynda Kasper and Catherine Best. Second row: Jean Loftus, Jim Andersen, Joe Stoeckl and Dave Cypcar.

1993

First row, left to right: Suzanne Hecht, Mary Jo Oyen, Theresa Behrs and Carolyn Nash. Second row: David Johnson, Ed Freund, Luke Channer, Bob Kim, Loren Fuglestad and Bill Cooper. Third row: Dave Roelke, Todd Williams, Mark Brumm and Mark Earl.

1998

First row, left to right: Evette Kingcaid, Shannon Moorehead, Xuan Schulenburg, Tara Dall, Joe Guenther (with baby Jillian), Yu Chin Fang and Ann Liebeskind. Second row: James Haine, Conrad Yu, Amy Moschell, Deborah Wubben, Julie Jolin, Jian Tang and Hein Trong Vo-Hill. Third row: Beverly Ness, Lezode Kipoliongo, Timothy Richer, Dan Schraith, Alison Craig-Shashko and Anish Desai.

2003

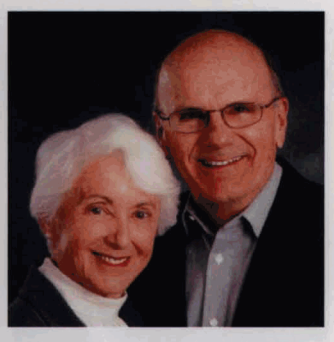
First row, left to right: Katie Haider, Robyn Schertz, Michele Deneys, Rebecca Russell and Paula Keppeler. Second row: Tina Sauerhammer, Wallene Yang, Jen Vickery, Laurel Hansen, Nicole St. Claire and Nicholas Edwards. Third row: Greg Horowitz, Dan Jackson and Dan Ries.

Class Notes *compiled by Barbara Lukes*

Class of 1951

Herman Uhley's fascination with electronics and his passion for cardiology have resulted in more than 100 published research articles relating to electrocardiography, the conduction system, electrophysiological cardiac monitoring, computers and lymphatics. He built the first pacemaker used at Mt. Zion Hospital in San Francisco and received national attention for developing inexpensive means to transmit and receive ECGs over telephone lines. He was also involved in developing technology to monitor patients outside of the cardiac critical care unit, and applying computer technology to allow physicians to remotely access laboratory data. Currently Uhley continues his practice, teaching, conducting research and sharing his creativity in San Francisco.

Class of 1952



UW-Marathon County (UWMC) Foundation gave its Spirit of Excellence Award 2008 to **D. Joe Freeman** and his wife, Mary Clare. The honor is presented to people who exemplify commitment, service and generosity aimed at making UWMC an outstanding learning institution. The committee's choice was based on the numerous accomplishments and distinguished service of the Freemans within the UW System and the community at large. In the UW System, both have served on the Board of Visitors. Additionally, their substantial initial investment made possible the establishment of the UWMC Foundation's Distinguished Faculty Society. The Freemans also are very active in the community. Both played an instrumental role in the development of the Square in downtown Wausau. They also were the founders of the only land trust in the central Wisconsin area, the North Central Conservancy Trust.

Class of 1955

Lawrence Field was presented the first-ever "Outstanding Educator's Award" by the International Society of Dermatologic Surgery at its annual congress in October 2008. At the meeting, he and his colleagues presented 15 papers to the assemblage, and two of his student groups received special recognition awards. Field has traveled widely, lecturing and demonstrating surgical procedures in more than 60 nations, some on multiple occasions. Trips in 2008 included venues in the Philippines, all six medical universities in South Africa, and three surgical clinical meetings in Indonesia. Each of these trips encompassed at least two weeks. Pending teaching destinations include Thailand, Kuwait, Sweden and Austria.

Class of 1962

John Clemons was named a Distinguished Alumnus by the University of Wisconsin-River Falls (UWRF) Foundation. It is the highest honor that can be presented to a UWRF graduate. Clemons was founder of the Department of Otolaryngology Head and Neck Surgery at Gundersen Lutheran. In 1969, he established the first cleft lip and palate clinic in western Wisconsin. In 1970, he instituted a multispecialty head and neck tumor clinic as part of a national study in the treatment of head and neck cancer. A surgical technique he developed for use in the reattachment of severed ears is now known as the "Clemons Technique." The method also has been applied to assist in reattaching other body parts, such as the nose. His autobiography, *Tending My Flock*, was published last year.

Class of 1964

Ernie Pellegrino, who lives in Middleton, Wisc., reports that his book, *A Doctor's Path,* was recently published. It can be viewed online at adoctorspath.com. The book is a memoir of Pellegrino's experiences in medicine and his opinions about what is noble and flawed in the practice of medicine, as he saw it in his more than 40 years of practice and volunteer work on two continents.

Class of 1973

Terry Turke and his wife, Janice, live in Watertown, Wisc., where he practices family medicine. He has served on a number of hospital committees and currently is chief of staff and president of Physicians Health Organization. He is a private pilot with instruction and commercial rating. Turke is the proud owner of a Piper Saratoga.

Class of 1977

Loreen Herwaldt just finished writing a new book, *Patient Listening: A Doctor's Guide* (University of Iowa Press). The book uses the illness narratives of two dozen writer-patients to teach listening skills to healthcare professionals. Herwaldt holds appointments in the departments of internal medicine and epidemiology at the University of Iowa's medical school.

Class of 1978

Leon DeJongh and his wife, Marjorie, live in Janesville, Wisc. His specialty is diagnostic radiology. When he isn't looking at X-rays, he's busy casting and fusing art glass, making silver and gold jewelry, and painting with oil and watercolors. His work can be seen on wisconsinmade.com.

Roxolana Denczuk is a retired anesthesiologist in Kansas City. Her hobbies and interests include longevity medicine, endocrine-disrupting chemicals and molecular biology. "I know. I should be golfing," she says.

Richard Engelmeier has been working as a cardiologist and living in Wausau, Wisc., since 1986. He created the Aspirus-Wausau Heart Institute. During the past few years, Engelmeier has enjoyed handing off the control and development of the practice

to other members of the group, watching the organization grow.

Douglas Kappelmann lives in San Angelo, Tex., with his spouse, Yvonne. His specialty is ophthalmology. He recently managed to condense his surgical practice to half-time so that he can homeschool their five children and manage their ranch in Wyoming. The family spends summers there, along with their 10 horses and three golden retrievers. They spend the time tending their garden and orchards, doing chores, riding through the mountains, studying and resting.

Brian Lochen lives in Madison where he splits his time practicing emergency medicine and addiction medicine. He goes to Haiti on medical mission trips and also teaches physician assistant students. He and his wife, Susan, have three children: Sara, Seth and Alyssa.

David Moss, who has practiced emergency medicine in Milwaukee for 18 years, received an MBA from Northwestern University, organized and managed emergency medicine and hospitalist groups, developed an emergency medicine documentation system product and is now in a two-year fellowship in integrative medicine. He is married to the same "great woman," Colleen, and has four great kids, all UW alumni. The oldest, Hart, who graduated from the SMPH in 2008, has started a residency in ophthalmology. The elder Moss enjoys canoeing, kayaking, biking, backpacking plus some treehouse building and sailing. He also learned how to play the Irish whistle and accordion. His most recent project has been making illuminated paper lamps as healing gifts for sick people. Recent experiences include being a cruise ship doctor in the British Isles and practicing rural medicine in Haiti.

Class of 1980

John Herman is associate chief of the Department of Psychiatry at Massachusetts General Hospital and associate professor at Harvard Medical School. In June 2008, he accepted the position of chair of the Massachusetts Board of Registration in Medicine.

Class of 1982

Robert Davies is a board-certified child and adolescent psychiatrist. He has received numerous awards for teaching, research, writing and community service. His leadership and guidance in several social services and nonprofit agencies in the Los Angeles area have enhanced the quality of life for thousands of individuals and families. He is currently head of the Davies Medical Group, a practice of mental health specialists in San Pedro, Cal.

Class of 1983

Lori Utech and her husband, William, live in Ballwin, Mo. She is in family practice with four other doctors and is awaiting 501C 3 status to start "Healing Grace," a Saturday morning free clinic for the uninsured. Utech is on the board of directors of Concordia College, active in the Women in Medicine and Dentistry division of the Christian Medical and Dental Association and busy in church.

Class of 1985

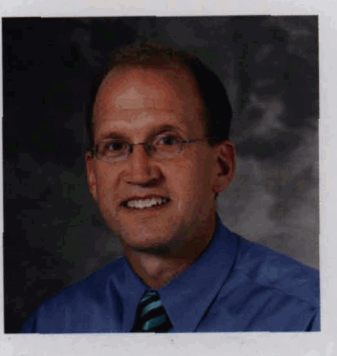
Douglas Carlson is busy working in a private obstetrics-gynecology practice in Milwaukee. He is married and has three teenagers. He attended the WMAA tailgate party and homecoming football game in the fall of 2008.

Class of 1988

Jeff Palarski has practiced anesthesiology in Wausau, Wisc., since 2002. He and his wife, Valene, have two boys. Palarski is an avid outdoorsman as well as a gardener.

Joseph Richards lives in South Range, Wisc., with his wife, Sally, and son, Matthew, age 18. His specialties are sports medicine and emergency medicine. Richards is the team doctor at Northwestern High School in Duluth, a clinical instructor at the University of Minnesota-Duluth, medical director of Lake Superior Life Care Center (a free clinic) and medical director of Superior Fire Department. He also has spent time in the Congo doing medical missions and enjoys working on his 30-acre "hobby farm." Richards likes to bow hunt, garden and do woodworking.

Class of 1989



David T. Bernhardt, of Madison, practices pediatrics half time and sports medicine half time. He recently received a teaching award from the American Academy of Pediatrics.

Class of 1991

Steven Donatello was named "Top Pain Management Physician in Southeastern Wisconsin" by *Milwaukee Magazine.* Some 2,500 peer physicians and nurses were surveyed for the ranking.

Class of 1993

Luke Channer of Corvallis, Mont., likes to explore Idaho and Montana mountains for old fire lookouts. He also enjoys riding forest sierra roads on his dirt bike and monitoring a 100-box bluebird trail.

Class of 1998

Mark Halstead lives in O'Fallon, Mo., with his wife, Nicole, and their three children. A sports medicine physician, he is the team physician for the St. Louis Rams football team and medical consultant for the St. Louis Wolves baseball team. He is also an executive committee member of the American Academy of Pediatrics Council on Sports Medicine and Fitness and assistant medical director for the St. Louis Marathon.

Post Graduate

Neil Alan Fenske, professor and chair of dermatology at the University of South Florida College of Medicine, was among four dermatologists in the southeast U.S. and 17 nationwide named "America's Top Doctors for Women" in *Women's Health* magazine. Fenske's special expertise in skin cancer was noted.

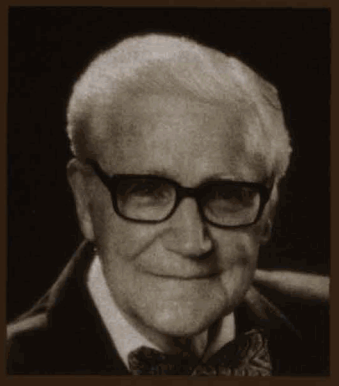
James C. Allen, now an emeritus professor at the SMPH, served in the UW Department of Ophthalmology from 1967 to 2000. In addition, he

–Continued on page 38

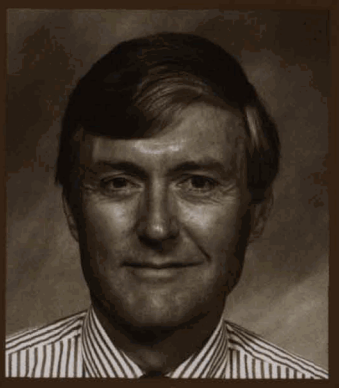
The WMAA and the SMPH Say

Goodbye to Respected Leaders

Ann Bardeen-Henschel



John H. Juhl



John N. Stephenson

Frank H. Urban

Ann Bardeen-Henschel

Ann Bardeen-Henschel, MD '45, died peacefully November 23, 2008, at her home in Oconomowoc, Wisconsin. She was 87.

The daughter of Charles Bardeen, MD, first dean of the SMPH, and Ruth Hames, she was born in Milwaukee. She was the sister of John Bardeen, the winner of two Nobel prizes in physics, and the wife of Ernest O. Henschel, MD, who died in 1979.

Following graduation from UW medical school, Bardeen-Henschel did her residency in anesthesiology. She received a fellowship from the American Association of University Women to study abroad, worked as an instructor for the World Health Organization in Denmark, received her diplomate in anesthetics from the Royal College of Surgeons in England in 1951, and later completed her fellowship in 1954. She served as staff instructor in anesthesiology at the University of Saskatchewan from 1955 to 1960. She then began private practice in Milwaukee. In 1965, she was appointed assistant professor at the Marquette University School of Medicine, then associate clinical professor in anesthesiology at the Medical College of Wisconsin.

A member of Alpha Omega Alpha national medical honor society, she remained involved in the WMAA her entire life. In addition to her participation in the academic world, Bardeen-Henschel held a staff appointment at the Oconomowoc Memorial Hospital, where she worked from 1966 until her retirement in 1987. She had many passions and avocations, but primary among them were education, birding, ecology, travel and the arts.

John H. Juhl

John H. Juhl, MD (PG), chair of the UW-Madison Department of Radiology for 10 years and founder of the UW Department of Medical Physics, the first of its kind, died November 9, 2008, at the home of his son in Santa Fe, New Mexico. He was 94.

Juhl was the author of a pivotal radiology textbook, *Essentials of Roentgen Interpretation*, which went through seven editions and was an important textbook for radiologists around the world.

After receiving his medical degree from the University of Michigan, he completed his internship at UW in 1941. Following a stint in the U.S. Navy during World War II, he returned to Madison to complete a radiology residency. He then became an instructor and an assistant professor from 1949 until 1952, when he left for private practice in Minneapolis. He again returned to the UW in 1954 and remained as a full-time faculty member until 1980. He continued to practice radiology until 2003, with time also spent at the University of New Mexico and the University of Arizona.

At the end of his career, he returned to UW for five months each year to train radiology residents and students. The Dr. John Juhl Radiology Library and Conference Room was named in his honor. The radiology department also established the John H. Juhl Professorship in Radiology in 1990. In 2003, as a final tribute, the department created the Juhl Society in the "spirit of discovery and innovation" that he personified.

John N. Stephenson

John N. Stephenson, MD, longtime former faculty member in the UW Department of Pediatrics, died at home on November 24, 2008. He was 71.

Stephenson founded the Teenage and Young Adult Clinic in the UW pediatrics department in 1972, where he served as medical director until his retirement in 1999. In 1977, he founded the Adolescent Alcohol Drug Intervention Program at UW Hospital and Clinics, where he also was the director of the Eating Disorders Program. He served as medical advisor to the Dane County Juvenile Detention Facility and Madison Metropolitan School District and as a staff physician for athletes at the UW-Madison Athletic Department.

Stephenson received much recognition for these programs, including a Public Interest Award and a Center for Public Representation "Example of the Wisconsin Idea." He was also a steward of the land and supported many conservation organizations.

Frank H. Urban

Frank H. "Hank" Urban '54, died October 25, 2008, at age 78, while traveling with his wife in Egypt.

He had been a sole-practitioner dermatologist in Wauwatosa, Wisconsin, for 31 years, holding various leadership positions over that period—as president of the Milwaukee County Medical Society and Wisconsin Dermatologic Society.

After closing his practice, Urban served in the Wisconsin State Assembly for 19 years, following a special election in 1989. He co-sponsored legislation creating a tax exemption for medical savings accounts. He listed his work on bioterrorism preparedness and small-business health insurance among his best accomplishments. He served as chairman of the Assembly's Committee on Public Health.

Prior to his election to the State Legislature, Urban was both an Elm Grove Village trustee and village president.

He is the father of six children, three of whom—Michael Urban ('83), Bruce Urban ('88) and John Urban ('90)—are also graduates of the SMPH. The senior Urban was heavily involved in the UW medical alumni association for many years.

Urban was married to Kathryn Bloomberg, who served as mayor of Brookfield for 16 years. Both Urban and Bloomberg decided that they would not seek re-election to their posts in 2002.

CLASS NOTES *continued from page 36*

treated veterans at Madison's William S. Middleton Memorial Veterans Hospital. His medical knowledge and research skills proved instrumental to U.S. Congresswoman Tammy Baldwin last year, when she pressed for—and the U.S. Congress passed—the Dr. James C. Allen Veterans Vision Equity Act. This act enables veterans who have a complete loss of sight in one eye due to a service-connected injury to receive increased disability compensation if they begin to lose sight in the other eye, regardless of whether that loss of sight was originally service-connected.

Correction

In our fall 2008 *Quarterly* story on the obstetrics-gynecology residency, we misidentified Ian Bird. A PhD, he is a professor of obstetrics and gynecology at the SMPH as well as program director of the UW-Madison Endocrinology and Reproductive Physiology Graduate Training Program. We regret the error.

In Memoriam

John Hoover Baier '51
Berkeley, California

Margaret Crumpacker '62
April 2008
Livermore, California

Alan Lieberthal '49
November 12, 2008
Milwaukee, Wisconsin

Morris Meister '48
May 2008
Fox Point, Wisconsin

David "Fritz" Ruf '59
November 20, 2008
Darlington, Wisconsin

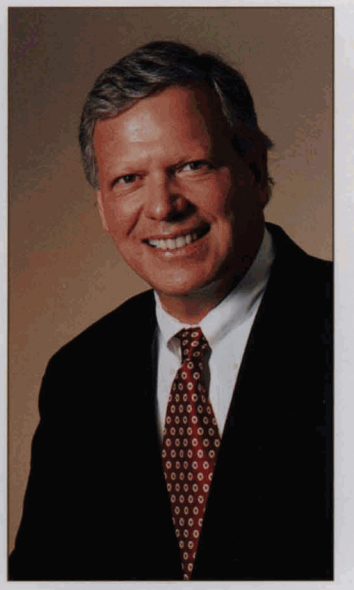
Steven R. Schwid '90
November 3, 2008
Rochester, New York

Glenn Vandervort '60
April 2008
Kenosha, Wisconsin

Bernard Weinstein '55
November 3, 2008
New York, New York

Our Organization:

Greater than the Sum of its Parts



Christopher Larson, MD '75
Editorial Board Chair

The housestaff at the University of Wisconsin Hospital and Clinics has always played an important role in our medical students' clinical training experience. Interactions occur mainly on inpatient floors, where students learn the day-to-day practice of inpatient medicine essential to medical education. Students benefit from the teaching, mentoring and emulative role modeling of our residents-in-training.

Historically, the Wisconsin Medical Alumni Association (WMAA) stayed connected with our residents and resident alumni—many of whom consider themselves separate from the medical school—mainly through medical students' expressions of gratitude. As a result, the WMAA recently changed its mission in order to appeal to residents in various specialties to join in socializing with us and sharing in the pride we feel for our medical school and university.

The WMAA five-year strategic plan (2007-11) lists the creation of opportunities to better engage current residents-in-training as important members of our alumni family. We want to acknowledge our valued relationship with housestaff and housestaff alumni.

An early step in this process was to invite Philip Farrell, MD, PhD (PG '72), emeritus dean, to join the WMAA board of directors and represent housestaff alumni. Dr. Farrell has fond memories of being a pediatric resident at UW. He recalls being included in social get-togethers consisting of a healthy mix of medical school alumni, housestaff and faculty organized under the leadership of Louis Bernhardt, MD '63.

With Phil's added input, we are planning events attractive to housestaff. To be successful, we need to recognize time constraints and other factors limiting participation, such as on-call schedules, home and family life, as well as early morning and late afternoon rounds.

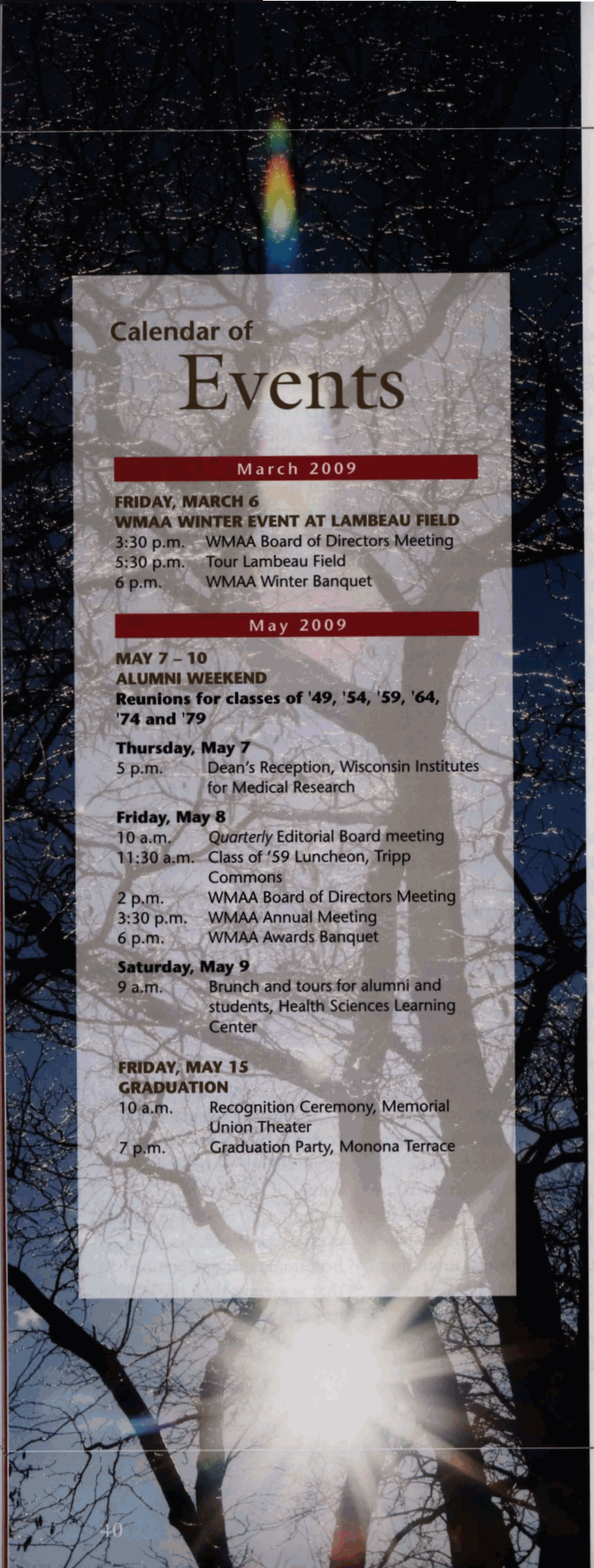
To better address our mission and to create a needed bridge between all alumni, we held an ambitious tailgate party on November 15, 2008, at Union South before the UW Badgers-UM Golden Gophers football game. The housestaff event was enthusiastically welcomed by many. It was an opportunity to mix socially before the game and take advantage of a block of tickets the WMAA had obtained.

Lana Volz, MD '08, a transition-year resident, was attending her first housestaff tailgate party. She says the event was outstanding. As a new SMPH graduate, Lana was happy to see a gathering that provided interaction between residents of different disciplines and the WMAA—and at such a perfect location! She was particularly happy to visit with WMAA president John Kryger, MD '92, because their fathers are friends from John's home town of Polaski, Wisconsin. Lana felt that the faculty and alumni attending the event made her feel very welcome, and she looks forward to attending more events of this kind.

Residents Trina Hollatz, MD (anesthesia), and her husband, Andrew Hollatz, MD (internal medicine), came for the tailgate festivities. Trina commented that the event was well worth it and that the Camp Randall seats were fantastic (she recommended that we let people know about the great seats on future invitations). Trina also says she was very impressed to have Kryger present, greeting each of the residents as they arrived and also giving a special welcome address at the gathering while attendees enjoyed a buffet of brats, salads and drinks.

Douglas Nestor MD '04 (child psychiatry), enjoyed the camaraderie and felt that although there is a House Staff Association that creates social opportunities for residents-in-training, this outing gave him a chance to better connect with medical school alumni as well as WMAA members.

I welcome this new effort to reach out to residents. By emphasizing a broadened family of alumni and including housestaff in alumni events, the WMAA is truly becoming an organization that is greater than the sum of its parts.



Calendar of Events

March 2009

FRIDAY, MARCH 6
WMAA WINTER EVENT AT LAMBEAU FIELD

3:30 p.m. WMAA Board of Directors Meeting
5:30 p.m. Tour Lambeau Field
6 p.m. WMAA Winter Banquet

May 2009

MAY 7 – 10
ALUMNI WEEKEND
Reunions for classes of '49, '54, '59, '64, '74 and '79

Thursday, May 7
5 p.m. Dean's Reception, Wisconsin Institutes for Medical Research

Friday, May 8
10 a.m. *Quarterly* Editorial Board meeting
11:30 a.m. Class of '59 Luncheon, Tripp Commons
2 p.m. WMAA Board of Directors Meeting
3:30 p.m. WMAA Annual Meeting
6 p.m. WMAA Awards Banquet

Saturday, May 9
9 a.m. Brunch and tours for alumni and students, Health Sciences Learning Center

FRIDAY, MAY 15
GRADUATION
10 a.m. Recognition Ceremony, Memorial Union Theater
7 p.m. Graduation Party, Monona Terrace

PHOTO: 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/stay_connected

■ Observations

PHOTO: UW-Madison University Communications

Memorial Union beckons the few pedestrians who venture outside on an evening following a February snow storm in 2007.

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