

VOLUME 12 • NUMBER 3 • SUMMER 2010  
FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE  
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

# Quarterly

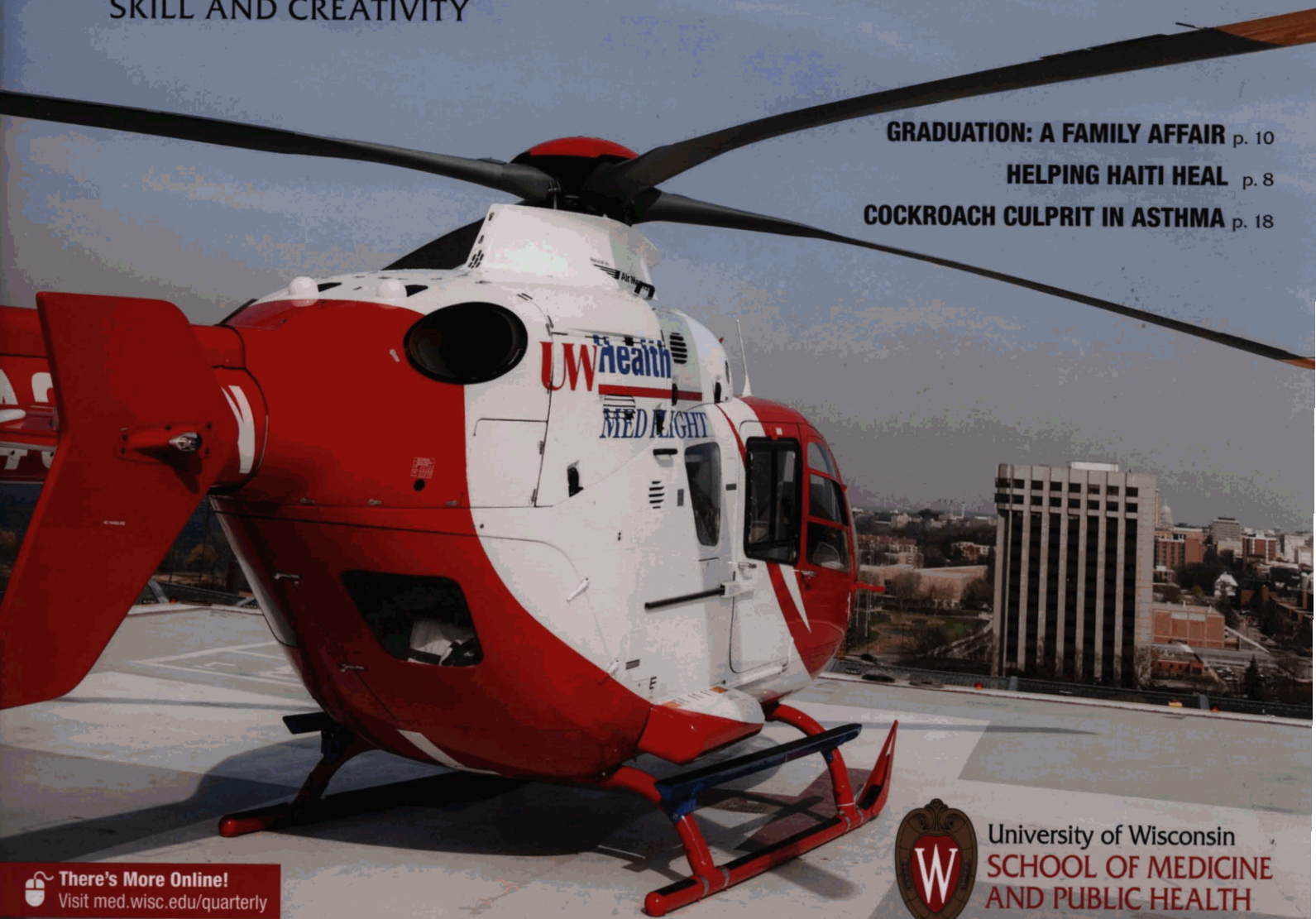
## Med Flight Memories

25 YEARS OF INTENSITY,  
SKILL AND CREATIVITY

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University of Wisconsin  
SCHOOL OF MEDICINE  
AND PUBLIC HEALTH

# QUARTERLY

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

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# CALENDAR

## AUGUST 2010

### THURSDAY, AUGUST 5 • MAX FOX EVENT

Honoring William Nietert, MD '78  
Wausau, Wisconsin

### SUNDAY, AUGUST 29 • WHITE COAT CEREMONY

12 noon Memorial Union

## SEPTEMBER 2010

### THURSDAY, SEPTEMBER 16 • MIDDLETON SOCIETY CELEBRATION

6 p.m. Nakoma Country Club

## OCTOBER 2010

### OCTOBER 8-9 • HOMECOMING WEEKEND

Wisconsin vs. Minnesota Football Game  
Reunions for Classes of 1965, 1970, 1975, 1980,  
1985, 1990, 1995, 2000 and 2005

### FRIDAY, OCTOBER 8

10 a.m. Quarterly Editorial Board Meeting  
12 noon WMAA Committee Meetings  
2 p.m. Fall WMAA Board of Directors Meeting  
3 p.m. Tours of the Health Sciences Learning Center  
6:30 p.m. Homecoming Dinner at the Memorial Union

### SATURDAY, OCTOBER 9

8:30 a.m. Tailgate Party at Health Sciences  
Learning Center  
11 a.m. Wisconsin vs. Minnesota Football Game

## NOVEMBER 2010

### FRIDAY, NOVEMBER 12 • ALPHA OMEGA ALPHA BANQUET

6 p.m. Health Sciences Learning Center

### SATURDAY, NOVEMBER 13 • UWHC RESIDENT TAILGATE PARTY

Health Sciences Learning Center  
Wisconsin vs. Indiana Football Game

## APRIL 2011

### APRIL 28-30 • ALUMNI WEEKEND



University of Wisconsin  
SCHOOL OF MEDICINE  
AND PUBLIC HEALTH

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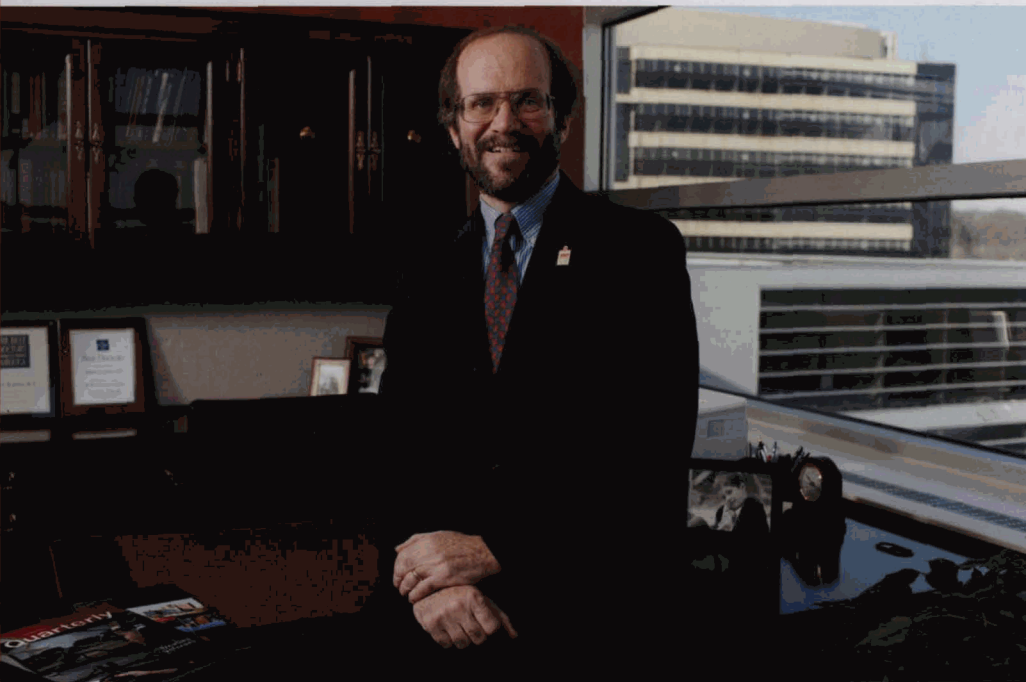
Family members young and old help celebrate the graduation of the Class of 2010.

## Summer Fun on Campus (above)

The university community gravitates to the Memorial Union Terrace, one of the most popular destinations of all time—during good weather.



ROBERT N. GOLDEN, MD



An iconic bumper sticker still spotted on occasion here in Madison urges readers to “think globally, but act locally.” At the School of Medicine and Public Health (SMPH), we routinely think and act both locally and globally (as well as at the state and national levels) as we address all our missions.

On the local scene, we continue to reach out in our engagement and service mission to tackle some of the most pressing health and healthcare issues affecting our most vulnerable populations.

Several *Quarterly* articles have described the service our medical students and their faculty supervisors provide to Madison’s homeless population through our MEDiC clinics. The magazine has also highlighted the important and growing portfolio of service learning experiences students get in Milwaukee.

Through the Wisconsin Partnership Program, the school is addressing some of the most urgent health disparities in our state. This involvement includes our very

substantial commitment to addressing the African American infant mortality rates in Milwaukee, Racine and other disadvantaged communities in southeast Wisconsin.

In this context, it is very gratifying that we have been recognized as one of the top 20 medical schools in the nation in terms of our commitment to social missions. The ranking was part of an independent study of 141 U.S. medical schools recently published in the *Annals of Internal Medicine*. We greatly appreciate this recognition, but at the same time we know that much work remains in terms of the serious challenges affecting the health of the people of Madison, Dane County and Wisconsin.

Like the rest of the UW-Madison campus, we are also focused on expanding our global connectivity. Our five-year-old Center for Global Health has made excellent connections throughout the world, providing outstanding training opportunities for students, and opening doors for faculty and staff members who are committed to international outreach.

In this issue of the magazine, you will read about alumni, students, faculty and staff who have responded selflessly to the horrible devastation Haiti has experienced in the past six months since the earthquake of January 2010.

You will also learn about our long-term relationship with colleagues in Ethiopia, where we have a unique opportunity to assist thousands of people as we help shape a modern approach to emergency care in that African nation. This relationship will also provide invaluable international training experiences for our students, who have grown up “thinking globally” as they embrace a globalized world, even as they establish practices here in Wisconsin.

With our ever-growing outreach throughout the state, country and world, we hope that you will always acknowledge the wisdom expressed by Dorothy in *The Wizard of Oz*: “There’s no place like home.”

Home, of course, is the world’s best school of medicine and public health. We hope that all members of our SMPH family will agree that the Wisconsin Idea now extends well beyond the Badger State. We look forward to the day when Bucky will be recognized everywhere on this planet.

**Robert N. Golden, MD**

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

## KAREN PETERSON

Greetings, medical alumni! We recently said goodbye to another academic year and welcomed 146 new alumni into our family. The Class of 2010 graduated in style with a recognition ceremony at the Union Theater, followed by the campus commencement ceremony at the Kohl Center. In the evening, the Wisconsin Medical Alumni Association (WMAA) and the medical school co-sponsored a celebration for the graduates and their families and friends. Some 600 people turned out for this special occasion. I hope you enjoy seeing some of our best pictures on pages 8 and 9. For a complete list of the graduating class members and where they've gone for their residencies, go to <http://med.wisc.edu/27681> on our Web site.

Alumni Weekend was filled with festivity. We honored the Class of 1960, recognized award recipients and celebrated four class reunions. Alumni had the opportunity to interact with students and take tours of the Health Sciences Learning Center (HSLC), American Family Children's Hospital and the Wisconsin Institutes for Medical Research.

As fun as it was, Alumni Weekend was also bittersweet. It was the time when we honored and thanked Dr. John Kryger ('92) for serving as WMAA president for the last two years. John has an innate ability to engage each group of constituents, making them feel proud of their medical school and "part of the family." He has made the WMAA strategic plan a priority, constantly reminding board members of its goals. John has done so much to cultivate our students and involve them in the WMAA. The good news is that he will stay very involved with the WMAA as a member of our executive, student and awards committees.

And there is more good news! We enthusiastically welcome Dr. Donn Fuhrmann ('76) as the new WMAA president for the 2010–2012 term. Donn has a great interest in "physician wellness" and is already organizing a cruise to the Mexican Riviera that will focus on wellness. We hope you can

all make the cruise, which will take place in November 2011. To learn more about Donn and read about the cruise, I invite you to read the story on page 20 and visit the WMAA Web site.

The WMAA staff is busy planning many fall events. We hope to see you at as many of the following as you can make.

**FALL REUNIONS**

Plans are under way for reunions for the classes of 1965, '70, '75, '80, '85, '90, '95, 2000 and '05. Class representatives for these classes have made the decision to celebrate in the fall in conjunction with Homecoming Weekend, October 8 and 9.

**HOMECOMING**

The WMAA will host its annual homecoming dinner on Friday, October 8, at the Memorial Union. The HSLC atrium will be filled with excitement on Saturday morning as we host the tailgate party prior to the UW vs. Minnesota football game. Game tickets for medical alumni will be available through the WMAA office. Priority will be given to WMAA members and class reunion attendees.

**UWHC RESIDENT EVENT**

The WMAA looks forward to hosting a tailgate party for residents on November 13, prior to the Wisconsin vs. Indiana game. This is one way we continue to build strong connections to UW Hospital and Clinics house staff.

As always, please feel free to contact me with your ideas, questions and concerns. You can e-mail me at [kspeters@wisc.edu](mailto:kspeters@wisc.edu), phone me at (608) 263-4913 or write to Karen S. Peterson, Assistant Dean for Alumni/External Relations and Director, Wisconsin Medical Alumni Association, 750 Highland Avenue, Madison, Wisconsin 53705.

**Karen Peterson**

*Executive Director  
Wisconsin Medical Alumni Association  
Assistant Dean for Alumni/External Relations  
School of Medicine and Public Health*





*Since their first helicopter lifted off from UW Hospital and Clinics 25 years ago, Med Flight teams have made more than 26,000 transports of critically ill or injured patients within a 250-mile radius.*

# Med Flight Memories

FLYING EMERGENCY PHYSICIANS RECALL THE INTENSITY, SKILL AND CREATIVITY OF THEIR WORK

The farmer headed out to the fields, secure that his loyal dog, who always trailed behind him, would warn him if the bull was anywhere nearby. In a split second, after noticing the dog was gone, the farmer was on the ground, the bull stabbing him again and again with its horns.

As soon as the Med Flight helicopter touched down at the Iowa County farm about 15 miles north of Dodgeville, Wisconsin, waiting emergency medical technicians (EMTs) hustled flight physician Michael Bowman, MD '75, and a flight nurse to the injured farmer's side.

"I'll never forget the look on his face," remembers Bowman, professor of medicine at the University of Wisconsin School of Medicine and Public Health (SMPH). "It was that look of mortal fear."

The farmer's crushed right chest caused multiple rib fractures and a punctured lung. The lung collapsed, making it difficult for

blood to fill the heart. At the same time, the man was hemorrhaging into his right chest from lacerated blood vessels. Bowman made an incision in the chest to release built-up air pressure, and blood gushed out. The patient went into shock from the blood loss and continued to gasp for air.

"I emergently intubated him so he could breathe, as the flight nurse infused liter after liter of fluid to try to get his blood pressure up," Bowman says.

The pilot called to alert the trauma team at UW Hospital and Clinics that the patient would have to be rushed into surgery as soon as the helicopter landed.

The farmer survived. But months after the harrowing flight, he told Bowman he realized the outcome could have been much different without Med Flight's ability to get emergency medical care to him so quickly.

Bowman has many such memories. He was the first medical director of the UW

Med Flight program when it was created 25 years ago (he had been recruited to Madison from San Francisco in 1983 to establish an emergency medicine program at UW Hospital). During 22 years, he made well over 1,500 flights until stepping down as a flight physician in July 2007.

Today, 21 physicians share duties on two helicopters in a program that is an integral part of emergency medicine at UW Hospital and Clinics. The service runs 24 hours a day, seven days a week. Med Flight cares for, and transports, critically ill or injured patients within a 250-mile radius in Wisconsin, Illinois, Minnesota, Iowa and Michigan.

"Med Flight embodies the Wisconsin idea by reaching out across the state to help local physicians and EMT personnel with the toughest cases," says Ryan Wubben, MD '97, current Med Flight medical director.

*—Continued on next page*



*Flight nurse Tracey Dikkers and flight physician Franz Keilhauer (right) quickly wheel their patient into UW Hospital and Clinics.*

## Current UW Med Flight Physicians

Michael Abernethy, MD  
Rick Barney, MD  
Rudy Beschere, DO  
Anthony Callisto, MD  
Peter Falk, MD '04  
Michael Foley, MD '96

Jeff Gaver, MD  
R. Michael Hofmann, MD  
Franz Keilhauer, MD  
Todd Nelson, MD  
Brian Parquette, MD

Paul Rehnstrom, DO  
Nestor Rodriguez, MD '07  
Scott Schlais, MD  
Louis Scratish, MD  
Karice Stern, MD  
Peter Stier, MD

Elizabeth Tumpach, MD  
Shawn Wilson, MD  
Wade Woelfle, MD '95  
Ryan Wubben, MD '97

In May 2008, after more than 20,000 total flights, Med Flight 1 crashed in the bluffs near La Crosse, Wisconsin. All three crew members died in the accident—flight physician Darren Bean, MD, flight nurse Mark Coyne, RN, and pilot Steve Lipperer.

“We tragically lost three colleagues and friends,” says Wubben. “The most meaningful way we can remember them is to strive to provide the highest quality emergency care that all three were dedicated to providing.”

Wubben says UW Med Flight was one of the first medical helicopter programs in the country to install a newly developed, helicopter-specific terrain awareness warning system, as well as night vision goggles.

All helicopter emergency medical services have the same issues and concerns about safety, adds Wubben.

“For us, it’s important to acquire the latest safety equipment as soon as it becomes available,” he says. “The dedication of our Med Flight team members and attention to safety are big reasons why we can tell these amazing flight stories.”

Michael Foley, MD '96, keeps a folder of his Med Flight experiences. It’s titled “Why I Became a Doctor.” When he began carefully gathering his thoughts and recording them in the folder, he had no idea that a heart-stopping flight in 2000 would end up first among the pages that chronicle the intensity and emotion of his work.

Med Flight had been dispatched more than 100 miles away to Mt. Morris, Illinois, where a young single mother driving with her children had been critically injured in a car accident. The woman’s leg had been almost completely separated from her hip when a car ran a stop sign and flipped her van. When Foley laid eyes on the patient, he knew that saving her would take all the skills he and the flight nurse had.

“I had never seen someone so pale. She was losing a lot of blood from her femoral artery,” he says. “The circumstances were so intense and the patient’s injury was so severe, I was convinced she wouldn’t make it.”

Before sedating her, Foley quickly debated whether or not he should tell her that she might not survive.

"I wondered if she wanted to say something to her children," he says.

That gut check came and went as fast as Foley and the flight nurse replaced the patient's blood—she needed four units in just 30 minutes. Foley knew he had to sedate her without having that conversation if there was any chance of saving her life.

"We resuscitated her twice during the flight, but she made it to the OR, and survived," he recalls. "It was one of those times when everything clicked."

Every once in a while, flight physicians hear incredible, once-in-a-lifetime, stories from colleagues. Sometimes they involve quirky, creative interventions to stabilize patients and keep them alive. Rarely do the unusual methods come into play again.

But they did once for Wade Woelfle, MD '95, a Med Flight physician with 14 years of experience.

"I was able to use a creative solution to stabilize a patient with a severed brachial artery," says Woelfle, with fresh amazement in his voice. "When I first heard the story, I never thought I'd have a chance to use it."

Woelfle's experience began at a construction accident where a worker had fallen through a plate glass window.

"EMTs had wrapped the man's arm in a thick dressing," recalls Woelfle. "But direct pressure was needed, so I took off the

dressing and put my fingers into the wound to stop the bleeding."

Woelfle and the flight nurse soon discovered that the patient couldn't be loaded into the helicopter with the physician pinching the artery.

"Your skills catalog goes quickly through your mind," he says. "Then I remembered a flight Dr. Mike Abernethy had told me about."

Abernethy had recently used his imagination to stop the bleeding that was spewing from a severed major artery in the neck of a patient in Beloit Memorial Hospital's emergency room.

"He asked someone to go into the women's bathroom and grab three tampons," laughs Woelfle. "He put one in the wound and used the other two to stabilize it in sort of a pyramid fashion. It was genius."

Woelfle was able to translate the concept to his situation by rolling four-by-four inch bandages into cylinders.

"We pressed them up against the artery and put gauze tightly around it," says Woelfle. "And what do you know? The bleeding stopped. I'll never forget that flight."

The pager alerted Nestor Rodriguez, MD '07, that it was time for his first solo flight. The resident no longer would be flying on Med Flight accompanied by an attending.

Rodriguez wasn't always sure he belonged as a flight physician, especially



**FIRST FLIGHT:** April 23, 1985

**NUMBER OF FLIGHTS IN FIRST FULL YEAR (1986):** 621

**NUMBER OF FLIGHTS IN CALENDAR 2009:** 1,246

**TOP CATEGORIES FOR FLIGHT REQUESTS:** Cardiac, adult trauma, non-trauma neurologic

**AIRCRAFT CRUISING SPEED:** 150 mph

**AVERAGE ROUND TRIP:** 80 miles

after the tragic accident that claimed the lives of three colleagues. He had admired, and looked up to, all of them. But it was their commitment to help people whose lives are in the balance that made Rodriguez decide that he should use his skills as a Med Flight physician, at least for the time being.

"It wasn't until we were in the air that I learned we would be landing in someone's backyard," he recalls about that first flight.

The crew had to take ATVs to get to the patient, who was pinned under a tree in the woods. Rodriguez had to perform a procedure that requires a great deal of clinical experience.

"After a quick assessment, I saw that I had to intubate him," he says. "I felt a rush and some uneasiness at the same time."

The intubation was textbook and allowed the crew to load the patient into the aircraft.

On the flight back, Rodriguez replayed everything that had just occurred. He realized that all his training had prepared him perfectly, allowing him to focus intently on his patient and provide the best available care at a critical time—on his own.

He felt lucky to be living his dream of being an emergency physician who had the opportunity to also be a Med Flight physician.

Most of all, he remembered his lost colleagues and smiled when he finally understood that there was no question where he belonged.



*Flight nurse Jolene Jaeger and flight physician Michael Foley (right) tend to a young patient.*

# Graduation

## A FAMILY AFFAIR

With family members young and old on hand to join in the festivities, the School of Medicine and Public Health (SMPH) community recently celebrated the graduation of the Class of 2010.

The school's Recognition Ceremony, held in Wisconsin Union Theater the morning of May 14, 2010, marked the students' long-awaited transition to physicians.

Robert N. Golden, MD, dean of the SMPH, presided over the ceremony, and began by congratulating the students on their accomplishments to date.

"I have been deeply impressed with your enthusiasm, energy and idealism," he said in his message. "I am also deeply appreciative of the nurturing support and encouragement that you have received from your families and friends."

Bennett Vogelman, MD, professor in the SMPH Department of Medicine, was selected by the class to be the guest speaker. He gave a stirring talk on important things he has learned from his patients, suggesting that that process never really ends.

After the class recited the Declaration of Geneva as a group, each student came to the stage and was draped in a green velvet hood signifying the Doctor of Medicine degree. The investiture was performed by Dennis Maki, MD '67, professor of medicine, and Paul Bertics, PhD, professor of biomolecular chemistry.

Wrapping up the ceremony, John Kryger, MD '92, president of the Wisconsin Medical Alumni Association (WMAA), greeted the graduates as new alumni.

Post-ceremony celebrations began with a WMAA-sponsored reception. In the evening, students and their families continued to celebrate at the annual graduation party at Monona Terrace.





*Clockwise from above: Olamide Zaka holds a young relative who tries on her mortarboard. Pete Nordstedt earns his colors. Family members are so proud of their graduates. Lily Nguyen steps up.*



To see where graduates have gone for the next phase of their medical education, go to: [med.wisc.edu/27681](http://med.wisc.edu/27681).



*Emergency physician Chrissy Babcock, a colleague of Segal's, holds a baby in triage at the field hospital set up about 30 miles from Port-au-Prince. The collection of tents steadily grew to resemble a small city.*

# Helping Haiti Heal

MEMBERS OF THE SCHOOL'S EXTENDED FAMILY  
SUPPORT THE CARIBBEAN NATION IN MANY WAYS

**M**arshall Segal, MD '69, JD, an emergency medicine physician at the University of Chicago Medical Center for 37 years, was preparing to go to the Winter Games in Canada last January.

But news of the January 12, 2010, earthquake in Haiti, which flattened large parts of the capital and ultimately left hundreds of thousands dead or injured, became increasingly alarming. Segal decided to pass on his ninth Olympics and make his first medical mission trip to a disaster that stunned the world.

Segal and his partner, psychologist Vivian Liese, joined a large humanitarian medical outreach group affiliated with, among others, Operation Smile, the Harvard

Humanitarian Initiative and the University of Chicago Medical Center. The group set up an orthopedic field hospital on the grounds of the Love A Child orphanage in Fond Parisien, about 30 miles from Port-au-Prince.

Operating rooms, recovery rooms, living space for healing patients and their families, the command center, quarters for the medical personnel—all were arranged under tents inside the orphanage walls. As more and more patients arrived, the collection of tents steadily grew to resemble a small city.

In this field hospital, orthopedic surgeons, emergency doctors, plastic surgeons, anesthesiologists and nurses of all specialties worked from around 7:30 in the morning until about 8 in the evening.

No stranger to trauma as an emergency physician, Segal says he was not prepared for the gravity of the human suffering he witnessed in Haiti. Amputations in babies, adults and old people were most distressing.

"The Sunday church service in the camp brought me to tears," he wrote in an e-mail to friends and colleagues back home. "So many people singing, waving, smiling—with a limb missing."

If they weren't amputees, most of the patients had serious fractures—arms, legs, sometimes both legs, and bilateral pelvis breaks. The "ex-fixes," external bars placed through the skin to stabilize a broken bone, sometimes had to be redone or removed.

*—Continued on next page*





## Medical Students Pitch In In Haiti and From Home

Anst-Bidry Gelin (above left) welcomed fellow SMPH medical students Suzy Lin, Allison Schaus, Jasmine Zapata and Gabriel Berendes to his country in May. They worked in clinics outside Port-au-Prince and in the north near Gelin's home, and also took time to look beyond the destruction to Haiti's natural beauty.

Days after the earthquake, SMPH students in Madison raised \$13,535.86 to support Haiti, with the Medical Student Association (MSA) contributing half.

Med 2 Sean Duffy of the Global Health Interest Group got the project rolling, contacting Bob Zemple, MSA president.

"We passed buckets around and ran a baked goods stand where people would donate money," says Zemple. "It was an amazing experience to see everyone come together and contribute to a needy cause."

The cash was sent to Partners in Health, a group that runs healthcare facilities in underserved nations worldwide.

It was very warm in the treatment tents. Temperatures inside the ORs often reached 100 degrees, causing surgeons to sometimes change sweat-filled gloves up to three times during one case.

"The orthopedists said revising weeks-old overlapping fractures with large, tough callous formations was the hardest work they had ever done," Segal wrote.

Down the rough road two miles, a more primitive clinic had been set up in Camp Hope, the American Refugee Committee's refuge for "internally displaced persons." Segal was usually the sole doctor on duty, at times treating up to 55 patients a day with no lab tests or imaging facilities at his disposal. His colleague there was a Haitian

school nurse who, along with only two schoolchildren, had survived the destruction of a school of 55 students.

"Officials at Dominican Republic hospitals would 'repatriate' Haitian patients in yellow school buses, without IVs, medications, charts, nurses or notice," he says, "creating serious medical challenges for nurses and doctors in triage back at the field hospital."

In addition to caring for hundreds of patients at both sites, Segal was a problem solver, coming up with creative ways to get around countless nagging obstacles.

"We used a sterilized toolbox power drill from Home Depot for bone surgery all day, then used it to drill holes in concrete walls in the evening," he says.



*Clockwise from left: Marshall Segal, who spent a month in Haiti last winter, sits with two children he met at Camp Hope, where he was often the sole physician. Despite their disabilities, patients on mattresses participate in Sunday church services. One young patient is happy to know that his extensive casting will soon be removed. Segal took the two pictures below and the three others in the story.*



Segal spent a lot of time tending to electrical matters at the camp that eventually grew to 1,000 residents. He bought wiring and distribution boxes and then, with the help of Brazilian electrical engineers and Haitian electricians, set up the entire electrical distribution system for the field hospital.

An avid photographer, Segal almost always had two cameras around his neck in addition to his stethoscope. He took thousands of pictures, several of which appear on these pages.

Segal and Liese stayed in Haiti for a month before returning to Chicago.

"The experience really changed my life," he says. "I got to see a lot of good people

working very hard for a worthwhile cause. It renewed my belief in humanity's goodness."

SEVERAL PEOPLE AFFILIATED with the University of Wisconsin School of Medicine and Public Health (SMPH) also made trips to Haiti to do what they could to provide medical assistance.

Christian Zuver, MD, a UW Health emergency medical physician and emergency medical service director, flew in two weeks after the quake struck and worked with a group called No Time For Poverty, which has affiliations with Partners in Health.

Kyle Minor, MD, a second-year emergency medicine resident at UW Hospital and Clinics, helped at St. Damian Hospital, a relatively new pediatric facility that sustained little damage.

Nestor Rodriguez, MD '07, emergency medicine physician at UW, worked in a small clinic in a tent city numbering 75,000 people.

Kristina Catrine, MD, a hospitalist at American Family Children's Hospital, traveled

to the small town of Thiotte and provided care at the Centre de Sante Sacre Coeur.

Ann Berhrman, MD (PG), a Group Health Cooperative physician in Madison, worked in a clinic under tarps at the soccer stadium that had become home to 7,000 people.

Laurie Schumacher, SMPH administrative coordinator in academic affairs, joined members of her church group to offer clinics in the Les Cayes and Leogane areas, near the quake's epicenter.

THE EARTHQUAKE STRUCK one week after Anst-Bidry Gelin returned to Madison from spending Christmas vacation with family in his native Haiti.

Gelin, who is from a small town in the north of the country, soon got word that his relatives were unharmed, even though many cousins had been students in professional schools in Port-au-Prince, where most of the worst damage and death occurred. The first-year SMPH student had to wait patiently for spring break before he could return.

*—Continued on page 21*

## Doctor with UW Link Dies

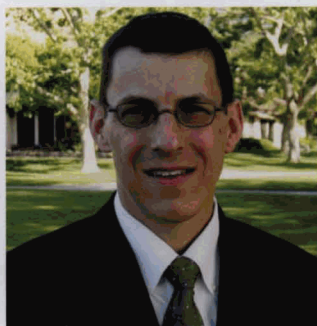
Frank Vaughters, MD (PG), was visiting Port-au-Prince to confer with staff of the health clinic he created there when the earthquake destroyed the hotel he was staying at. The Kansas City pediatrician died in the collapsed building.

Vaughters began his long association with Haiti in 1986, volunteering in rural mobile medical clinics and heading projects focusing on family planning. He felt that safe and reliable birth control was the greatest medical service he could offer the destitute families he met. His latest project was a family-planning and children's health program in the slum called Cite Soleil.

He completed his pediatrics residency at UW Hospital and Clinics in 1979.



## RATHOUZ NAMED BIOSTATISTICS AND INFORMATICS CHAIR



**P**aul J. Rathouz, PhD, associate professor of biostatistics in the Department of Health Studies at the University of Chicago, has been named chair of the Department of Biostatistics and Informatics at the SMPH.

“Paul Rathouz has made outstanding contributions in both applied biostatistics and methodology, and has demonstrated innate talent and skill as an administrative leader at the University of Chicago,” says Robert N. Golden, MD, dean of the SMPH. “We are confident that he will build on the outstanding legacy of David DeMets, the department’s founding chair, in advancing this vibrant academic department into the future.”

After completing his PhD in biostatistics at Johns Hopkins University in 1997, Rathouz

joined the faculty at the University of Chicago and quickly emerged as both an academic and administrative leader.

He directed the PhD degree program in the Department of Health Studies, has served on several National Institutes of Health (NIH) study sections dealing primarily with biostatistics methodology and mental health epidemiology, is currently engaged in five NIH-funded research projects and is associate editor of *Biometrics*.

His honors include the James E. Grizzle Distinguished Alumnus Award from the Department of

Biostatistics at the University of North Carolina—Chapel Hill (UNC) and the John Van Ryzin Award from the International Biometric Society’s Eastern North American Region (ENAR) for the best student paper.

He has published more than 65 peer-reviewed papers.

Rathouz worked as a public health analyst in the Alcohol, Drug Abuse and Mental Health Administration of the Department of Health and Human Services. He earned his MS in biostatistics at UNC.

## HELPING ETHIOPIA BUILD EMERGENCY MEDICINE SERVICES

**I**n Ethiopia there is literally no emergency medical services structure, says Girma Tefera, MD, of the country where he was born and raised. Last year, Tefera, a vascular surgeon with UW Hospital and Clinics, decided to do something about it. He applied for and received a grant from the Centers for Disease Control, the Health Resources and Service Administration (HRSA) and the American International Health Alliance.

His goal? Training four dedicated Ethiopian physicians at the University of Addis Ababa’s Black Lion Hospital to become emergency medicine physicians.

Ryan Wubben, MD '97, an emergency medicine physician, and Peter Rankin, RN, both of UW Hospital and Clinics, also joined Tefera on two trips to Ethiopia to study the healthcare delivery system there.

Last fall, two nurses from Ethiopia spent four weeks at UW Hospital. And in April, two veteran Ethiopian physicians began a ten-week stay in Madison, shadowing Wubben and others to learn how staff at UW handle anesthesia, cardiology, infectious disease, pediatrics and intensive care.

The efforts have won attention and attained success. The original grant has been renewed and doubled to include

a pediatric element. Tefera and Wubben plan to return to Ethiopia this fall to launch an emergency medicine residency in Addis Ababa.

“We recognize that you can’t cram into ten weeks everything these doctors need to know

about emergency medicine,” admits Tefera, assistant professor of surgery at the SMPH. “But it’s an important start. The bottom line is, unless we help them build a structure, we cannot improve care.”



## GOLDEN GIVEN UNC DISTINGUISHED MEDICAL ALUMNI AWARD

**R**obert N. Golden, MD, dean of the SMPH, was recently given the Distinguished Medical Alumni Award from the University of North Carolina-Chapel Hill (UNC) School of Medicine.

The award recognizes alumni who have significantly enhanced the reputation and prestige of the school through their lifelong careers of service and accomplishment.

Golden spent 25 years at the UNC before moving to UW-Madison to become dean of the SMPH and vice chancellor for medical affairs in 2006.

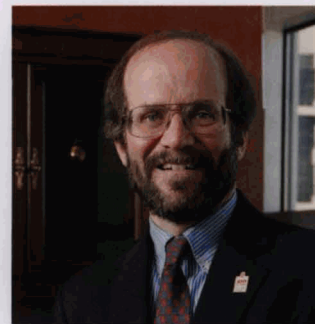
He completed his internship, residency and chief residency in psychiatry at UNC, then left for a fellowship at the National Institute of Mental Health Intramural Research Program. He returned to a faculty position in the UNC psychiatry department in 1985.

Involved in research, training and clinical programs, he served as the founding director of both the Clinical Psychobiology-Pharmacology Research Training Program and the ECT Service. He was also associate director of both the General Clinical

Research Center and the Mental Health Clinical Research Center.

From 1994 through 2005, Golden served as chair of the Department of Psychiatry. During that time, it grew to include 85 full-time faculty and 62 residents. Its National Institutes of Health (NIH) research portfolio grew from approximately \$3 million to more than \$29 million, placing it in the top 10 psychiatry departments in terms of NIH competitive awards.

In 2004, Golden assumed the additional role of vice dean for the UNC School of Medicine, with responsibilities for research and



educational programs, faculty development and academic affairs, as well as the state's Area Health Education Centers.

## SCHOOL'S ACCREDITATION RENEWED FOR ANOTHER EIGHT YEARS

**T**he Liaison Committee on Medical Education (LCME), the national accrediting authority for medical education programs leading to the MD, recently gave the SMPH a full eight-year renewal of its accreditation.

"The site visitors were very impressed by our school and the many outstanding people and programs we have in place," says SMPH Associate Dean for Students Patrick McBride, MD '80, MPH, who headed the steering committee.

The LCME report cites several areas of strength at the school, including: administrative leadership; the offices of

medical education and student services; the collaboration of course and clerkship directors; facilities; and opportunities for medical students to participate in research, public health, global health and community service.

The report identified only five areas needing further work. These include reducing variability in written objectives of the curricular components so that all are outcomes-based; consistency across all departments in training residents as teachers; consistency of observation of core clinical skills in clerkships; insuring narrative evaluations for small-group learning experiences; and

increasing the diversity of students, faculty and staff.

A required self-evaluation, which involved more than 120 faculty, students and staff, was a key element in the process.

"We are very pleased with the outcomes of this review, which generated far fewer areas requiring further work than the national norm," says Robert N. Golden, MD, dean of the SMPH. "We appreciate the expert consultative advice afforded by the process, and I feel that the self-study will be particularly valuable as we move forward with the next phases of our historic transformation."



## SMPH IN TOP 20 FOR "SOCIAL MISSION"

In a first-of-its kind study, the SMPH placed in the nation's top 20 medical schools for fulfilling its social mission.

The study, published recently in the *Annals of Internal Medicine*, ranked 141 U.S. medical schools on percentage of graduates who practice primary care, work in health-professional shortage areas or are underrepresented minorities.

Each school's "social mission score" reflected performance on the three measures.

"This is a new way of evaluating medical schools, and we are proud that Wisconsin is ranked so highly on measures that reflect our commitment to



serve the needs of our state," says Robert Golden, MD, dean of the SMPH. "While we appreciate the recognition, we will not rest until the health disparities in this state have been eliminated."

Researchers analyzed data on medical-school graduates from 1999 to 2001 to capture those who had completed all types of residency training and national service obligations.

For public schools, which primarily admit students from within their state, the researchers compared the proportion of African American, Hispanic and Native Americans graduated by the school to the proportion of those minorities living in the state. At the SMPH during the years studied, 13.8 percent of graduates were members of those minority groups, while the state's proportion of those groups was 11 percent.

The school's innovative WARM and TRIUMPH programs focus on preparing students for practice in underserved rural and urban settings.

## SCREENING ALL ADOLESCENTS FOR ALCOHOL USE

New evidence concerning the impact of alcohol on the developing brain is adding urgency to a recommendation that doctors screen all adolescents for alcohol use.

Patricia Kokotailo, MD, MS, director of adolescent medicine at American Family Children's Hospital, is the lead author of a new national policy statement released last spring by the Committee on Substance Abuse

for the American Academy of Pediatrics.

The document recommends screening all children as young as middle-schoolers on their use of alcohol.

The screening can help identify teens who need help in order to ward off potentially long-lasting negative effects such as memory loss, increased dependence on alcohol, poor academic and job performance, depression, and criminal and violent behavior.

"A remarkable amount of brain development is still occurring for young people through their 20s," says Kokotailo, who is also associate dean for faculty development and faculty affairs at the SMPH.

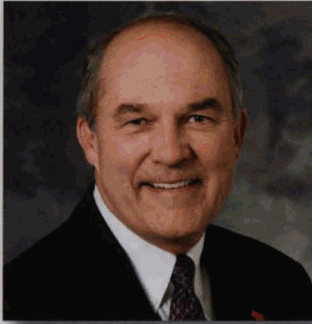
"The parts of the maturing brain most impacted by drinking are essential for developing organizational skills, emotional regulation, abstract thinking and impulse control."

The policy statement also cites research that concludes that the younger people are when they start drinking, the more likely they are to have significant problems in their lifetimes, including alcohol abuse and addiction.

The document suggests physicians use a series of six questions, known as the CRAFFT instrument, to screen for alcohol-use issues in youth.



## FARRELL GIVEN MEDICAL SOCIETY'S 2010 PRESIDENTIAL CITATION



**P**hilip Farrell, MD, PhD, former dean of the SMPH, was recently honored with the Wisconsin Medical Society's 2010 Presidential Citation. The award is given to a physician or non-physician who has made a significant contribution to medicine or public health.

Farrell, professor of pediatrics and population health sciences, was dean of the school from 1995 until 2005. He oversaw construction of the Health Sciences Learning Center and groundbreaking on the Wisconsin Institutes for Medical Research. He helped implement the Wisconsin Partnership Program, which resulted from

the conversion of Blue Cross Blue Shield from a for-profit to a non-profit corporation. He changed the school's name and began its transformation into the UW School of Medicine and Public Health.

Farrell also strengthened relationships with the Wisconsin Medical Society, noted Susan Turney, MD '79, chief executive officer of the society.

"As Dean, you further demonstrated your deep commitment to medicine by participation on the Wisconsin Medical Society Board of Directors. With your guidance, a mutually beneficial relationship between the Society and the

Medical School was developed and continues to enrich the profession and benefit our future physicians," Turney wrote in her letter informing Farrell of the award. "You have distinguished yourself as a true leader in the advancement of science and the art of medicine."

During Farrell's tenure, the Master in Public Health program was created, construction of the American Family Insurance Children's Hospital was completed and extramural funding for research grew substantially.

## NEW FACULTY OFFICE BUILDING OPENS

**M**any SMPH faculty members will soon be working in a new office building steps from UW Hospital and Clinics.

The \$39 million building is a gift of the UW Medical Foundation, the clinical practice organization for SMPH faculty physicians, commemorating the recent 100th anniversary of the school. It is called the Medical Foundation Centennial Building, or MFCB.

In addition to faculty offices, the new building houses a data center and administrative areas for 10 medical school clinical departments previously located within UW Hospital, freeing up valuable hospital space to be



used for future inpatient and outpatient services.

The seven-story structure contains 135,000 square feet and includes an enclosed walkway from the second floor that connects to the hospital's former emergency department

entrance. A landscaped courtyard frames the historic Keystone House.

Designed and constructed as a LEED (Leadership in Energy and Environmental Design) "Gold Certified" building, the MFCB features many design ideas and

building systems that make it energy efficient and respectful of the environment. LEED is an ecology-oriented building certification program run under the auspices of the U.S. Green Building Council.

The new building will house offices for the departments of anesthesiology, medicine, neurology, orthopedics, pathology, radiology, surgery and urology. It will also contain the radiology department's Turski Education Center and a lecture hall with 75 fixed seats.

Occupants will be moving in over the summer.



# Cockroach Culprit

**William Busse, MD '66, zeroes in on a key factor in asthma among inner-city youth.**

by Aaron R. Conklin

The typical cockroach is about the size of a human thumbnail. It likes to burrow in dark, cold spaces and can multiply faster than raindrops in a thunderstorm. The cockroach also turns out to be the greatest cause of allergies and a key player in determining how severe asthma will be in the millions of inner-city children in the United States who have the disease.

In 2002, with the leadership of William Busse, MD '66, the SMPH received its largest research grant ever, a six-year, \$55.8 million award from the National Institutes of Health (NIH) to study the causes of the urban asthma epidemic that affects people under 20 years of age. A major goal of the research is to develop treatments to improve control of asthma in this young population.

Last fall, the grant was renewed for another five years, bringing in an additional \$56.3 million to continue the work on inner-city asthma. Joining Busse on the SMPH research team, part of the Inner City Asthma Consortium (ICAC), are Christine Sorkness, PharmD, and James Gern, MD, of the Department of Medicine. They lead a national research group from eight inner-city sites and two basic science investigators who will comprehensively

explore new treatments and causes of asthma in the high-risk youngsters.

Asthma is very common, especially in children. Mortality related to it is beginning to decrease worldwide and in the U.S.—except in the inner city. In children living there, asthma is more frequent, more severe and more difficult to treat than asthma in other children, says Busse.

“These characteristics and the fact that these children are at high risk for asthma continue to make this disease a major public health issue and the focus of research at the NIH,” he says. “Our focus in this project is on inner-city children, but the results of our efforts should be applicable to all patients with asthma.”

In the inner city, cockroaches are a principal culprit in the asthma puzzle.

“Children living in the inner city are allergic to the usual suspects—house dust



mites, animal dander and pollen—but cockroach sensitivity is a major problem for this group of patients, particularly for those with asthma,” Busse says.

Other factors are involved, he notes, but an allergy to cockroach appears to be a central factor in driving asthma severity in the inner city. For that reason, cockroach allergy needs to be a principal target of treatment and research.

The research proposed in the renewed ICAC grant will build on findings from the initial grant.

One of the studies recently completed, the Inner City Anti-IgE Therapy for Asthma, or ICATA, evaluated the effectiveness of treatment with a monoclonal antibody against IgE, the antibody causing allergic disease. The anti-IgE treatment, omalizumab, is given as an injection and reduces IgE levels. This drop in IgE can reduce the severity of allergic disease and asthma in some patients.

The children who received anti-IgE treatment had reduced symptoms and less need for inhaled corticosteroids and long-acting beta agonists. The treatment also decreased asthma exacerbations—especially those attacks that are severe enough to require systemic corticosteroids such as prednisone, emergency room treatments or hospitalizations.

“Since exacerbations are the major cause of morbidity and healthcare costs, reducing them is especially relevant both for the patient’s wellbeing and the healthcare system,” Busse notes.

But the most exciting thing about anti-IgE treatment, the researchers found, is its effect on the “September epidemics of asthma.” These are the spike in emergency visits or hospitalizations for asthma attacks that occur when children return to school after summer vacation, and catch a cold.

“We’ve known that the common cold virus is the major infectious trigger of

**“If we can unravel more fully how cockroaches contribute to asthma,” says Busse, “we can outsmart them by developing more effective and specific treatments.”**

asthma at this time of the year. The return to school acts as an incubator to spread the cold to the children and eventually other family members,” explains Busse.

“We’ve also known that having allergies is a risk factor for an asthma attack when children, and adults, get a cold.”

What the researchers didn’t realize was how important allergies and IgE antibodies were to this relationship. Anti-IgE treatment virtually “wiped out” the asthma attacks that occurred during the September epidemic in the inner-city children.

“What was most impressive was that the anti-IgE treatment even worked in children who were receiving guideline treatment and had been on all the right medications and at the right doses when they got a cold,” says Busse.

The usual treatment was not sufficient to prevent asthma attacks in most of these children.

“These findings are new evidence that in addition to the well-recognized contribution of a respiratory viral infection to a flare-up of asthma in September, IgE and allergies are equally important,” says Busse. “That makes allergies and IgE highly viable targets for treatment.”

The new grant will support the SMPH team’s efforts to more fully understand and effectively treat children who are most likely to suffer severe September attacks. For starters, the researchers hope to treat children with anti-IgE right before they return to school, and to treat them for a shorter period of time. This simplified

treatment should increase patient convenience, decrease disease morbidity and lower the cost of asthma care.

But work in the ICAC involves more than understanding September epidemics and cockroach allergy.

The researchers will continue to follow their recruited birth cohort of inner-city children at high risk for asthma, who are now four years old and beginning to develop asthma. Because the immunology and environment of these children is well defined and characterized, the ICAC group expects to learn what causes asthma in them and how it may differ from that which occurs in children raised in the suburbs.

“With this expanded information and insight, we hope to determine which risk factors make this disease in these children so difficult to treat,” says Busse. “We’ll have taken an important step toward creating a personalized care approach to improve the treatment of these children.”

In the end, the researchers hypothesize that the cockroach, with its unique and potent allergen characteristics, will be a critical factor in solving this puzzle.

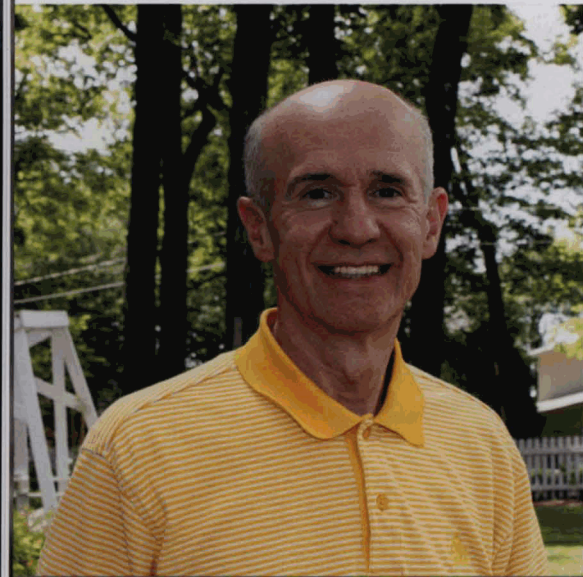
“The cockroach has survived for millions of years, and will likely continue to thrive in our environment,” says Busse. “So it’s unlikely we will be able to rid homes of these critters.”

But the NIH funding gives the researchers the resources and manpower needed to thoroughly address the issue and overcome a major healthcare problem.

“If we can unravel more fully how cockroaches contribute to asthma,” Busse says, “we can outsmart them by developing more effective and specific treatments.”



## FUHRMANN IS NEW MEDICAL ALUMNI ASSOCIATION LEADER



by Dian Land

**D**onn Fuhrmann, MD '76, became the 47th president of the Wisconsin Medical Alumni Association (WMAA) on July 1, 2010.

You might say that he has been primed to take on the new leadership position—because he's been a leader all his life.

"I like to participate and try to make things even better than they are," says Fuhrmann, a self-professed optimist.

A "people person," Fuhrmann wants to develop stronger relationships and increase interactions among SMPH alumni during his two-year term. He also wants to significantly increase membership in the Middleton Society, following up on the goals of his predecessor, John Kryger, MD '92.

"I hope being president will allow me to contribute and effect change as much as possible," Fuhrmann says. "I want to involve more people and generate creative ideas and new programs."

Fuhrmann has served as a member of the WMAA board of directors for six years and has been a class representative "forever," as he says.

Volunteering to be class rep was a logical move, because he was president of his

class for three of his four years of medical school. Before that, as a pre-medicine undergraduate at UW-Madison, he was president of his senior class.

During those college and medical school years, he took time to feed his passion for travel. For example, he lived with exchange students in South America, stayed with an SMPH graduate in Thailand, visited Australia and shadowed a physician in a Scottish fishing village. But he ultimately ended up in New London, Wisconsin, the town where he was born and raised.

Fuhrmann has been a family practice physician there for 30 years.

"Some of my classmates thought I was a little crazy going back to practice in my hometown," Fuhrmann says. "But it's been a real joy. My patients include old teachers, neighbors and friends."

He and his wife, Audrey, are deeply involved in family and community activities, with a total of 10 children and 11 grandchildren between them.

In his practice at the town's six-physician clinic, Fuhrmann "does a lot of everything," seeing some 25 patients a day.

"I'm still working full-time, although I'm slowing down a little," he says.

Recent rotator cuff surgery slowed him down more than he expected it would, but he's just about back to full steam.

Even with his arm and shoulder demobilized in a sling, he gravitated in the evenings to the large garden behind his house, located just a block from the clinic, to weed and water rows of vegetables and flowers.

"Gardening is one of my favorite activities; I find it very therapeutic," he says. Fuhrmann is also an avid hunter and fisherman. And he begins most days with an early morning swim preceded by stretching and weight lifting.

Though he does all these activities for himself, Fuhrmann hopes his lifestyle sets a good example for his patients. He devotes

an unusual amount of time talking to them about healthy living.

"I really am an aggressive advocate and promoter of wellness," he says. "If there's one magic pill, it's exercise. Eating lots of fruits and vegetables is also helpful."

Fuhrmann urges patients to find the activities they love and then do them regularly. And he delivers the same message to physicians.

"Doctors don't take care of themselves as much as they need to," he says.

He's planning a "Wellness Cruise" on the Mexican Riviera for fall 2011, to which all SMPH alums will be invited. It will include sessions on prevention and wellness in addition to time for exercising and, of course, having fun.

"The WMAA is encouraging all classes that will be celebrating reunions to consider joining us on the cruise," he says.

In addition to being concerned about physician health, Fuhrmann worries about the shortage of family practitioners in small towns across Wisconsin. It's something he thought a lot about when he was president of the Wisconsin Academy of Family Physicians.

"Whether it's more student scholarships or loan forgiveness, we need to come up with ways to help medical students chose careers in primary care medicine," he says. "We will always need more of these doctors."

Fuhrmann is committed to trying to improve his community, no matter what that community may be—hometown, university, medical school or specialty.

"I've been so blessed," he says. "I want to give back."

## Two New Board Members Appointed



The Wisconsin Medical Alumni Association (WMAA) recently appointed two new members to its board of directors—James Binder, MD '78, and Daniel Jackson, MD '03.

"We are extremely pleased to have Drs. Binder and Jackson join our board of directors," says Karen Peterson, executive director of the WMAA. "Both come to us with new energy and ideas that will serve us well."

A general and vascular surgeon, Binder has been in practice in Wausau, Wisconsin, for the past 25 years. He trained under the illustrious SMPH surgeon Folkert Belzer, MD, finishing his surgical residency at UW Hospital in 1983.



"I love to hunt with bow and rifle in Wisconsin, Colorado and Alaska, and I love to spend time on Crescent Lake near Rhinelander, Wisconsin, with my family and friends," says Binder. "I am also a big Badger and Packer fan and I am trying to transfer that enthusiasm to my grandchildren. In my spare time, I also like to make firewood and construct food plots with my John Deere tractor for the deer and turkeys."

Jackson works in pediatric allergy and immunology at American Family Children's Hospital in Madison. He completed his residency in pediatrics at the University of California—Davis, followed

by a fellowship in allergy and immunology at UW.

"I enjoy spending time with my wife and daughter," says Jackson. "I also enjoy cooking, traveling and playing golf."

As a member of the Medical Student Association, Jackson was active in the WMAA during medical school. He continued his involvement on the awards committee during his residency and fellowship.

And now, as the youngest board member, Jackson will help to strengthen ties with younger alumni.

"I hope to increase student involvement in our alumni association," he says.

## HELPING HAITI HEAL *Continued from page 13*

"It was shocking for me," says Gelin about seeing the devastation last March. "It was so chaotic, with people trying to figure out what to do."

Gelin was not as disturbed when he returned again in May, as soon as the school year ended.

"There are still destroyed buildings all around, but people are dealing with it and getting back to normalcy," he says.

Most of his cousins are in schools that have relocated outside Port-au-Prince.

During his last trip, Gelin was joined by SMPH classmates Jasmine Zapata, Allison Schaus and Suzy Lin for a week. The four worked at Pernier Hospital on the outskirts of the capital, where there was little sign of the catastrophe. But a short ride on a local "tap-tap bus" to downtown showed that the hard-to-fathom destruction remains.

The biggest frustration for Gelin and most Haitians is that reconstruction there is proceeding at such a slow pace.

During the second week, classmate Gabriel Berendes accompanied Gelin to the clinic in the north where the Haitian student had worked for two summers.

They helped Haitian physicians Gelin knows well, treating many cases of malaria, urinary tract infections, respiratory infections, sexually transmitted diseases and parasites.

Gelin says he and his guests worked hard, yet also made time for fun.

"It was exciting to show off my country," he says. "We are facing some difficulties, but the beauty still prevails if one takes the time to see and appreciate it."

*With medical charting on her cast, a Haitian patient at the field hospital waits to heal.*



VIVID MEMORIES  
ABOUT AT

# Alumni Weekend



by Dian Land

Earl Kendall remembers riding down the old wood and rope elevator in Science Hall to the room in which the cadavers were kept. And Carl Natter could never forget that he met his wife, Jean, over a gross anatomy tank.

Kendall and Natter were just two of the 26 members of the Class of 1960 who came to Madison for their 50th class reunion.

At their reunion banquet on April 23, 2010, each class member was introduced and then described some memorable moment from medical school days.

The Class of 1960 was the youngest to hold a reunion. The Classes of 1955, '50 and '45 also got together.

"Only John Irvin and I made it," says LeRoy Misuraca of the Class of 1945, adding that he called several other classmates.

Misuraca flies in regularly from Long Beach, California, for class reunions.

"The good thing about reunions is you finally have time to get to know people in your class," says Misuraca, a former anesthesiologist. "Also, when you get together, you talk about the happy memories, never the bad ones (if there were any)."

The reunions were a highlight of Alumni Weekend 2010. It didn't matter that it was the first time some of the attendees had ever been back. There was an immediate sense of camaraderie among them.

Attendees also had brunch with medical students, met about 20 of them who serve

in the MEDiC program, and took tours of the Health Sciences Learning Center, American Family Children's Hospital and Wisconsin Institutes for Medical Research.

The Wisconsin Medical Alumni Association (WMAA) board of directors also met during Alumni Weekend. The board agreed to fund more student community service organizations and recognized recipients of this year's WMAA scholarships.

"These scholarships are awarded to students who are clearly recognized as leaders by their peers," explains Karen Peterson, WMAA executive director.

The scholarship recipients include Aaron Arredondo, Ben Abeyta, Joe Hippensteel, S. Kyle Pauly, Allison Pratt, Tahlia Weis and Bob Zemple.

*Opposite: Richard Normington, Class of '60, flew all the way from Australia. Below: James Urban, also of the Class of '60, greets fellow classmates.*



*Above: Jack Perlman of the Class of 1960 shows his appreciation.*

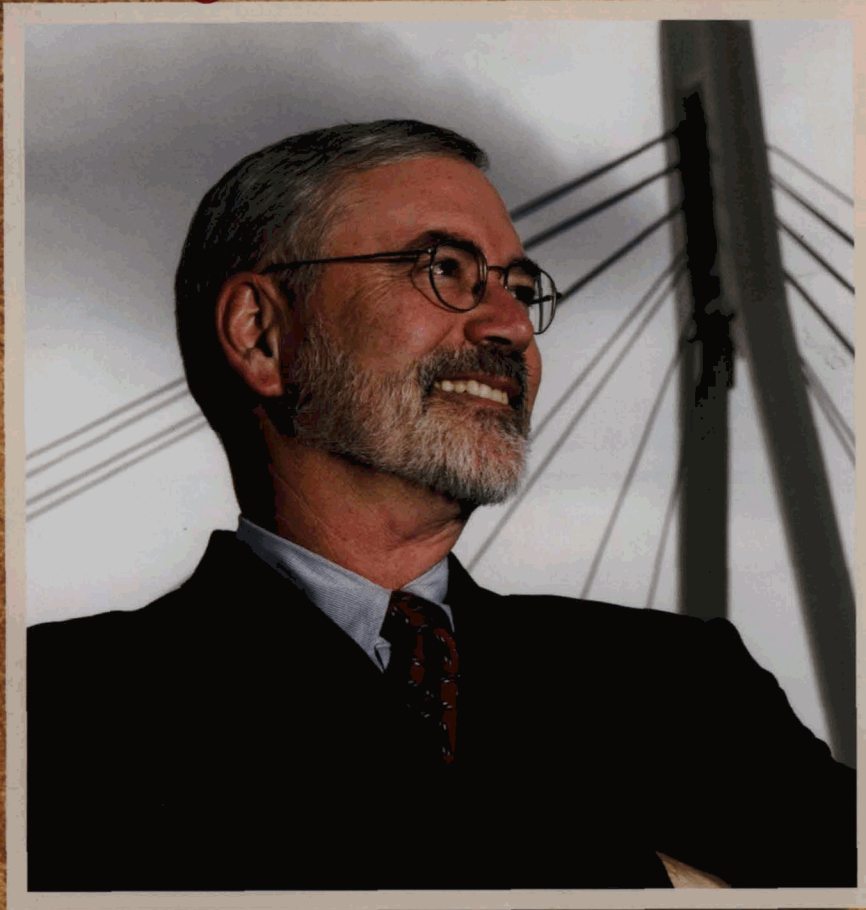


*Above: Eugene Wheaton, Class of '55, and wife Mary Alice peruse old class pictures. At right, John Irvin (left) and LeRoy Misuraca, of the class of '45, compare notes.*



See additional Alumni Weekend pictures and read more about awards given at the annual Awards Banquet at: [med.wisc.edu/87](http://med.wisc.edu/87).

# Awards Alumni Citation Award, LORRIS BETZ



by Dian Land

Lorris Betz, MD '75, PhD, is very likely the only SMPH alumnus who has been a dean of two medical schools. As if that weren't enough, he's our only alum to have served as president of an American university. Incidentally, he also chairs the Council of Deans at the Association of American Medical Colleges.

Betz is a distinguished researcher with broad interests in the neurosciences as well.

The Wisconsin Medical Alumni Association recently gave him its top recognition—the Alumni Citation Award, which honors an alumnus who has achieved distinction in medicine through excellence in the practice of medicine, academic activities or research accomplishments.

"It's clear that Dr. Betz has been very highly and widely respected to have been appointed to all these top leadership positions," says Philip Farrell, MD, PhD, who interacted with Betz during the 10 years Farrell was dean of the SMPH. "He's also a top-notch neuroscientist."

Betz attributes some of his success to the mentors he's had.

"I was fortunate to have a series of mentors who helped guide me through critical phases of my career," he says.

After earning his medical degree at the SMPH, Betz got a doctoral degree in biochemistry and physiology at UW-Madison. He then completed his pediatric residency and a research fellowship in pediatric neurology at the University of California, San Francisco.

Betz spent the first 20 years of his career at the University of Michigan Medical School, with faculty appointments in the departments of pediatrics and communicable diseases, neurology and surgery.

His early academic and administrative interests focused on research. He was the director of the Crosby Neurosurgical Research Laboratories and then associate chair for research as well as director of the Office of Research Programs in the pediatrics and communicable diseases department.

Betz maintained his own active research program, concentrating on the blood-brain barrier and studying mechanisms of brain injury and edema formation in stroke and intracerebral hemorrhage, central control of blood pressure and mechanisms of cerebrospinal fluid production.

His administrative career at Michigan began in 1985. He served as associate dean for faculty affairs at the medical school and then executive associate dean. In 1996, he was appointed interim dean.

After serving for more than two years as interim dean, Betz returned to the faculty. Shortly after, he was recruited to the School of Medicine at the University of Utah to be senior vice president for health sciences and dean, the position he currently holds. He is responsible for all campus health-related organizations: University Hospital, the Huntsman Cancer Institute and the colleges of medicine, health, nursing and pharmacy.

In 2004, Betz served as interim president of the University of Utah for a year.

Recently described in a Salt Lake City newspaper as "a major heavyweight on the University of Utah campus for the last 11 years," Betz has overseen major growth in the university's healthcare system, with its budget jumping from \$830 million in 1999 to \$1.9 billion in the last fiscal year.

Betz has announced that he will step down once his successor has been identified, probably in about a year. He plans to return to his native Midwest.

## Resident Citation Award, MATTHEW D. DAVIS

by Susan Lampert Smith

When the results of a landmark study on the best ways to protect the eyesight of people with diabetes rolled out in the *New England Journal of Medicine* this summer, it was no surprise to find that Matthew D. Davis, MD, was one of the authors.

In fact, the thousands of eye photos taken for the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial were analyzed in Madison, at the Fundus Photograph Reading Center, where Davis is the founder and former director.

Now a professor emeritus of ophthalmology, Davis has been part of major research studies involving diabetic retinopathy since he chaired a national committee on the treatment of the disease in 1968. More importantly, the findings that came out of that study and several that followed literally saved the sight of thousands of people with diabetic retinopathy.

To recognize his achievements, the Wisconsin Medical Alumni Association recently honored Davis with its Resident Citation Award.

For some historical context, consider that in the 1960s, about 50 percent of people diagnosed with proliferative diabetic retinopathy would become legally blind within five years. By the 1990s, this rate had dropped to 5 percent. And Davis was an important part of the change.

First, as chair of that 1968 steering committee, Davis led his colleagues in devising a diabetic retinopathy classification system that is still used worldwide today.

Secondly, Davis was chosen to chair the National Eye Institute's first large-scale collaborative clinical trial, the Diabetic Retinopathy Study. That study found that laser treatment of the retina was very effective for proliferative diabetic retinopathy—it reduced the risk of blindness by 60 percent. Photocoagulation, as the



laser treatment is known, has become the standard of care.

"This was a remarkable contribution to the care of patients who only 30 years before had a very poor prognosis," remarks Paul Kaufman, MD, SMPH chair of ophthalmology and visual sciences.

Davis began his academic career at Wisconsin, where he received his BS degree in 1947. He earned his medical degree from the University of Pennsylvania, and then returned to UW as an intern and resident, a stint that was broken up by two years of active duty in the U.S. Naval Reserve.

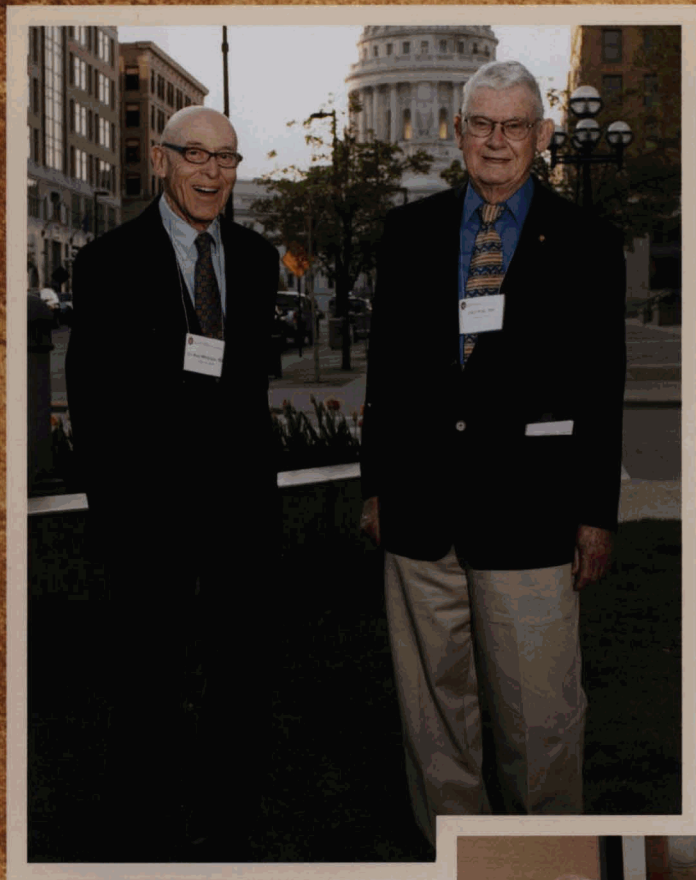
After a retina fellowship at the Massachusetts Eye and Ear Infirmary, he returned to Wisconsin in 1956, and has been here ever since.

Davis served as chair of ophthalmology from 1970 to 1986. He founded the Fundus Photograph Reading Center in 1971. Center staff have worked with eye researchers from around the world to analyze photos of the retina in order to assess changes over time. The methods Davis devised ensure that retinal photographs—and thus the results of study treatments—are evaluated in an unbiased manner.

Over the years, Davis has been honored with many awards.

"Dr. Davis has been tireless in his devotion to the development of outstanding research, teaching and clinical programs," says Kaufman. "He is an outstanding role model and an invaluable asset to the world of ophthalmology."

# Reunions



1945

LeRoy Misuraca (left) and John Irvin.



1950

First row, left to right: Ilse Judas, Lucille Rosenberg and Erwin Huston. Second: Robert Starr, Roger Laubenheimer and Allen Wittchow.





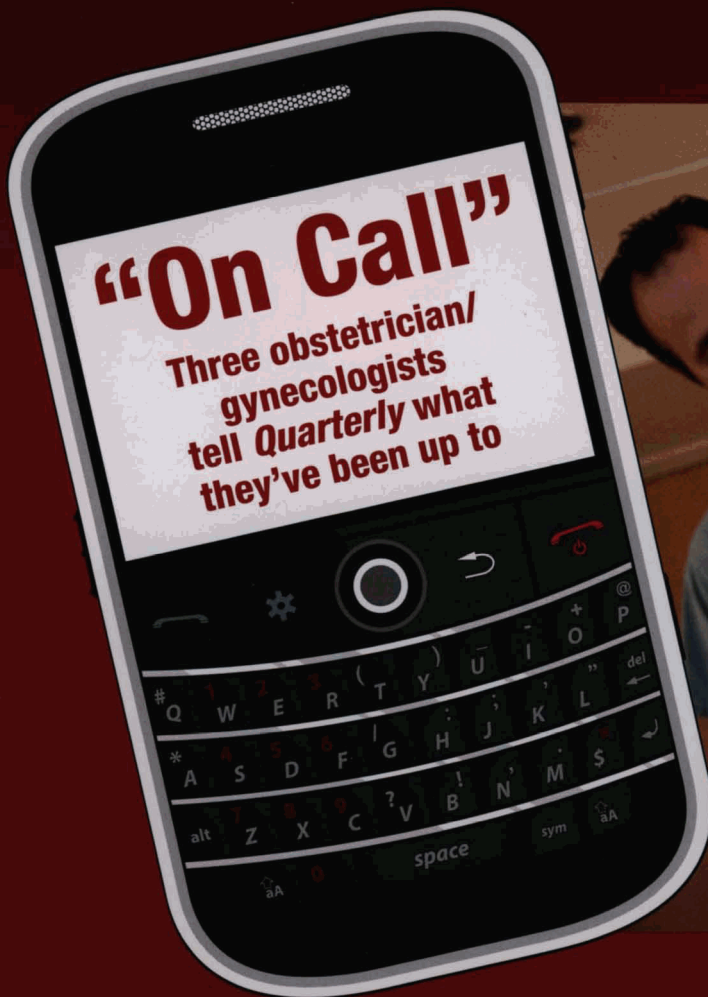
## 1960

*First row, left to right: Carol Young, Jack Perlman, Richard Lee, Connie Lee (1961), Donald Schmidt, Frank Murray, Stanley Miezio Jr. and Carl Natter. Second row: Quinton Callies, Glenn Meyer, Donald Powers, Leonard Stein, Paul McLeod, Earl Kendall, Joyce Lee, Dennis Fanscall and Herb Oechler. Third row: Bill Yount, Marvin Birnbaum, Kent Mannis, Leslie Klevay Jr., Dick Normington, Frank Schulkin and Jim Urban.*



## 1955

*Left to right: Robert Wheaton, Richard Whiffen, Richard Wolfram, Marvin Hinke, Donald Werner, Walter Schwartz, John Hughes and Robert Douglas.*



*Gregory Bills, MD, an obstetrician at UW Hospital and Clinics, shares a joyful moment with his patient.*

## WILLIAM MACMILLAN, MD '85

I stayed in Madison for my residency before heading East for fellowship training in maternal-fetal medicine at SUNY-Stony Brook. Following that, I returned to the Midwest, to Loyola University Stritch School of Medicine, for 14 years. I'm now in the East again at Robert Wood Johnson Medical School of the University of Medicine and Dentistry of New Jersey.



In general, my practice focuses on pregnancies gone awry, whether maternal complications, fetal problems or both. This is illustrated best by my most "famous"

case (some would say 'infamous'). The case came in 2004 while I was at Loyola, delivering the world's smallest recorded surviving infant at 260 grams. The mother was very ill with severe preeclampsia.

Choosing a specialty was a two-step process for me; first obstetrics and gynecology, then the subspecialty of maternal-fetal medicine. In the three-dimensional Venn diagram of modern medicine lies the intersection of medicine, surgery, reproductive science and women's health that we know as obstetrics and gynecology. Add the further confluence of neonatology/pediatrics, genetics and ultrasound imaging and you find yourself in maternal-fetal medicine. All of these are interests of mine and are used daily in my

practice. I can't imagine being without any of these many facets of medicine.

My usual advice to medical students considering obstetrics and gynecology is to spend as much time as possible in Labor and Delivery.

Then ask yourself two important questions: 1) Are you comfortable in that environment? It's unlike any other unit in a hospital. It's part OR, part ER, part ICU, but clearly a space for and by women. 2) When an emergency occurs there (which is frequent), do you want to run *to* it or *away* from it? The insights from those questions quickly determine if obstetrics and gynecology is a good fit for the individual.

## KRISTI BOROWSKI, MD '00

I am an assistant professor at the University of Iowa School of Medicine. I did my residency at the Mayo Clinic, in Rochester, Minnesota, then came to Iowa



to complete a combined fellowship in maternal-fetal medicine and medical genetics. I stayed on the faculty after completing the fellowship two years ago.

As a new faculty member, I received a Reproductive Scientist Development Program training grant so I've spent the last two years in bench research studying genetic variation in intrauterine growth restriction and cholesterol levels and perinatal outcomes.

Clinically, I see women with high risk pregnancies. These can be due to fetal abnormalities, multiple gestations or maternal conditions such as diabetes.

I think one of the most memorable cases for me was my first intrauterine transfusion. It is still amazing to me that we can diagnose a fetal condition like anemia by ultrasound, place a needle in the umbilical vein and transfuse the fetus while in utero. Seeing healthy outcomes after this is always rewarding!

I chose obstetrics and gynecology because I like the combination of clinical care and procedures. I love the variability in schedule and assignments, and that each day is unique. I also wanted to play a role in women's healthcare.

Obstetrics-gynecology is a great specialty for me. I am fortunate to have the opportunity to pursue a research career,

have unique clinical opportunities—like the pre-pregnancy genetics clinic I just initiated—and be able to teach medical students, residents and fellows.

I tell medical students: Do what you love and create the job that fits your interests, abilities and life.

In addition to my work schedule, I'm busy at home with family. My husband, Bret Borowski, and I have three children: Aidan, 7, Macy, 5, and Mia, 5. I have fond memories of my time in Madison and always enjoy running into former classmates.

## KRISTIN CLARK, MD '00

I practice at Women's Care of Wisconsin in Neenah, Wisconsin, and work mostly out of Theda Clark Medical Center, also in Neenah. I share call with 11



other ob/gyns and feel blessed to practice with such competent colleagues. Sharing call gives me more time to spend with my family and focus on being a mom.

I'm mostly involved in high-risk obstetrics and routine office-surgical gynecology. My senior partners have also trained me to perform advanced laparoscopic surgery, including total laparoscopic hysterectomy. I'm proud to be able to offer my patients these procedures,

because not many other providers in this part of the country do.

I did my residency at the University of Missouri in Kansas City. But my husband and I are both from northeast Wisconsin so we moved back because we missed being close to our families. In my opinion, you won't find nicer people than those who live in Wisconsin. We especially enjoy being here now that we have children.

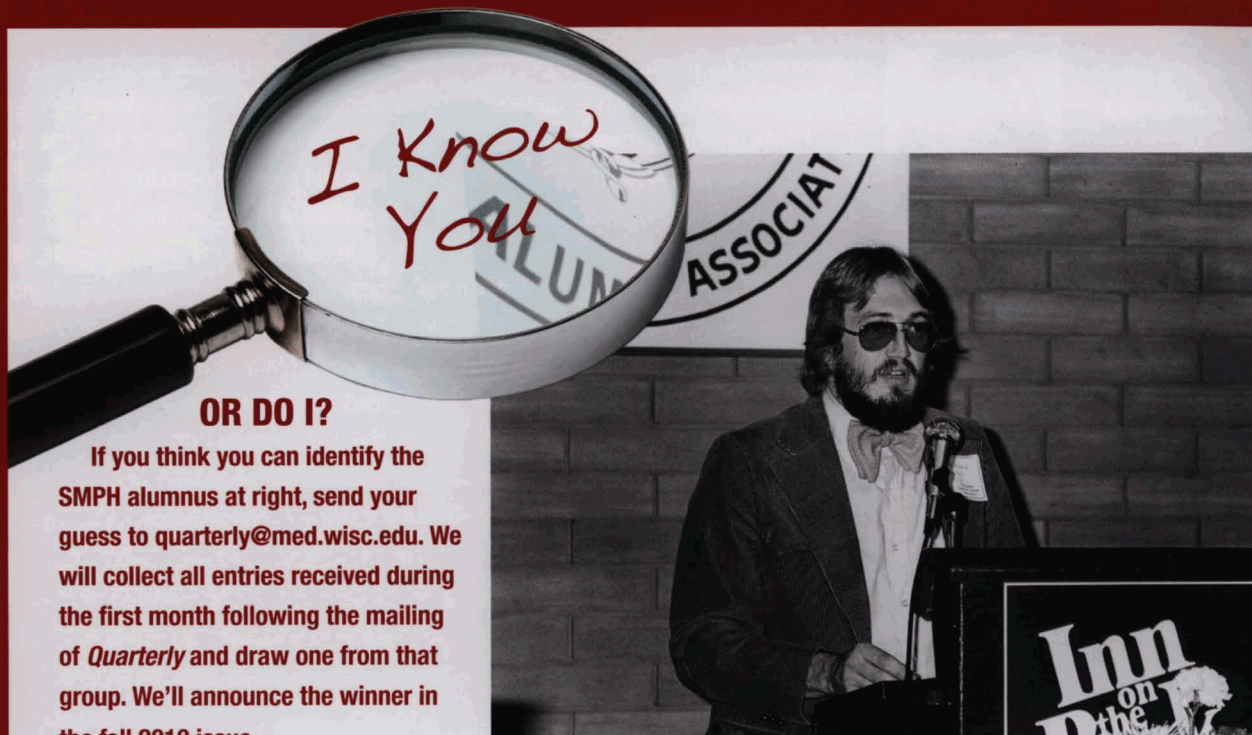
When I started medical school, I said, "I don't know what I'm going to do, but I'm definitely not doing obstetrics." A gynecologist I knew as a patient (I was pre-med then) told me not to do ob/gyn. She seemed really unhappy, and I was immediately turned off to the specialty.

Funny how things work out! As a medical student, I really liked radiology, but after I did my obstetrics rotation in my third

year of medical school, I was hooked. The specialty is really suited to my strengths because I like interacting with people in the office and spending time in the OR.

Also, this is mostly a positive specialty and is regularly filled with joy. Yes, there are great demands on your time and emotions, but I feel you get back more than you give.

I do informal mentoring with all levels of students. I do it because I really like my job and want to help others decide if they like it too. The mentors I have had in the past have helped shape who I am and how I practice—they were a vital part of my education. Now it's my turn to give back.



### OR DO I?

If you think you can identify the SMPH alumnus at right, send your guess to [quarterly@med.wisc.edu](mailto:quarterly@med.wisc.edu). We will collect all entries received during the first month following the mailing of *Quarterly* and draw one from that group. We'll announce the winner in the fall 2010 issue.

**HINTS:** This alumnus taught cadaver dissection lab at the medical school before being accepted as a medical student. He was class president for three years, running as "The Known Candidate," since most students knew him as one of their gross human anatomy instructors. Back in the day, he played guitar with a band he put together with a group of fellow students. They performed during one of the Junior Class Skits.

### Our last "mystery alum" was Nancy Homburg, MD '74.

Homburg completed her UW Family Practice Residency at St. Mary's Hospital in Madison in 1977.



Shortly after, she began working as a family medicine physician at the Medical Arts Clinic (now part of Affinity Health System) in Appleton, Wisconsin, where she's been ever since.

In the spring 1978 picture we showed, Homburg is pretending to interview a patient who was actually a partner at the clinic, Chris Wallace, MD,

who also had been a resident with her. He died in October 1994.

"Chris got me interested in end-of-life care. He studied the hospice movement in London and came back to start Appleton's Visiting Nurse Association hospice in the late '70s," recalls Homburg. "After Chris' death, I was asked to take his place as medical director. I knew a little about end-of-life care, but decided I'd better learn more. Five years later, I passed my first hospice and palliative care certification. I was recertified in 2006."

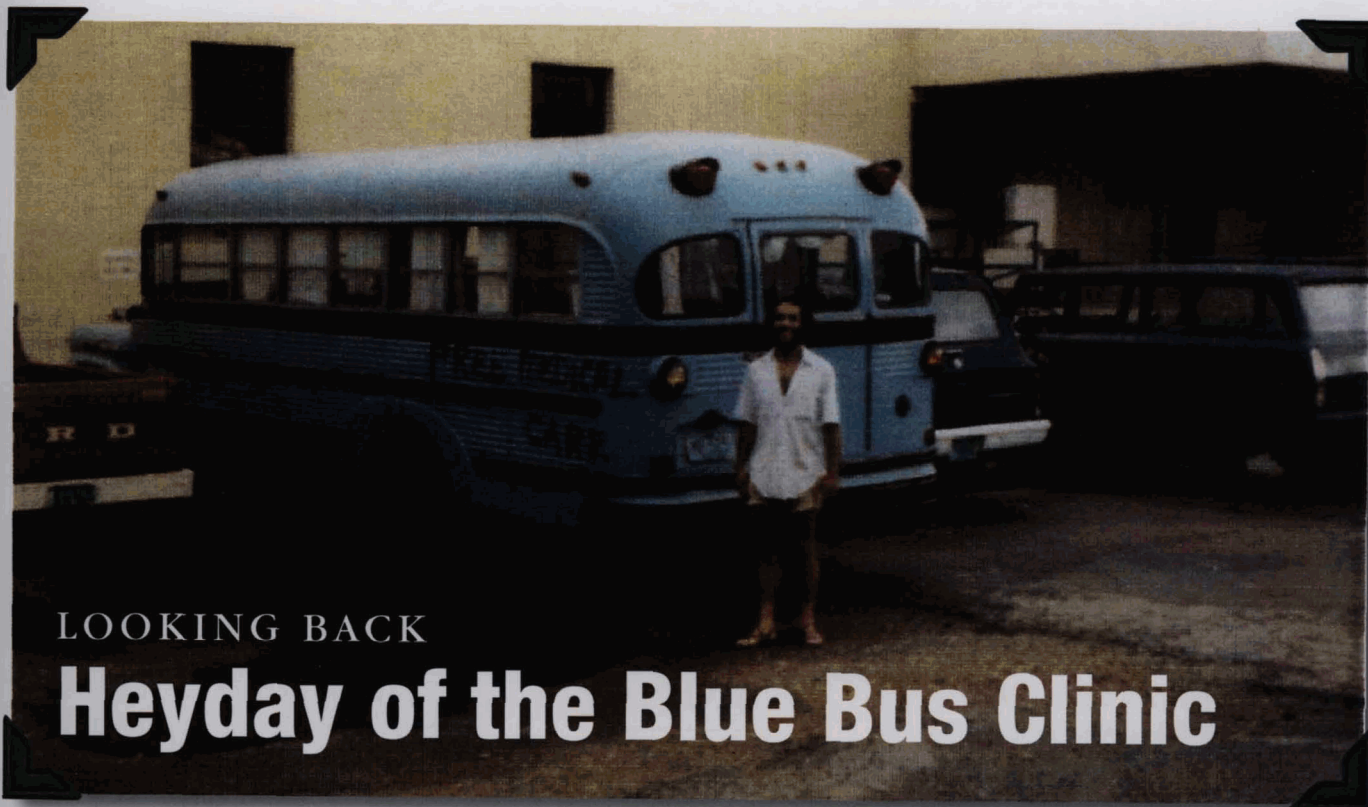
Homburg practices hospice and palliative medicine but shares call with a family practice group.

Fifteen people correctly identified Homburg. Kathleen Viereg, MD '74, was drawn as the winner.

"What a pleasure to open your magazine and see such a nice photo of my dear friend and roommate Nancy Homburg!" wrote Viereg.

Homburg, Viereg and Jane Sorenson, MD '74, were roommates during medical school and all three went into family practice.

Viereg has had a private practice in Cheshire, Connecticut for 24 years. She is president of the Connecticut chapter of the American Academy of Family Physicians.



LOOKING BACK

## Heyday of the Blue Bus Clinic

by Susan Lampert Smith

In the summer of 1969, revolution was in the air. Madison during the “Miffland” era attracted teenage runaways and other transients who were living the “tune-in, turn-on, drop-out” lifestyle on the streets.

Many of these young people didn’t trust “the man” or his medicine, but they needed a place they could go to get advice about health issues ranging from sexually transmitted diseases (STDs) to bad acid trips. Some feared that going to a traditional clinic would result in their being arrested.

So in September of that year, a group of UW-Madison medical students fulfilled that need by parking a blue battered former school bus behind the Mifflin Street Co-op.

You can read the fascinating history of the blue bus in a full-length article available online in a new section of the WMAA Web site called Looking Back. The article is written by Benson Lee Richardson, MD, who practiced medicine in Green Bay and has had an interest in writing history, and Betty A. Pearson, former public information officer at UW–Washington County.

“The Blue Bus: Dissent, Service and Learning” tells how Stephen Somerville, MD ’71, Ron Goldschmidt, MD ’70 (shown above) and others helped commandeer an unused bus that previously had been used to provide medical care to migrant workers near Wautoma, Wisconsin.

A *Daily Cardinal* story announcing the opening of the Blue Bus Clinic quoted the organizers as saying, “Let us repeat. We are not doctors and cannot give you a diagnosis nor can we prescribe or give you medicine. But we will try to answer your questions and we will try to guide you and we will always give you love.”

The clinic was open from 9 p.m. to midnight seven nights a week and promised clients anonymity. Goldschmidt sometimes wore a battered army coat and conductor’s cap to better fit in with the patients. Before moving on to a residency in California, he and Joseph Benforado, MD, of University Health Service, co-wrote an article based on their Blue Bus experiences entitled “Emergency Room Procedures for Bad Trips.”

The medical school administration decided to support the goals of the clinic, and by August 1970, it moved into the basement of a Bassett Street waterbed store, where it became more of a diagnostic clinic for STDs and a drug information center. Following a pattern established at the migrant clinic in Wautoma, medical students would do the history, lab work and physicals, then have the physician confirm the diagnosis and prescribe treatment. Eventually, the clinic became part of University Health Service.

The Blue Bus medical students mirrored the rebellious anti-establishment culture of the people they thought were excluded from school concern and study. Their efforts to include the “Mifflin crowd” were eventually accepted by the faculty and school and remain integrated into the health service. Not all protests from the ’60s were without lasting value, say the authors.



Read the entire Blue Bus Clinic story on the Looking Back page at: [med.wisc.edu/28292](http://med.wisc.edu/28292)

# CLASS NOTES

compiled by Joyce Jeardeau

## CLASS OF 1945

**John Steinhaus** retired from anesthesiology at Emory University after receiving numerous awards and recognitions for his service. At the age of 88, he has had to abandon playing tennis but he enjoys spending time reading and being with family.

## CLASS OF 1950

**Erwin Huston** devotes time to bell collecting, curling, reading and golfing since retiring as medical director of Wisconsin Electric Power Company. Visiting every state in the union has also been a goal for him. He has served as president of the American Bell Association. One of his memories from medical school is of Dr. Joe Lalich, a pathologist who had a loud voice and inflexible opinions.

Since retiring from the UW-Milwaukee as a professor, **Lucille Rosenberg** spends time as a community volunteer, is involved in child advocacy and enjoys writing poems and memoirs. She is also the recipient of the 2009 Distinguished Service Lifetime Achievement Award from the Wisconsin Council of Child and Adolescent Psychiatry.

## CLASS OF 1953

**Herbert Sandmire** was given the ACOG Distinguished Service Award in May 2010 at the American Congress of Obstetricians and Gynecologists annual meeting in San

Francisco. In private practice in Green Bay, Wisconsin, since 1959, he has delivered 11,000 babies. He has been involved in the training or postgraduate fellowship experiences of more than 700 practicing physicians in Green Bay.



## CLASS OF 1955

**Richard Wolfgram** recently participated in a meeting in the Florida Everglades that was associated with Elderhostel. Elderhostels offer adults 55 and older the opportunity to share experiences, ideas and the adventure of exploring the world together. The low-cost programs provide participants a chance to learn about a place's history, environment and culture from an insider's point of view, while encouraging them to cross cultural boundaries and create new relationships.

## CLASS OF 1960

Now retired from diagnostic radiology at Morton Plant Hospital in Clearwater, Florida, **Earl Kendall** has been enjoying computers, writing, playing tennis and boating. He has also been hard at work writing a book of poems and inventing a water-saving flush handle device for toilets. Riding the rope and wooden elevator to the "catacombs" under Science Hall and the monkey in the corner covered with cobwebs are just a couple of his memories from medical school.

## CLASS OF 1969

**Mary Kaye Favaro** has been practicing on a Navajo Reservation in Tsalie, Arizona, for the last several months. According to classmate Kathe Budzak, getting snowed in shortly after arriving was a big surprise to Mary Kaye. She enjoys the camaraderie of the other locums there, although she hasn't mastered the Navajo language yet. Learning about the local history and culture and making multiple trips to the surrounding areas (Gallup, New Mexico; Mesa Verde National Park in Colorado and Monument Valley in Utah) fill her weekends.

## CLASS OF 1996



**Thomas McIlraith** along with Bryant Karas and Rick Rho were the founders of the SMPH band known as the Arrhythmias in 1992. The *Sacramento Bee* recently featured Tom and his most recent musical endeavor, The Remedies. The group has been performing at top Sacramento clubs and area festivals. High-energy music and original compositions help energize their fan base. "The CPOE Blues" is their latest composition—a satire of healthcare changes the country is going through. To learn more about the group and read the newspaper article, go to [www.theremedies.net](http://www.theremedies.net). Tom is chair of hospital medicine for Mercy Medical Group in Sacramento.

## CLASS OF 2009

**Matthew Niesen** is directing people to a free medical Web site, ABCMDclinic.com, where users can learn and teach others about health-related topics. The site features medical forums on numerous topics and health tips specific to each visitor. Medical students, residents and physicians are encouraged to post articles, sharing knowledge and experiences. All information is edited by a physician prior to posting on the Web site. For more information, e-mail Matthew at [mniesen@uwhealth.org](mailto:mniesen@uwhealth.org).

## GOODBYE, DEAR COLLEAGUE. ISABELLE PETERSON

Isabelle Peterson, a woman who was respected by many people at the SMPH, died last January at the age of 82. She had been the registrar at the school for 20 years, retiring in 1984.

According to an article about her that appeared in the fall 1984 *Quarterly*, Peterson kept student records, scheduled labs and assigned clerkships. She also wrote recommendation letters, handled certification for licensing, worked with promotions committees, arranged social events and, in general, kept an even keel between faculty and students.

In addition to carrying out her many duties extremely efficiently, Peterson showed great compassion for students.

“Even as a transfer student, I very much remember Isabelle Peterson. She made us feel welcome and part of the University of Wisconsin,” recalls Rod Parry, MD '69, now dean of the Sanford School of Medicine at the University of South Dakota. “Every medical student should have someone like her—someone who is easy to approach

and always has the best interest of the student as her number-one priority.”

Many students called her “Ma Peterson,” says Ralph Hawley, former executive director of the Wisconsin Medical Alumni Association (WMAA), who hired her.

“Students were very fond of her,” says Hawley. “They invited her to their weddings.”

Peterson stayed in touch with students well after she retired.

“I remember the reunion five years ago, or was it 10, when we invited her,” says Walter Burgdorf, MD '69, who now resides in Germany. “She knew all of us and was as friendly as ever. I doubt if there is any medical student who does not have good memories of Mrs. Peterson.”

Eric R. Marcus, MD '69, has such memories.

“She was a wonderful woman; a locus of warmth that I so appreciated,” says Marcus, director of the Columbia University Center for Psychoanalytic Training and Research.



Peterson was so revered that the school named a student study lounge in the Medical Sciences Center after her. She is seen above at the dedication ceremony, when a plaque was also unveiled. In addition, the school established the Isabelle Peterson Scholarship Fund in her name and the WMAA awarded her an honorary life membership.

### IN MEMORIUM

Paul Bassewitz, MD '41 November 18, 2009 Naples, Florida	Richard Chiroff, MD '62 August 23, 2009 Columbia, Maryland	Silvia Griehm, MD '53 June 10, 2010 Ogden Dunes, Indiana	Valerius Quandt, MD '45 March 29, 2010 Chappaqua, New York
Gerald Baum, MD '47 2009 Israel	James Dahlen, MD '61 August 17, 2009 Seattle, Washington	Bernard Kramer, MD '52 September 23, 2009 San Francisco, California	John H. Ramlo, MD '60 February 16, 2010 Fargo, North Dakota
Irvin M. Becker, MD '47 May 23, 2010 Milwaukee, Wisconsin	Gordon Eckert, MD '57 June 2, 2010 Salem, South Carolina	Stanley Nuland, MD '55 March 25, 2010 Brookfield, Wisconsin	David A. Smith, MD '52 February 25, 2010 Janesville, Wisconsin
		Henry A. Peters, MD '45 June 5, 2010	

# Get to Know

RUTH BENCA, MD, PHD

**Focused on sleep for more than 25 years, the psychiatrist describes the new clinical and research programs she directs and explains why sleep research and sleep medicine are so interesting and important.**



### **What are these beautiful facilities at Research Park?**

This is the home of Wisconsin Sleep, our clinical arm, and the Center for Sleep Medicine and Sleep Research, our research arm. It's one of the nicest sleep laboratories anywhere in terms of amenities, and potentially one of the most sophisticated in terms of its technical capabilities.

### **What was your role in creating this?**

I've been deeply involved in every step of designing everything from the building to the clinical and research programs. Fortunately, I had great support from the UW Medical Foundation, the SMPH and my fellow faculty here in the center. Meriter Hospital is also a partner in Wisconsin Sleep. The project was very attractive to me because it involved putting together a new academic program in a brand new field of medicine. Since there was no template, we had the opportunity to create something novel and forward looking.

### **What's unique here?**

We are probably one of the first truly multidisciplinary academic sleep centers in the country. This has the advantage of allowing us to develop a multispecialty team in which no single department has "ownership" of the center. Everything we do here has two general goals. First, to provide the best clinical care possible for our patients and, second, to embed good research methodologies and data-gathering practices into everything we do.

### **Sounds like a great description of "translational."**

Yes, we built this program to foster translational research, with the clinic and research missions fully integrated. Research is not an add-on to our clinical program. The idea is that our research and clinical missions are seamless. For example, any bed can be used for clinical or research purposes, and our technicians are cross-trained to perform clinical and research duties.

### **What kind of research do you and your colleagues conduct here?**

We do a broad range of clinical research. For example, Dr. Giulio Tononi's group has been performing studies ranging from the effects of sleep loss to biological markers in sleep for psychiatric disorders. In terms of basic research, Dr. Chiara Cirelli is conducting exciting research on the molecular biology of sleep. My current research is on the effect of seasonal changes on bird sleep and behavior. Wisconsin has a great tradition of sleep research, especially the groundbreaking epidemiologic studies being done by Dr. Terry Young with her Wisconsin Cohort for more than two decades.

### **What can you tell us about the clinic?**

We're very busy! We see patients with the full range of sleep disorders, from sleep apnea to insomnia to abnormal behaviors during sleep. The staff consists of 11 physicians representing pulmonology, geriatrics, neurology, psychiatry and pediatrics, as well as two nurse practitioners.

### **What special technology do you use?**

We are the world's first high-density EEG sleep laboratory, which means that we can record up to 256 channels of EEG to map brain activity in sleep across the entire night. We are also the world's largest high-density EEG facility of any type.

### **Do you get a lot of referrals?**

We are a tertiary care center, so we get referrals from the entire region. Most of our patients are referred to us by other health-care providers, and we also get referrals for second opinions from other sleep centers in the region. Patients can self-refer to the clinic if they think they might have sleep apnea.

### **Why are people so interested in sleep?**

It's a huge part of our lives—one third—and it's still somewhat mysterious. People generally assume—rightly so—that not sleeping enough or not sleeping well isn't good for you. The links between sleep disorders and other health problems are becoming more evident.

### **When did you first become interested in sleep?**

I suppose I became interested in sleep as an undergraduate at Harvard. I was a German literature major and my undergraduate thesis was on the function of dreams in the turn-of-the-century Viennese novella. These were written around the time of Freud, so I also studied his psychoanalytic theories, albeit from a literary standpoint.

### **What were your interests during medical school?**

I was in the MD/PhD program at the University of Chicago. My original plan was to be a pathologist. I earned my PhD in pathology, but decided it wasn't the right field for me because there wasn't enough patient contact. During my last two years of medical school, I found myself most interested in psychiatry, which is probably the opposite of pathology in terms of patient interaction.

### **How about your first research?**

I first learned about sleep research during my psychiatry residency at Chicago, which was probably the birthplace of the discipline, with REM sleep first described there in the early 1950s. I worked with Dr. Allan Rechtschaffen to look at the role of sleep loss on immune function and then ended up doing a fellowship in sleep medicine. I spent eight years on the faculty at Chicago before moving to Madison.

### **Have you stayed connected to Chicago?**

Yes, since my husband is an associate dean at the university. He directs the Medical Scientist Training Program and the Biological Sciences Collegiate Division. We've been commuting between Chicago and Madison for 17 years now. We have three children; the youngest just graduated from college.

### **What's your research here at Wisconsin been about?**

I've worked on various animal models related to sleep and mood disorders, from how changes in light conditions and seasons affect behavior to the effects of sleep deprivation in birds and mammals.

*—Continued on page 39*



# Seeing Double

**Teachers, administrators and fellow students may have thought they were seeing double at the beginning. What they were seeing was Joel and Jesse Charles—identical twins.**

*During their first year as medical students, Joel (left) and Jesse spent time at the State Capitol lobbying legislators on issues that could impact public health.*

by Mike Klawitter

The Charles twins have been spotted studying on the third floor of Ebling Library in the Health Sciences Learning Center, helping organize programs aimed at healthy lifestyles for schoolchildren and lobbying legislators at the State Capitol for public health and environmental issues they care deeply about.

If their first year was any indication, there will be many more Charles spottings in the next three years as the brothers continue their medical education.

As youngsters, the Green Bay natives used their duality to occasionally pull off creative capers to fool their teachers and friends. But they got serious during college.

Both earned their undergraduate degrees at the UW-Madison: Joel in Spanish and Latin American studies and Jesse in zoology. But deep down, they were intrigued by the wonders of science and always considered a career in medicine.

Each was admitted to the SMPH, but chose to wait a year before starting classes.

"We knew we wanted to study medicine, but we also wanted to think about why we wanted to do it," says Joel.

The two participated in AmeriCorps, a federal program that promotes volunteerism for needy causes. Joel worked as a coordinator in Clarksdale, Mississippi, for Habitat for Humanity, which builds homes for families that can't afford them. Jesse got involved in Pittsburgh's chapter of Public Allies, which focused on civic leadership training and how to run a non-profit group.

"Being a twin, sometimes you establish a dual identity, and people make perceptions of you together," says Joel. "Going to different places gave us a chance to independently make our own set of friends and establish ourselves as individuals."

After starting classes at the SMPH, their sameness baffled some of their new classmates, and even Dean of Students Patrick McBride, MD '80, MPH, himself a fraternal twin.

"I'm getting better at telling them apart, but only when they have different haircuts," McBride says.

Jesse says getting through their first year of medical school was a great learning experience.

"We spent our time determining the most efficient way to study," he says. "It's great working with Joel. When you are so close genetically, you understand each other at different levels. We know how each operates. We work through arguments with each other and hammer out the logic."

Adds Joel, "We learn and understand things in similar ways. We are both very visual. We can understand the deeper concepts and how they work. We pick up things in the same ways during studying."

Besides handling the demands of their classwork, Joel and Jesse devoted time and energy to lobbying before state legislators on measures that could impact public health.

The two testified, for example, on behalf of the Clean Energy Jobs Act, which would have required state businesses to use alternative energy sources that reduce or eliminate pollution.

"No one was talking about the cost of burning fossil fuel and coal and their consequences on public health," says Jesse. "Emissions from these industries are linked to heart attacks, lung disease, asthma, high blood pressure and other illnesses. Our healthcare system is picking up the bill for coal's negative health costs."

While the bill didn't pass, Joel, Jesse and a number of other SMPH students collaborated afterward with the 12,000-member Wisconsin Medical Society to draft a policy statement endorsing greater restrictions on future electricity production. It is hoped that this endorsement will encourage policies supporting healthier, locally sourced energy production.

Together with several physicians, Joel, Jesse and some of their classmates also testified in favor of the Farm to School Act, which would assure schools get fresh produce from local farms to serve at school lunches. The idea is to reduce the rising rate of childhood obesity by offering healthier foods in school cafeterias. That bill was overwhelmingly approved, but lawmakers still must allocate funding in the next state budget to pay for the program.

Joel and Jesse are also actively involved in the Healthy Classrooms Foundation (HCF), a student-run non-profit organization that awards scholarships for initiatives that teach schoolchildren the importance of diet, exercise and healthy lifestyle choices.

The twins believe strongly that their activities outside the classroom are very important.

"Seeing how we step out and do things involving the environment and public health, other students have also started to follow causes that are important to them," says Joel. "That makes being part of this medical school community very satisfying."

McBride has been impressed by the active role the Charles brothers have taken in bringing attention to public health issues.

"These are two outstanding future physicians who are truly health advocates," McBride says. "These are the type of students we hoped would come to the SMPH when we transformed into a school of medicine and public health. They have a very high level of integrity and commitment."

Besides supporting causes that aim to improve the health of the public, and hitting the books, Joel and Jesse are avid dancers.

"I started learning African dance from a close friend of mine," says Joel. "I really enjoyed it and started dancing with the African Student Association. Dancing is a great release for me to get stress out and simply enjoy myself. I also started learning to salsa through several campus organizations and have been quite addicted to it."

While the twins have not yet determined what path they would like to take in their medical careers, Joel and Jesse are grateful that they have the opportunity to become doctors and contribute to society.

"We've always looked at the bigger picture—how to give back and make positive changes," says Jesse. "We had a lot of help getting here. We wouldn't be here without the benefit of good teachers, amazing parents and a lot of financial support from different grants. We're paying back and supporting the people who have given us what we have."

# Surgeon to POWs and Veterans

ELMER SHABART, MD '33

**“Surgery would be taking a chance—painful beyond belief, as we had no anesthetic. Did he want to take this risk? ... He told us to go ahead and do whatever we could.... We boiled the glass (for a scalpel), thread and needle, and I proceeded to cut down.”**

—*Memoirs of a Barbed Wire Surgeon*

by Ann Grauvogl

**E**lmer Shabart learned to be a physician at the University of Wisconsin—Madison.

As a World War II prisoner in Bataan, the Philippines, he discovered his surgical skills saved lives, even when he had no anesthesia, a piece of broken glass for a scalpel and sewing thread for sutures.

“As I now think back on all of the traumatic surgery with considerable bleeding, especially in the bombing incident, and all the other emergency surgery, it makes me wonder how all of this took place without the usual support,” Shabart wrote in *Memoirs of a Barbed Wire Surgeon*, his 1997 book about his experiences in Bataan.

He marveled that his mortality rate had been so low with no blood for transfusions, no intravenous fluids, no antibiotics, bandages, rubber gloves or sterile gowns.

“Some supernatural spirit had to be looking over my shoulder at all times,” he wrote.

A lifetime later, Shabart lived in Berkeley, California, and wore his UW-Madison jacket everywhere, his friend Doug Fox says. Shabart also wanted to give everything in his estate back to the university, and so the Elmer and Louise Shabart Scholarship Fund was created at the Wisconsin Medical Alumni Association (WMAA) to support medical students “in need and who have attained average or better grades.”

The \$1.5 million endowment is the largest ever given to the WMAA.

## MEMOIRS OF A BARBED WIRE SURGEON



BY ELMER SHABART M.D.

Scholarships are vital to students who typically graduate from medical school with indebtedness of about \$135,000 says Patrick McBride, MD '80, MPH, associate dean of students at the SMPH.

“Scholarships can significantly affect a student's decision about where and in what specialty to practice,” McBride says. “They help students get started, choose the specialties they want and those the country needs.”

For example, our work suggests that migratory birds show seasonal changes in sleep and behavior that are similar to what occurs in people with bipolar disorders. With the creation of the sleep center, I've turned my focus to studying sleep in patients with mood disorders and insomnia.

**Do you do a lot of teaching?**

I enjoy teaching and mentoring students and trainees at all levels in the medical school and the university. We're also

**GET TO KNOW** *Continued from page 35*

developing continuing medical education programs through the sleep center. This fall, we're teaching a course for primary care providers on the diagnosis and treatment of common sleep disorders. Not nearly enough time is devoted to sleep and sleep disorders in medical schools or residency programs. For that reason, I just wrote a handbook on sleep medicine that contains basic information that I think every healthcare provider should know.

**How much do you sleep?**

I get about 6.5 to 7.5 hours most nights, probably about average for my age. Certainly I don't sleep as much now as I used to, but given how much there is to do, that may not be a bad thing!

Born in Milwaukee, Shabart returned to practice there after medical school until he signed up for what he thought would be a year in the U.S. Army Reserves. He chose to serve in the Philippines instead of Iceland because it was half a world away from the war with Germany. As fate would have it, four months later, the Japanese bombed Pearl Harbor. Four months after that, U.S. forces in Bataan surrendered to the Japanese.

Shabart was on the 1942 Bataan "Death March" when he used a shard of glass for a scalpel to perform an emergency appendectomy.

"Even though I told him the dangers of infection when I finished," he wrote, "he almost made me burst into tears... with words I never have forgotten. 'Thanks, Doc, you did your best, and may God take care of you.'"

The man survived.

Shabart later spent more than two years in a Manchurian work camp, where he was instrumental in getting protein-rich beans, rather than rice, for prisoner meals and where he treated POWs. When a bomb dropped, causing injuries, Shabart counted on another physician to carefully administer ethyl chloride as an anesthetic while he treated wounds and amputated limbs. He sterilized inadequate instruments in boiling

water over a fire and was able to save 22 of 23 injured men.

With the Japanese surrender, the Imperial Army Hospital's commanding officer and his men asked Shabart to take their Samurai swords.

"He said they knew of my work in the hospital and my integrity as a surgeon," Shabart wrote. "They knew I would respect (their swords), and they could rest in their minds that all were in good, trusted hands."

Shabart became chief of surgical services and of thoracic surgery at the Livermore, California, Veterans Administration Hospital. He was among the participating physicians co-authoring the landmark 1950 paper "Cigarette Smoking as a Possible Etiological Factor in Bronchogenic Carcinoma."

A friend gave him a UW-Madison jacket for his 90th birthday. At 95, he renewed his driver's license and expected to drive his 1971 Cadillac until he was 100. He took care of his wife, Louise, through 10 years of Alzheimer's disease.

On the day Shabart was admitted to the same nursing home his wife recently had been taken to, they sat and had a soda. Fox she had been waiting for him.

Shabart was an unassuming, dear friend, who was "a scrapper until the end," Fox says. He was 95 when he died.

**ELMER SHABART AND HIS WIFE, LOUISE, LEFT THE WMAA ITS LARGEST ENDOWMENT EVER.**



## OUR CHANGED LOOK

The *Quarterly* has gone through many changes in its more than 50 years of being published, with new names, new content and new looks all along the way. Each time, the new iteration has taken some getting used to. The latest *Quarterly* transformation is no exception.

The winter 2010 issue was our first departure from the old design and showed a work in progress. Even after previewing examples of possible cover art and banner changes well ahead of time, I had to remind myself that change was coming. Several others were also surprised by the new look.

The change may have been inevitable for several reasons. In *Quarterly* editorial board meetings a year ago, we talked about ways we could reduce printing costs. Some of these included no longer using expensive metallic inks and coated papers, things that were a significant part of our old look. Another big push was to keep page numbers down, and eventually even reduce them, by gradually encouraging people to read more on the WMAA Web site.

Talking about these issues led us to discussions about ways we might change design and content. Editor Dian Land advised the board that in the old design, stories were copy-heavy and dense, with too few pictures on each page. Many board members also requested shorter articles that could be read more quickly. It was also pointed out that we might consider thinking about engaging younger alums with more contemporary designs. Everyone agreed that greater use of the Web was clearly the way of the future.

All these issues have been addressed in the new format. Stories are shorter, headlines larger, photos more dramatic, and more white space is easier on the eyes. The magazine length doesn't exceed 40 pages, and in many places readers are encouraged to read more online.

The result is a brighter look aimed at greater reader appeal. As for content, Dian has introduced new one- and two-page

sections, such as "On Call," "I Know You" and Faculty Q & A.

I spoke with art director Christine Klann about the changes. She says a goal was to move *Quarterly's* design closer to the "University's brand," especially since the magazine is the medical school's "signature image piece." One easy way to accomplish this was to incorporate the familiar "UW Red" throughout.

Changing the cover took additional thought. Christine wanted a "high-impact masthead" with prominent use of the sole letter "Q." In past issues, the cover included a photograph and related headline positioned inside a box. The goal for the new cover is to fill the entire page with a strong photo of an SMPH expert in his or her "setting" whenever possible, and to include smaller headlines for other stories appearing in each issue.

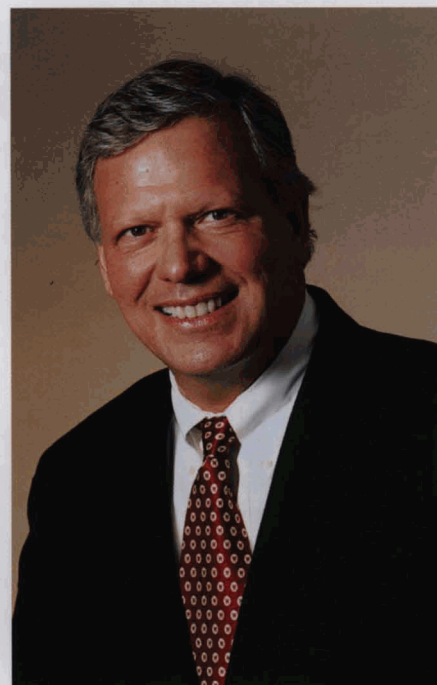
John Maniaci, the new UW Health Marketing and Public Affairs photographer who worked at the *Wisconsin State Journal* for years, now contributes to *Quarterly*. He says he wants to create continuity from issue to issue for a consistent look. For the cover, he strives to convey clear messages. He shoots images that make the reader want to dig deeper into the magazine.

"With people constantly caught up in e-mails, texting and online news, our magazine needs to engage readers," he says.

And as Christine says, "If there's a buzz going on about the new look, I think we've been successful—it means people are taking note."

It's clear that the *Quarterly* production team has put much thought and effort into this transformation. We should celebrate the results. It may take time for some to adjust to the new look, but I'd venture to say that most people will soon come to embrace it.

With online links, ongoing editorial board and alumni input, Christine and Dian's direction and John's fresh photography, we will continue to produce an exemplary magazine we all can be proud of.



**Christopher Larson, MD '75**  
*Quarterly* Editorial Board Chair



# Inbox

▶ **SUBJECT: QUARTERLY ON THE WEB**

We are proud to announce that the *Quarterly* now has its own pages on the WMAA Web site. Now you can see the magazine from any computer with Internet access, including your own, at home. Read our features and Alumni Profile, "I Know You," Class Notes, "On Call," Student Life, Donor News and much more. We invite you to check it out at: [med.wisc.edu/quarterly](http://med.wisc.edu/quarterly).

▶ **SUBJECT: INSIDE WIMR**

Multidisciplinary teams of cancer researchers at the UW Carbone Cancer Center are working together in the Wisconsin Institutes for Medical Research (WIMR), an environment that encourages interaction and collaboration that is expected to result in improved patient outcomes. Read a story and see a video at: [med.wisc.edu/27293](http://med.wisc.edu/27293).

▶ **SUBJECT: LOOKING BACK ON OUR HISTORY**

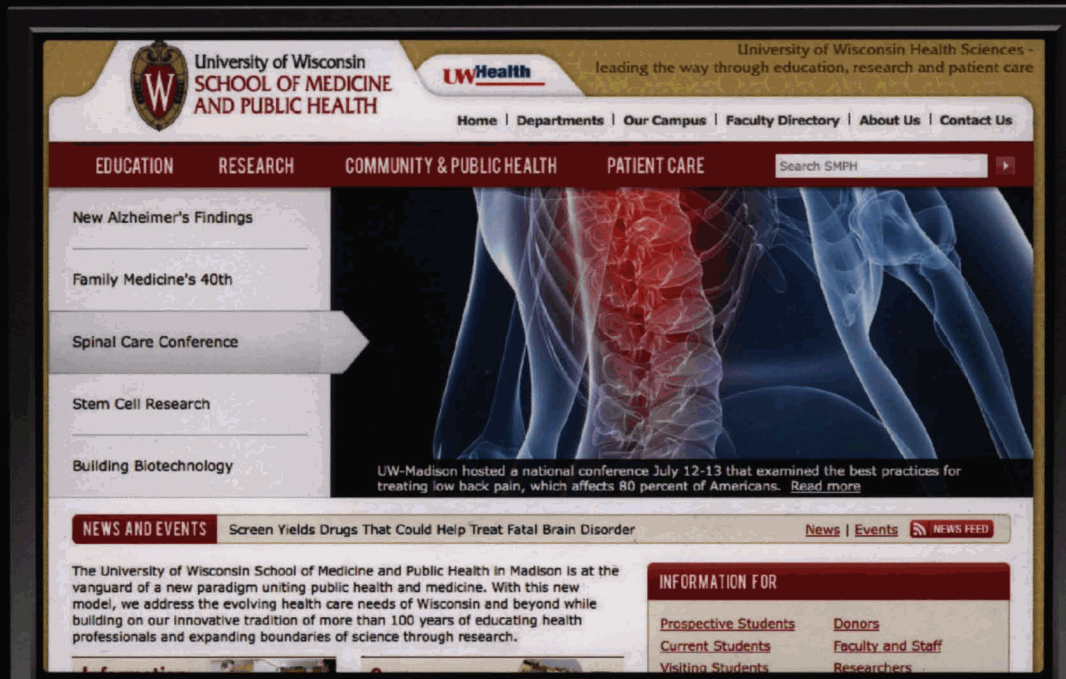
In-depth articles on aspects of our history are now posted online in a section called "Looking Back." Would you like to read details of the Blue Bus Clinic from the late 1960s? If so, you can find the Looking Back pages at: [med.wisc.edu/28292](http://med.wisc.edu/28292). Coming soon: a history of our Milwaukee Academic Campus.

▶ **SUBJECT: NATIONAL CONFERENCE ON BACK PAIN**

Read our live coverage of the national conference on best practices for treating low back pain that took place at UW-Madison's Fluno Center on July 12-13, 2010: [med.wisc.edu/27977](http://med.wisc.edu/27977).

▶ **SUBJECT: MED FLIGHT CELEBRATIONS, NEW OFFICE BUILDING**

To see a photo gallery and video of Med Flight's 25th anniversary celebration, go to [uwhealth.org/27308](http://uwhealth.org/27308). For an insider's look at the new Medical Foundation Centennial Building visit: [med.wisc.edu/27643](http://med.wisc.edu/27643).



# 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.

Have you moved? Please send us your new address.

## CONTACT INFORMATION:

Wisconsin Medical Alumni Association  
Health Sciences Learning Center  
750 Highland Ave.  
Madison, WI 53705

OR [www.med.wisc.edu/alumni/share-your-news/874](http://www.med.wisc.edu/alumni/share-your-news/874)  
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## Mark Your Calendar!



**Homecoming is just around the corner: October 8 and 9, 2010**

**Catch Up With Your Classmates ◊ Attend the UW vs. Minnesota Game ◊ Hear From School Leaders**



University of Wisconsin  
**SCHOOL OF MEDICINE  
AND PUBLIC HEALTH**