The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY

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Dean Philip Farrell Celebrates

A Decade of Dramatic Developments

QUARTERLY
The Magazine for University of Wisconsin Medical School Alumni and Friends

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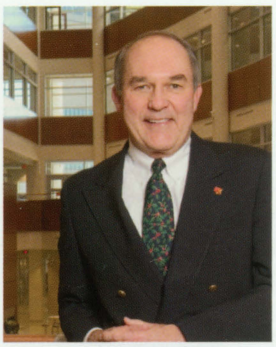

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Dean's *Message*

Philip Farrell, MD, PhD
UW Medical School Dean
UW-Madison Vice Chancellor for Medical Affairs

As you will read in this *Quarterly*, I am planning to complete my deanship in the next year or so. I will not seek reappointment after my second five-year term ends in December 2005. A decade is a long time for a medical school dean these days!

As I've concentrated on my leadership duties and administrative responsibilities as dean, I've had to pass up many opportunities relating to newborn screening for cystic fibrosis (CF). I now have a chance to return full-time to my passion, this work in preventive pediatrics.

This has been the focus of my research and clinical practice for most of my academic career. Our ongoing efforts have resulted in a CF newborn screening program in Wisconsin that now serves as a model for other states and even other countries. I eagerly look forward to working with the Centers for Disease Control and other organizations to widely implement similar programs.

Starting to think about my future does not mean, however, that I don't still have many important plans for the school. In fact, there are a few pivotal events we will be working diligently on in the coming year.

Preparing to celebrate UW Medical School's centennial anniversary is one of them. History teaches us that almost exactly 100 years ago, Dr. Charles Bardeen formally requested that UW-Madison establish a two-year medical school that would become a four-year program once Wisconsin General Hospital was built.

In 1906, the UW Board of Regents approved the creation of our medical school, with Bardeen named as its first dean. To mark that momentous occasion, we will celebrate our centennial in 2006.

We also will commemorate the golden jubilee—the 50th anniversary—of the Wisconsin Medical Alumni Association (WMAA). We will begin to shine a spotlight on the WMAA in this and the next several issues of the *Quarterly*, as we present a decade-by-decade account of the association's history, penned by Ralph Hawley, former longtime WMAA executive director.

Our plans for the festivities are still under development, but we expect that, in terms of alumni and student activities, we will incorporate special celebrations into the Winter Event, Alumni Weekend, Graduation and Homecoming. We will be devoting much attention to fleshing out these plans in the coming year.

This year we will also fully implement the Wisconsin Partnership Fund for a Healthy Future. This $300 million gift, which we received as an endowment following the conversion of Blue Cross and Blue Shield United of Wisconsin, is helping us improve health in every corner of the state. The Wisconsin Partnership Fund also is helping UW Medical School become a more balanced health- and healthcare-oriented institution. Our new master of public health degree (see page 24 for the story) is the latest manifestation of this shift toward public health.

As a result of these and related activities, we will be officially requesting approval to rename the school the University of Wisconsin School of Medicine and Public Health. In the past decade, we have steadily been moving in the direction of integrating public health into our mission.

In fact, when I first began serving as acting dean way back in 1994, I had a conversation with health policy expert Dr. David Kindig, now a UW Medical School emeritus professor of population health sciences, who asked me then what my number-one wish for the school would be if dramatic change could occur. I told him it would be to become an integrated school of medicine and public health with balanced excellence.

I vividly recall seven years later, following the September 11 tragedy, that the American Medical Association re-asserted its original core mission of 1848 to "promote the science and art of medicine *and* the betterment of public health." Furthermore, in 2003, the Institute of Medicine issued a similar message when it strongly recommended that one-fourth to one-half of medical school graduates be trained in public health.

I believe that such a transformation very likely will be the most important change that can occur for UW Medical School during my deanship.

Executive Director's *Message*

Karen Peterson
Executive Director

Greetings, medical alumni. We've just experienced a very successful fall semester filled with many events and activities for alumni and students. Beginning with the White Coat Investiture Ceremony for the Class of 2008, to a public open house for the Health Sciences Learning Center and then the Middleton Society gala and fall class reunions, it all took place in our new building. Parents, alumni, donors and campus colleagues have experienced its beauty and marveled at its amenities on several occasions. I hope you enjoy reading about each of these events in this issue of the *Quarterly*.

The Wisconsin Medical Alumni Association (WMAA) is located on the fourth floor of the new learning center in the Budzak Family Medical Alumni Suite. The space is beautiful and puts us in close proximity to students, including third- and fourth-year students who are involved in clinical training at University of Wisconsin Hospital and Clinics. This, of course, helps facilitate our goal to build strong relationships with all students.

I look to the future with great enthusiasm, and I'd like to comment on our goals related to several initiatives.

Outreach

The WMAA Events Committee will soon unveil plans to celebrate the Medical School's centennial and the WMAA's golden jubilee, both to take place in 2006. We will plan major festivities around our annual events: the Winter Event, Alumni Weekend, Graduation and Homecoming. Stay tuned!

Winter Event

This year, the WMAA's annual Winter Event will take place in Wausau, Wisconsin, home of WMAA President Bill Nietert, MD '78, on February 24. This CME event will feature graduates of the Wausau residency program.

Alumni Weekend

Mark your calendar! Alumni Weekend 2005 will be held May 5–7. Many class reunions will be held, and campus events are planned in conjunction with the WMAA. Look for more information soon.

Spring Class Reunions

Class representatives for the classes of 1945, 1950, 1955, 1960, 1970 and 1985 are busy working with the WMAA staff to plan their class reunions. These will be held in conjunction with Alumni Weekend, May 5-7. Classmates will soon receive details.

Fall Class Reunions

The WMAA will host fall reunions for the classes of 1965, 1980, 1990, 1995 and 2000. The reunions will be held in conjunction with Homecoming Weekend, October 21-22. Representatives from these classes will soon be mailing preliminary information to classmates.

Class reps for 1965 and 1975 will soon take a popular vote of classmates to determine whether their reunions will be held during Alumni Weekend or Homecoming Weekend.

Student Initiatives

Many students have come to the WMAA asking to hear about medical specialties from alumni living in the area. This has resulted in the new Student/Alumni Partnership Program (SAPP), which was unveiled last fall (see article in spring 2004 *Quarterly*). More than 100 alumni living in Dane County have volunteered to participate.

Alumni have offered to share information about their specialties with students one-on-one, in shadowing experiences, in presentations during the lunch hour or even mentoring a student. We plan to expand this program across the state. If you are interested but have not yet volunteered, please contact me. This is a wonderful opportunity to stay connected to your Medical School and our students.

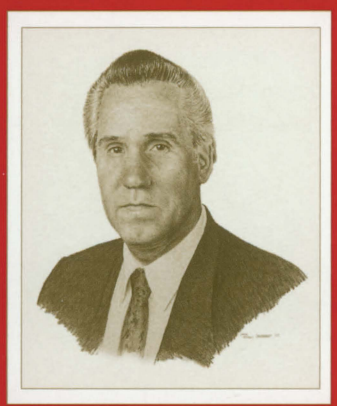
As always, please feel free to contact me with your ideas, issues and concerns. You can reach me at kspeters@.wisc.edu, or (608) 263-4913. You can write to me at: Karen S. Peterson, Assistant Dean for Alumni/External Relations, Director, Wisconsin Medical Alumni Association, 750 Highland Avenue, Madison, WI 53705. Our Fax number is (608) 262-0306.

I look forward to hearing from you!

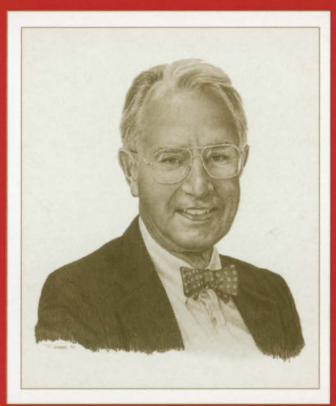
WMAA Winter Event slated for February 24

The Wisconsin Medical Alumni Association's annual Winter Event will be held on Thursday, February 24, at the Westwood Conference Center in Wausau, Wisconsin. The schedule includes a CME program at 5 pm featuring a Wausua residency program graduate speaking on "Alternative Medical Practice Opportunities"; social hour at 6 p.m.; with dinner served at 6:45 p.m. For more information, contact the WMAA office, (608) 263-4915.

Joining the gallery of illustrious Leaders



Laurence J. Marton, MD
1992-1995



Arnold L. Brown, MD
1978-1991

Lawrence G. Crowley, MD
1973-1977

Peter Eichman, MD
1965-1971

John Z. Bowers, MD
1955-1961

William S. Middleton, MD
1935-1955

Charles R. Bardeen, MD
1907-1935

by Dian Land

A decade of dramatic developments

A line of seven portraits hangs on the wall in the corridor leading to the dean's suite in the Health Sciences Learning Center, each line drawing depicting a University of Wisconsin Medical School dean. Soon a portrait of Philip M. Farrell, MD, PhD, the school's current dean, will be commissioned for the gallery.

The dean has announced his decision not to seek reappointment when his second five-year term ends in December 2005. He also will relinquish his position as UW-Madison vice chancellor for medical affairs, but he will remain at his posts until the university completes a national search for the right successor.

With many opportunities to consider for the future, Farrell is crystallizing in his mind his next career. The 61-year-old pediatric pulmonologist knows, broadly speaking, that he will return to his roots, concentrating on research, clinical practice and public health projects related to cystic fibrosis, a life-threatening respiratory illness that begins in infancy.

The timing couldn't be better, Farrell says. He expects that when he vacates his office, he will have completed much more than he set out to do in a decade as dean. "I feel very confident that the school is well on its way to national preeminence," he says. "Wonderful things are happening, and I am comfortable concluding my leadership role."

Farrell has led the school through a vibrant period of growth in which he has emphasized a variety of synergistic strategic priorities aimed at making the school great. Despite an unstable landscape characterized by deep cuts in national and state economies, alterations in the American healthcare system and changes in medical education, UW Medical School's eighth dean has overseen unprecedented development.

Says UW-Madison Chancellor John Wiley, "He has led the school through extraordinary challenges and change. His leadership and organizational ability have led to major advances at a difficult time."

Growing west campus

In all likelihood, history books of the future will note that Farrell's biggest contribution to UW Medical School will have been the building projects he championed. As dean, he has worked tirelessly to move the school out of alarmingly inadequate facilities on central campus into sparkling new educational and research structures on the blossoming west end of the UW-Madison campus adjacent to UW Hospital and Clinics.

Continued on next page.

Ten years of unprecedented growth

By the time Farrell's deanship is over, UW Medical School will have undergone unprecedented growth. The top ten accomplishments, chronologically, include:

- Transformation of UW Hospital and Clinics into a public authority
- Creation of the UW Medical Foundation
- Integration of Physicians Plus group practice
- Implementation of the Wisconsin Partnership Fund for a Healthy Future
- Construction of the Health Sciences Learning Center
- Tripling of extramural funding for research
- Endowment growth from $35 million to $435 million
- Development of a master of public health degree
- State approval and groundbreaking for the Interdisciplinary Research Complex
- Transformation into an integrated school of medicine and public health, including a name change

"We will have gone from being the medical school with the worst educational and administrative facilities to one with the best," says Farrell, who has spent untold hours in meetings with state, campus and medical school planners. "These buildings contribute in a grand way to making the west side of campus the premier health sciences campus in the nation."

The Health Sciences Learning Center (HSLC), home to the school's instructional programs and administrative offices, opened in summer 2004. Groundbreaking for the Interdisciplinary Research Complex (IRC), which will house many of the school's basic science and translational researchers currently working in outdated laboratories on central campus, will occur in spring 2005.

"The buildings are tangible evidence of Dean Farrell's leadership," Wiley says. "They are world-class facilities that will make for better healthcare professionals."

Countless people deserve credit for the success of the projects, Farrell stresses, including donors, alumni, students, faculty and staff, campus administrators and state legislators.

Beyond pressing for multi-million-dollar buildings, Farrell has worked behind the scenes as vice chancellor for health sciences and as a member of the Campus Planning Committee, the Joint West Campus Area Committee, the Health Sciences Leadership Council and the Bio-Deans Council on several other projects aimed at expanding and strengthening west campus.

In the mid-1990s, he played a key role in UW Hospital's transformation to a public authority. He also coordinated with hospital administrators to construct three new modules of laboratory space for Medical School researchers, and oversaw the conversion of the WARF building into a dedicated space for population health sciences and community health initiatives.

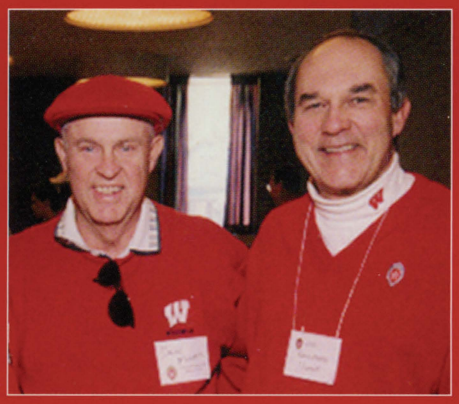
Implementing the Wisconsin Partnership Fund

During his deanship, Farrell has devoted enormous energy to bringing the Wisconsin Partnership Fund for a Healthy Future to fruition.

"It has been a long and productive journey since 1999—when Blue Cross and Blue Shield United of Wisconsin announced that its conversion funds would be distributed to the state's two medical schools—to where we find ourselves today," Farrell says. When the Blue Cross opportunity first presented itself, Farrell held numerous town meetings in local communities across Wisconsin to introduce people to the

On alumni:

"I have great respect for their loyalty."



Fostering relationships with alumni has been a top priority for Farrell. From annual dinners with presidents of the Wisconsin Medical Alumni Association to tailgate parties to local gatherings with alumni across the state and country, Farrell and his wife, Alice, have immersed themselves in alumni activities.

"Alumni have important, creative ideas about what we can do for students," Farrell says.

As he has taken time to get to know individual alumni, Farrell has been most impressed by their love of the school. "The alumni have inspired me to strengthen the school. I have great respect for their loyalty," he says. "It has made me feel that I'm not just responsible for and accountable to faculty, staff and students. My constituency includes more than 10,000 alumni as well."

vast possibilities the program held for improving health.

Following the creation of the Oversight and Advisory Committee (OAC) and the Medical Education and Research Committee (MERC), the Wisconsin Partnership Fund has begun to fulfill its promise. Nearly $6 million was awarded in 2004 to local organizations to develop unique community-academic programs that address some of Wisconsin's most urgent healthcare needs.

Both the OAC and the MERC will announce new grants yearly.

"With the partnership now officially in business, we can expect to bring to life many innovative ideas," Farrell says. "The people of Wisconsin will clearly be the direct beneficiaries."

Wiley agrees that the partnership has been a major accomplishment for Farrell.

"His sound judgment helped guide its creation, and build bridges to both communities and to research," the chancellor says. "The school will miss his special ability to balance teaching, strategic planning, primary care and outreach."

Embracing the Wisconsin Idea

The new linkages created by the Wisconsin Partnership Fund will allow the Medical School to expand and reinforce the community ties it has long maintained across the state, notes Farrell. These relationships include the now expanded medical student preceptorship programs, family medicine residency programs, clinical campuses in Milwaukee and LaCrosse, and important research and education collaborations with Marshfield Clinic and Gundersen Lutheran Medical Center.

"This kind of outreach is truly the Wisconsin Idea in action," says Farrell, who co-authored a pair of articles on the concept, a guiding principle aimed at ensuring that the university's influence is felt beyond the confines of campus, for the *Wisconsin Academy Review*. "When I became dean, I wanted to make sure that the Medical School embraced the Wisconsin Idea as much as UW-Madison does."

The attention has paid off. "There are very few medical schools that extend statewide as broadly as we do," says Farrell. "I'm convinced that this emphasis made us the perfect choice for the Wisconsin Partnership Fund."

Transforming the school's mission

In Farrell's mind, the next logical step for a medical school with such far-reaching connections to local communities is to integrate teaching, research and service that positively affects the health and well-being of people living in those extended communities into its mission. With this model, public health assumes as much importance as individual health.

Farrell believes that the leading medical schools of the 21st century will make this transformation—shifting their focus from responding to illnesses in individuals to promoting health in large groups of people. In the end, the change may save money, he suggests.

"The best strategy for reducing the continuing rise in healthcare expenditures and curbing upwardly spiraling healthcare costs may be not by tampering with healthcare delivery systems—such as managed care—but by promoting health," he says.

Farrell has encouraged the school's steady movement in this direction during his deanship. A new master of public health degree program (see page 24), which enrolls its first students next fall, is the latest manifestation of the shift.

Farrell fully expects that the end point of the metamorphosis will be a new designation for the school. Before he leaves office, he will seek approval for a new name: the University of Wisconsin School of Medicine and Public Health.

"I think, ultimately, this will be the most important thing that can happen for the institution. With this transformation, the school will have the greatest impact on the most people in the future," he says. "Such a change also will provide the school a competitive advantage, as federal research organizations place more emphasis on population health projects."

Farrell's assessment is that the health of the school's overall educational program is excellent. He points to major improvements in all four years of the curriculum, key new appointments in an already strong academic affairs team, and a shared vision among the school's

Praise from WMAA past presidents

"Dean Farrell is a tremendous organizer and communicator, and his enthusiasm is infectious. I see him as the second most important builder at the school, after our first dean, Charles Bardeen. Thanks to Phil, the facility we now have is second to none. It's the standard by which other schools are planning."

—David Riese, MD '68
WMAA president 1996-98

"Dean Farrell has been able to tight-walk that magic line between faculty, alumni, university and state government to accomplish what no one else has been able to accomplish. He has set the school well on the path to being one of the premier schools in the country. In a 10-year interval, he's accomplished spectacular things."

—Robert Jaeger, MD '71
WMAA president 1998-00

"The way Dean Farrell interacts with students is exceptional. Each student has felt special, as do all members of the WMAA board. We feel we have a unique relationship with him. Alumni also are very grateful to him for playing a key role in the selection of our executive director, Karen Peterson. Look what that's done for us."

—Harvey Wichman, MD '65
WMAA president 2000-02

leaders that medical education is the institution's core mission.

Furthermore, following an evaluation two years ago by the Liaison Committee on Medical Education, the main accrediting body for medical schools, the school earned the maximum accreditation allowed—eight years—with recommendations for only four improvements, all of which are being addressed successfully.

Attracting greater support and recognition

On Farrell's watch, external support for the school has grown phenomenally. Annual research funding grew from $95 million in his first year as dean to the current level of approximately $240 million, an amount equaling just over one-third of all UW-Madison extramural research funding.

In fact, all aspects of research and research training have increased. Medical School scientists have been extraordinarily active in the basic, clinical and population health sciences, as well as translational research, particularly in priority areas such as aging, women's health, cancer, cardio-respiratory sciences and neuroscience. "As a physician investigator, I am particularly proud that the MD/PhD program and an array of doctoral programs are flourishing," Farrell says.

Private philanthropy to the school also has risen markedly during Farrell's deanship, with the endowment increasing from $35 million in 1995 to $435 million today. Furthermore, since 2000, the school has ranked in the top ten of all medical schools for private philanthropy, according to the American Association of Medical Colleges.

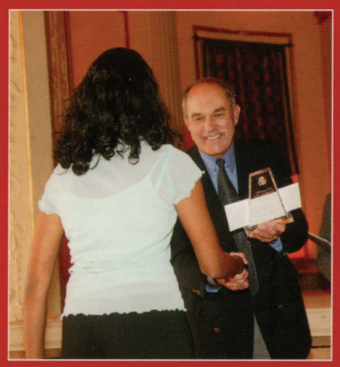
Says Mark Lefebvre, UW Foundation vice president for health sciences, "We have succeeded in growing private support for the school because Dean Farrell has steadily built on the concept of partnerships nurtured by a sense of mission and destiny."

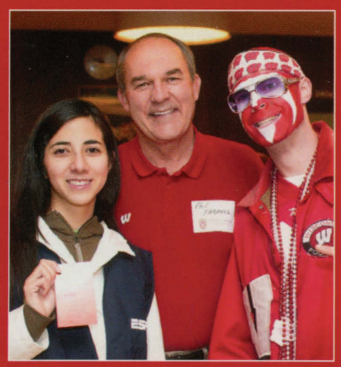
UW Medical School has moved up steadily in other rankings as well in the past decade. In the *U.S. News & World Report* "America's Best Graduate Schools 2005," the school ranked third best in the nation in the primary care category and 25th in research. "Very few schools rank high in both of these categories," notes Farrell, adding that combining the two scores puts the school among the best nationally.

U.S. News also included UW Medical School in its *Ultimate Guide to Medical Schools*, highlighting the school as being among the top five in the country for its primary-care approach to teaching medicine.

On students:

"Students are the joy of the job."





Since he has been dean, Farrell has held informal breakfast and dinner meetings with students to learn what they feel about the school and the medical education they are receiving. He has actively supported the Dean's Cup competition—a friendly rivalry between UW medical and law students that benefits local social causes.

Farrell's wife, Alice, often joins him in the student activities. "We both feel that students are the joy of the job," he says.

Students have a unique perspective on the school, Farrell adds. "They experience the whole school, just as the dean does. And they're always thinking about how to make it better," he says.

Nicole St. Clair, MD '03, now a second-year resident at Children's Hospital Boston, remembers how accessible the Dean was at the student gatherings he hosted. "I appreciated the energy he put into improving experiences for medical students," she says. "He was a very personable and effective leader."

Medical student Andrew Braun stops by the Dean's office regularly. He has conducted cystic fibrosis research with Farrell for four years. "The Dean has been incredibly supportive," says Braun, adding that Farrell has helped him significantly expand the research. "He's been a great role model."

Bringing enhanced leadership to the school

Organizationally, Farrell has brought much needed stability and leadership to the school. When he took office, he faced many departmental chair vacancies and administrative difficulties. In 10 years, he has appointed 20 new chairs in the school's 26 departments, eight associate deans and five center and institute directors. He garnered national recognition for the school by instituting an innovative program that allocates fiscal resources based on academic productivity.

Strategic planning has been a hallmark of Farrell's two terms. When he became dean he quickly seized upon the concept, uncommon at academic medical centers at the time, and led the school through its first strategic planning exercise. A significant component of the newest strategic plan, the fourth, is that it incorporates the UW Medical Foundation, the school's group practice plan led by President and CEO Jeffrey Grossman, MD. As dean, Farrell provided leadership, with Venkat Rao, MD, for establishing the organization, which has enhanced and expanded clinical operations while increasing support for academic programs.

Farrell has maintained an ongoing commitment to improving the work environment at the school. He created the first ombuds program for resolving conflict and instituted a faculty development program aimed at advancing women as upper-echelon leaders. Ensuring a climate free of bias, harassment and other impediments to healthy, productive working relationships has been an important goal.

"I have tried to align teams of people and motivate them to overcome barriers as we move together toward well-defined strategic goals," says Farrell. "With the advice of my mentors, I have attempted to refine a leadership style that relies heavily on so-called 'people skills' and 'management by walking around.'"

During his tenure, Farrell has consistently made greater diversity a priority. "This will be a continuing challenge for the school, but one that must remain a top priority if we are to achieve the diversity that produces truly creative solutions to the problems we face as a society and a discipline," he asserts.

Before becoming dean, Farrell was chair of the Department of Pediatrics for 10 years and medical director of UW Children's Hospital for eight years. After a two-year fellowship at the National Institutes of Health (NIH) early in his career, he joined the UW faculty in 1977. Farrell earned his medical and doctorate degrees from St. Louis University, and he completed his internship and residency at UW Hospital and Clinics.

Farrell has continued his NIH-supported research while serving as dean. His studies and development of a model cystic fibrosis (CF) newborn screening

program in Wisconsin—one of the first in the country—are paying dividends today. The Centers for Disease Control and Prevention (CDC) recently issued guidelines recommending that other states consider adopting such programs to ensure early diagnosis of this genetic disease.

When Farrell ends his deanship, he plans to turn his attention to helping implement the Wisconsin model in other states and countries. He expects to devote sabbatical time to the CDC in Atlanta, analyzing and pursuing options for enhanced quality assurance of CF newborn screening programs.

"For me, it's been a blessing to have had this long-term leadership opportunity at UW Medical School," he says. "I'm now looking forward to a time in my life that allows me to truly focus on improving children's health through research discoveries and their application."

Integrating public health and medicine

Farrell has helped UW Medical School steadily broaden its public health initiatives, a progression that positions it perfectly for becoming an integrated school of medicine and public health. The key steps:

- The Department of Preventive Medicine places new emphasis on epidemiology and public health, changes its name to the Department of Population Health Sciences, and begins master and doctorate programs in population health sciences.
- The biostatistics center becomes a department, expands its focus to include medical informatics.
- The Medical School acquires the WARF building and makes it a space for population health sciences and public health.
- The Public Health and Health Policy Institute is created.
- Environmental health science activities expand as ties with the Environmental Toxicology Center strengthen.
- The school creates a master of public health (MPH) degree and plans for MD/MPH students.
- The International Health Advisory Committee grows into the Global Health Program.
- The Wisconsin Partnership Fund fortifies community linkages and stimulates additional statewide outreach.

State approves construction of the

Interdisciplinary Research Complex

"The building will be physically designed to encourage the gathering of groups of scientists from different disciplines to address problems of common interest."

by Dian Land

On November 17, 2004, the State of Wisconsin Building Commission gave University of Wisconsin Medical School approval to construct the $133.9 million Interdisciplinary Research Complex (IRC).

"This achievement is the culmination of years of planning and hard work," says Philip M. Farrell, MD, PhD, dean of the Medical School. "We would not have succeeded without the support of many highly committed people at the school, on campus, at the State Capitol and in the larger community."

The IRC is the final phase of the HealthStar Initiative, an ambitious state-university collaboration to upgrade health sciences facilities on the UW-Madison campus. The initiative has resulted in the School of Pharmacy's Rennebohm Hall and the Health Sciences Learning Center, the new home of UW Medical School's educational programs and administrative offices.

The research building will be constructed adjacent to the two buildings, both of which are connected to UW Hospital and Clinics. Taken together with the nearby Waisman Center, the cluster of structures represents one of the most dynamic health sciences enclaves in the country, Farrell says.

The state building commission also passed a motion that will allow additional construction on the IRC as funds become available. The first approved phase of construction will consist of a five-story tower atop a three-story base and the base of a second tower. Future plans call for completion of the second tower and a third tower, all of the same height.

According to Medical School Vice Dean Paul DeLuca, PhD, the IRC will provide a unique environment that will allow scientists to conduct biomedical research in the most creative ways.

"The building will be physically designed to encourage the gathering of groups of scientists from different disciplines to address problems of common interest," says DeLuca, also the senior associate dean for research and graduate programs.

Stem cell pioneer James Thomson, PhD, a UW Medical School anatomy professor, clearly recognizes the advantages of this style of configuration.

"Bringing diverse people together creates synergies that make things go faster," Thomson says. "It's hard to quantify that and hard to say why, but it makes a big difference when you have people with different perspectives coming together in one spot. The IRC will make it happen."

Researchers working in the building also will benefit greatly from close proximity to clinicians at the hospital, DeLuca says. "This easy access and exchange of ideas between scientists and physicians will make the building a catalyst for translational research—that which moves rapidly from bench to bedside," he says.

The IRC also will be critical for research that requires a longer time frame, such as the regenerative therapies expected to result from the basic science on stem cells that will be a focus of the new building.

"It will be very satisfying over the next 20 years of my career to actually see the basic science that I do end up in the clinics," Thomson says. "It's a very long-term kind of project, and you need special facilities to support that long-term view. The IRC is the perfect place to actually see that translation occur."

Cancer research laboratories will be the anchor of the IRC's first tower, with one entire floor dedicated to breast cancer and another to prostate cancer. Medical School planners envision that the entire first tower ultimately

This rendering shows the planned IRC from the east edge of the Waisman Center. The first phase of construction will consist of a five-story tower atop a three-story base (left) and the base of a second tower (center). Future plans call for the completion of the second tower and a third tower (right).

will be devoted to cancer research—and named to honor the late Paul Carbone, MD, former director of the UW Comprehensive Cancer Center.

Neuroscience and cardiovascular research also will be featured in phase one, as will work on stem cells and regenerative medicine. Two floors of imaging science laboratories and two floors of facilities for research animals are included in the plans.

In addition, molecular medicine—in which scientists examine the influence of genes on disease processes in order to develop genetically based diagnoses and treatments—will be a major thrust of the research taking place in the building.

"These areas represent the cutting edge of biomedical research today," DeLuca says. "All the top medical schools are launching programs and constructing buildings dedicated to these initiatives. The IRC will position us extremely well to stay competitive with the best."

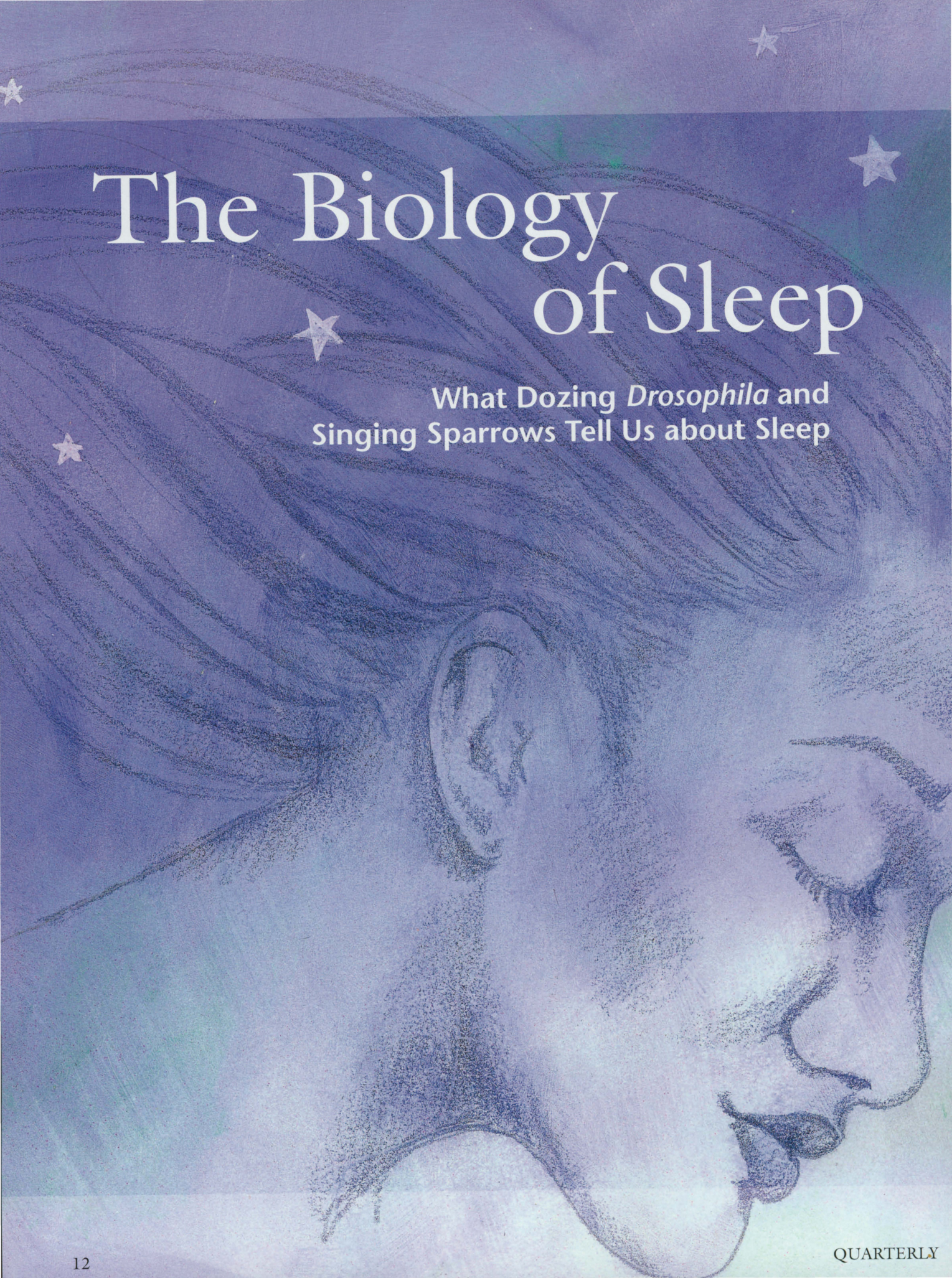
The IRC will increase the Medical School's overall research space by nearly 50 percent, DeLuca adds. Flexibility will be built in, with three floors of the first tower left unfinished until the most pressing and provocative research concepts present themselves.

The state sign-off, which followed the approval by the UW System Board of Regents in November 2004, was the final step in a string of approvals needed to move forward on the building. Medical School planners now will develop construction drawings in preparation for groundbreaking sometime in 2005, with completion of construction expected by spring 2008.

Before groundbreaking, however, additional funds must be secured. Plans call for the facility to be funded with $110.5 million in gifts and grants and $23.4 million in general fund-supported borrowing. More than $80 million has been raised for the project to date, including $18 million in grants from the National Institutes of Health to be matched by another $9 million. Q

The Biology of Sleep

What Dozing *Drosophila* and Singing Sparrows Tell Us about Sleep



by Lisa Brunette

Consider the mysterious paradox of sleep. It is clearly a biological necessity. Prolonged sleeplessness poses a crushing insult to the human body. Memory, attention, speech and thought are compromised even with a modest sleep debt. Extreme sleep deprivation has been shown to be fatal in a number of animal species. As far as we know, every species of animal sleeps.

But survival is the primary biological imperative of every organism. Why do beings from fruit flies to humans need to abandon their ability to monitor their environment in order to sleep, a state that leaves them vulnerable to the risks of predators?

For a group of physician-scientists in the University of Wisconsin Medical School Department of Psychiatry, sleep is more than a tantalizing scientific mystery, the only major human behavior whose very purpose remains unknown. It is also a window into the structure and function of the brain itself and a key to understanding several varieties of psychiatric illness. Finally, it is a serious public health problem because sleep deprivation exacts a large toll on society.

The UW sleep research group is building an international reputation for its work in the genetic, molecular, behavioral and pharmacological aspects of sleep. In addition to discovering why humans sleep, they want to know how sleep disturbances can be managed, whether they are the cause or effect of major psychiatric illnesses, and how the individual and societal costs of sleep deprivation can be controlled.

The sleep research team

Ruth Benca, Chiara Cirelli and Giulio Tononi—all physicians who also hold doctorates—together form the sleep research team. Benca, professor and associate chair of psychiatry, joined the Medical School faculty in 1993 after completing a sleep-disorders fellowship at the University of Chicago. Assistant Professor Cirelli and Professor Tononi came to UW-Madison in 2001. Both earned their medical and doctoral degrees from the University of Pisa in Italy and completed fellowships at the Neurosciences Institute in San Diego.

As a psychiatrist with an interest in sleep-disorders research, Benca chose to make her career at UW-Madison, in part, because of its research expertise and productivity in the field.

"Sleep research is a fairly new field, so there are still medical schools to which you can go where there really isn't much study of sleep going on," Benca says. "Sleep research has had a pretty long-standing reputation here at Wisconsin, starting with the work being done by Drs. Jerry Dempsey and Terry Young. There was a tradition in the area already; there was a good clinical center here."

Benca's clinical work is primarily done at the Comprehensive Sleep Disorders Center at UW Hospital and Clinics, where she trains residents and fellows to treat patients who have a variety of sleep problems. The scientific work of her team goes well beyond clinical problems, though, into the basis of the brain's operations during sleep.

Do fruit flies sleep?

During their fellowships at the Neurosciences Institute, Tononi and Cirelli published a simple but fundamental finding: fruit flies (*Drosophila melanogaster*) sleep. While the tiny insect has been a model organism for many kinds of scientific research for almost a century, no one was sure whether the fly actually slept or if it simply had a daily pattern of rest and activity.

Why does it matter? If an invertebrate like *Drosophila* sleeps, researchers then could use an array of genetic tools to efficiently investigate some basic features of sleep. With a quarter-million neurons, the fruit fly's nervous system is complex enough to be applicable to that of mammals and humans but simple enough that genetic screening can be carried out rapidly. In a March 2000 paper in *Science*, Tononi and Cirelli used behavioral observations and molecular analysis to show not only that fruit flies sleep, but that their sleep patterns are very much like those of mammals: very young flies slept a lot, their sleep stabilized during adolescence and it decreased markedly in old age. The researchers deprived some flies of rest and found that they "rebounded" just as mammals do. They even found that giving flies caffeine and antihistamines affected behavior and alertness just as it does in mammals.

The researchers also examined gene expression in the flies. (When a gene's coded information is converted to structures that operate in the cell, the gene is "expressed" and its associated protein is produced.) One of their first tasks was to separate the gene expression caused by circadian rhythms from those associated with sleep.

The team found that some known genes were expressed at higher levels during waking time than during sleep and that some of these "waking" genes in the fly are associated with specific metabolic processes—for instance, with the breakdown of substances (such as catecholamines) that are important to maintain attention and alertness during wakefulness.

Once that basic discovery was made, researchers around the world took the ball and ran with it. Even investigators outside the sleep-research community began to use the fly model for sleep studies. Cirelli, meanwhile, had begun an ambitious project, still ongoing, to screen thousands of lines of fruit flies to identify "sleep mutants"—flies whose genetic makeup causes changes in sleep amount or pattern or the regulation of

the sleep-wake cycle. Among the more than 9,000 lines she has screened so far, only about 10 are "short sleepers," those who habitually sleep less than 300 minutes per day.

However, Cirelli wrote in a 2003 article, not a single mutation has been found to produce a fly that never sleeps. This, by itself, testifies to the importance of whatever function sleep serves. While Cirelli noted that identifying a non-sleeping fly is theoretically possible, it appears unlikely in the extreme. When the UW work is complete, she believes it should be possible to identify the important pathways that regulate sleep and to manipulate them to find out what changes result.

Stepping up the pace

If the earlier genetic research by Cirelli and Tononi helped clarify what genes do to sleep, a January 2004 article in *Neuron* they wrote explained the reverse: sleep's impact on gene expression in the rat brain. The team wanted to find out if certain genes are expressed more vigorously during sleep than during waking hours and if these protein products are found only in the brain and in specific parts of the brain.

The researchers concluded that about half of the 1,500 genes that are expressed at different rates during the day versus the night do so depending on whether the animals are asleep or awake, not because of the time of day. Perhaps most intriguingly, the investigators found that differing levels of gene expression suggest why we need to sleep.

The gene products that are more abundant during wakefulness are those that help the brain face high-energy requirements, transmission of chemical signals between nerve cells, and the acquisition of new information. Those genes expressed more during sleep, by contrast, are primarily involved in "rebuilding" or "maintenance" operations—the synthesis of proteins and the transport of those proteins from one part of the cell to another.

Is sleep the price of plasticity?

The implications link sleep to neural plasticity—the ability of the brain to change and adapt to new conditions. Tononi theorizes that "sleep is the price you have to pay for plasticity." In other words, animals may sleep so that they can maintain the brain's ability to absorb, integrate and retain new information. Since sleep-related genes are known to be involved in moving chemicals from membrane to membrane, it's logical to assume the genes would help nerve cells in the brain communicate more effectively.

"This leads us to hypothesize that one function of sleep is to strengthen the construction of proteins and their ability to move within the cell," says Tononi. That would help explain why the student who skips sleep in order to cram for an exam is not likely to retain the knowledge for long once the test is over—his brain hasn't had a chance to build up the proteins that help construct and retain memories.

In a subsequent study published in *Nature*, Tononi bolstered the theory. During sleep, nerve cells in the human cortex show a distinct pattern of slow wave activity when measured by electroencephalogram (EEG). The activity goes up after wakefulness and drops back to baseline level during sleep. If that pattern reflects changes in the brain's synapses related to a need for sleep, he reasoned, then inducing changes in the synapses should change the pattern of slow waves, and the nerve cells should function better.

The experimental subjects in the study did a simple learning task that required them to move a cursor on a computer screen in a particular way. Subjects' brain waves were recorded and performances were measured. The findings revealed that a specific region of the brain was activated in the learning task. This region showed an increase in the number and size of slow waves. Furthermore, subjects who slept after learning the task performed better when they were tested a second time than those tested without sleep.

The discovery that sleep benefits learning was not novel. What was new was Tononi's conclusion: During the day, as one learns new tasks, brain synapses grow stronger and larger. This boosts the energy demands on the brain. Sleep "recalibrates" those connections so that they become leaner, less demanding of energy and, possibly, more efficient.

"When you are 10 years old, your brain has 1.5 times more synapses than at birth or when you are an adult," Tononi says. "When you are 10, you have very, very big slow waves; when you're an adult, they get smaller and when you get old, they get smaller and smaller. And it looks very much like how big these slow waves are is a direct indication of how well the synapses in your brain are working."

Linking sleep disorders and psychiatric illness

As physicians, all of the UW researchers want to know what sleep reveals about mental illness. Sleep problems, Benca notes, are more strongly linked with psychiatric illnesses than with any other medical problem. The brain during sleep also offers a unique opportunity to reveal how it operates without the confounding features caused by responding to the outside world.

"In sleep you can see the spontaneous activity of the brain irrespective of motivation or attention," says Tononi, who also conducts research into schizophrenia. "For psychiatric disorders and for neurological disorders generally, it's the only time the brain is going by itself; it's disconnected from the outside world, and what it does is a very direct

expression of how it's built and how it functions."

Two Benca studies published in the summer of 2004 expanded knowledge about the effects of sleeplessness—but in very different ways. In the first, Benca's team assessed the effect of REM (rapid eye-movement) sleep deprivation on rats' responses to threatening or stressful situations.

Under normal circumstances, rats that feel threatened will cope passively, by avoiding the open part of a maze, for example, or actively, by burying the threatening object. But in the study, Benca found that sleep-deprived rats behaved as if they were less cautious and more willing to take risks—increasing their vulnerability to environmental danger. Giving them amphetamines did not correct their impairments; in some cases, sleep-deprived rats that were given high doses of amphetamines and exposed to stress coped even worse than those who did not get the drug.

While Benca stresses that the findings are not definitive for humans, she notes two items of special concern. Stimulants, often used by people who must stay alert for long periods of time, don't seem to restore the ability to respond to stress: "It's still important to sleep," she says.

And for the growing number of adolescents who use prescribed stimulants for attention-deficit hyperactivity disorder, the combination of sleep deprivation and the medication may actually promote careless behavior under stress. More research is needed to clarify how and to what extent that combination affects risk-taking in young people.

Bird-brain research?

Benca's second study, which drew international attention, linked two enduring puzzles—the migration of birds and sleep changes in humans with bipolar disease. Benca's team studied a captive population of white-crowned sparrows, songbirds that normally migrate twice a year, flying at night between Alaska and southern California. During times they would normally be migrating, the birds in the laboratory cages became active at night, hopping and flapping their wings. They slept only about a third as much as during non-migratory times, and they moved into REM sleep more quickly. Brain recordings confirmed that they were indeed asleep when inactive and, significantly, they did not appear to make up their lost sleep by napping during the day.

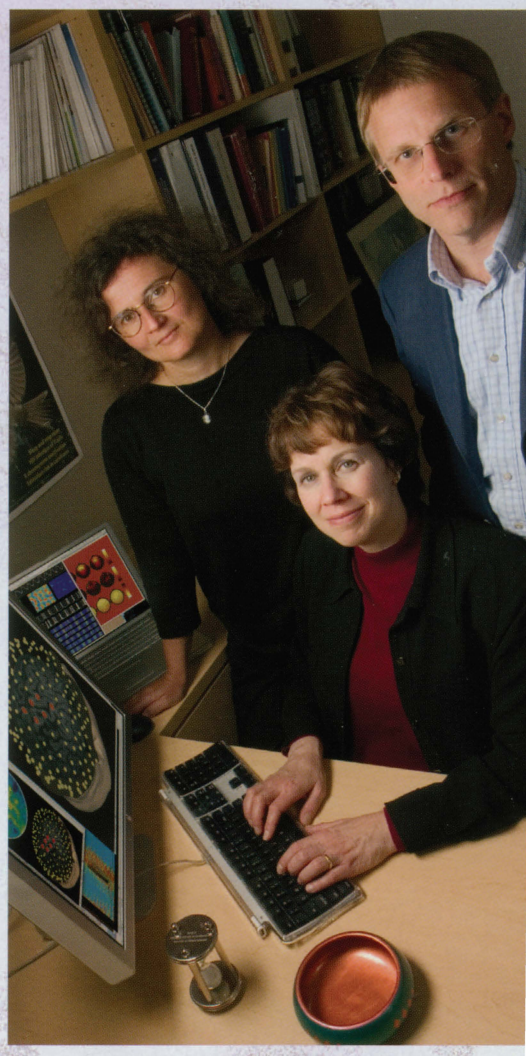
The researchers also found that the sleep-deprived birds did at least as well and sometimes better on cognitive tests during migratory times. However, when they were sleep-deprived during non-migratory periods, their performance suffered. Most tantalizing to a psychiatrist like Benca was the discovery that birds that were sleep-deprived during migratory times showed the same sleep changes that typically appear in humans with bipolar disorder or severe depression. Could the sparrows be a model to study these and other mood disorders?

Benca thinks so. Humans with bipolar disorder, for example, have seasonal bouts of mania or hypomania in which they may dramatically decrease their sleep, yet maintain high levels of activity. In a similar vein, migratory birds manage to fly hundreds of miles, navigate successfully, find food and evade predators—all on greatly reduced sleep. No one currently understands either process. If a common mechanism is at work, however, then advances in understanding the birds' ability to cope with sleep deprivation might yield a high payoff for humans afflicted with debilitating mood disorders.

Moving forward

Because sleep research is still a young field, many findings are preliminary and much work needs to be done to confirm and extend basic discoveries. The white board in Benca's office contains a status list of ongoing projects whose names hint at the breadth of the UW effort—"Wound Healing," "REM Sleep Deprivation and Operant Responding," "Pigeon Sleep Deprivation," "Monkey Sleep," "WOMBAT." Two such projects resulted in novel findings published in late 2004.

Using EEG recordings, Tononi's team showed that the slow oscillations displayed by most neurons in the cortex during non-REM sleep are actually



Physician investigators (from left) Chiara Cirelli, Ruth Benca and Giulio Tononi are building an international reputation for their discoveries on the biology of sleep.

traveling waves resembling ripples in a pond. The paper laid out a blueprint of how the neurons fire and connect with each other, suggesting that this orderly sequence of activity may be related to the synapses' ability to reconfigure and recalibrate during sleep.

In a subsequent paper, Tononi and his group took the blueprint a big step further. They published the first large-scale computer model to integrate the intrinsic properties of neurons with the anatomy of two particular brain regions and to reproduce the activity patterns during both wakefulness and sleep. The model can be used to examine how a part of the cortex falls asleep and how sleep affects information transmission and the plasticity of the brain.

Shark pool or aquarium?

Just as the Medical School's history and expertise in sleep research helped draw Benca to UW, Cirelli and Tononi say they were attracted by Benca's vision of a truly collegial atmosphere in which to do science. All three praise the level of cooperation in their groups, in the psychiatry department, within the Medical School and across campus. They are grateful that the School of Veterinary Medicine has been so enthusiastic and helpful with animal care and that the UW machine shop, for example, created a special "fly agitator" to help keep the insects awake during their experiments.

Benca says the group has a synergy that permits them to do much more as a group than they could as "people who have to carefully demarcate that 'this is my territory.'" Tononi sums up the atmosphere in a phrase delivered in the lilt of his native language: "It is less like a shark pool and more like an aquarium."

And how do these world-class researchers maintain a healthy sleep schedule? Cradling the coffee she laughingly calls her "drug of choice," Benca says she's very aware of sleep hygiene; when her children were young she carefully managed the family's sleep habits. As she advises her patients, she tries to get up at the same time every day—even on weekends—and she limits evening work so she's not up late night after night.

Cirelli, too, protects her sleep carefully—but not just for scientific reasons. "I start from the assumption that sleep is very important, although we don't know the function of sleep yet," she says. "I like to cook, I like to invite people to dinner, but when it's 9 o'clock I have to leave. And I literally leave! I'm very good at sleeping. It's one of the pleasures of life."

Population studies provide additional important insights

While University of Wisconsin Medical School psychiatry researchers are making major advances in understanding the biology of sleep, another Medical School team—consisting of researchers from the departments of population health sciences and medicine—has made equally important discoveries about naturally occurring sleep disorders in a large group of people.

Terry Young, PhD, and co-investigators Jerome Dempsey, PhD, James Skatrud, MD, and Steven Weber, PhD, created the Wisconsin Sleep Cohort Study in 1987. The epidemiologic study involves some 1,500 state employees, each of whom typically participates in a full overnight study in a dedicated sleep lab at UW Hospital and Clinics' General Clinical Research Center. Volunteers also fill out questionnaires about sleep habits and undergo cardiovascular and other tests. The studies are repeated at four-year intervals, providing unique data on the way sleep changes over time, and how sleep problems contribute to the development of poor health.

The Wisconsin Sleep Cohort study was the first to establish the high prevalence of unrecognized sleep apnea--disrupting episodes of breathing pauses during sleep. Most recently, the study revealed that lack of sleep leads to increased appetite and body mass index (BMI). People who slept for shorter periods than others had reduced levels of leptin, a hormone that controls appetite, and elevated levels of ghrelin, another hormone thought to stimulate food intake.

"The associations we saw between sleep duration and hormone levels are provocative," says principal investigator Young, a professor of population health sciences.

The findings could help explain what scientists have observed in earlier studies: people who habitually sleep less than eight hours a night have higher BMIs than those who sleep more. The UW researchers saw the same association.

Their data showed that BMI rose proportionally to decreased sleep. When the average duration of a night's sleep decreased from eight to five hours, BMI increased 3.6 percent.

"The hormone changes likely increased peoples' appetites and may have lead to higher BMIs," Young says. "Given the high prevalence of obesity and incidence of sleep loss in our society, this relationship deserves further examination. Most importantly, the findings show that adequate sleep should be promoted as a major component of a healthy lifestyle."

The Wisconsin Sleep Cohort Study has also shown that:

- women in menopause are much more likely than women who are not in menopause to have sleep apnea
- sleep apnea is likely to lead to hypertension
- people with undiagnosed sleep apnea may be at greater risk of automobile accidents
- doctors often fail to recognize sleep apnea in women patients
- increased weight, nasal congestion at night and smoking put people at risk for sleep apnea.

A successful combination

Medical Education Day and Student Research Forum

by Kris Whitman

With winter in full gear, visitors to the Health Sciences Learning Center (HSLC) have come to appreciate the new building's covered bridges to Rennebohm Hall and the Clinical Sciences Center. This fall, University of Wisconsin Medical School forged a new "bridge" in a more abstract sense. "Bridging Education and Research in the new HSLC" was the theme for the school's combined 12th annual Medical Education Day and 3rd annual Medical Student Summer Research Fall Forum on October 27, 2004.

"This dual event—aimed at bringing together educators and students to share their knowledge and experiences across disciplines—expands upon the traditions of both programs, and marks some exciting enhancements, including hosting the day at the new HSLC," says Susan Skochelak, MD, MPH, UW Medical School's senior associate dean for academic affairs. The Office of Academic Affairs sponsored the event, with support from the Herman and Gwen Shapiro Foundation.

Judging by the large number of participants—about 150 faculty and staff members participated, plus more than 100 medical students—people approved of the combination of events and new location, Skochelak observes.

Lynne Cleeland, program manager in the Office of Academic Affairs who coordinates student research programs, added that the HSLC venue allowed more health sciences faculty and staff members to conveniently view the research posters displayed in the atrium, compared to an off-site location. She added that faculty members were impressed with the quality and number of research projects presented.

"We were thrilled to see so many people spend all or part of their day with us," comments Carolyn Bell, MD, UW Medical School associate dean for curriculum.

Morning sessions highlighted curriculum innovations, assessed teaching and educational outcomes, and examined current challenges in medical education.

In her welcome address, Skochelak discussed several new and emerging thrusts for the Medical School, including a master of public health degree to begin in fall 2005; curriculum enhancements; new medical

Some 40 student and faculty researchers displayed or presented their findings during the afternoon Student Research Forum.

Participants chose among 10 morning break-out sessions ranging from distance education to cultural diversity.

"Our overall goal in encouraging students' interest in research programs is to better prepare them for future careers in academic medicine."

By combining Medical Education Day and the Student Research Forum, the Office of Academic Affairs brought together educators and students to share their knowledge and experiences across disciplines.

student learning communities aimed at enhancing student coaching across class years; and progress that's being made in attaining compliance with improvement areas identified by the Liaison Committee on Medical Education—curriculum reform, career advising, learning environment and facilities enhancement.

Associate Dean for Students Patrick McBride, MD '80, MPH, reviewed current initiatives in the Student Services Office. Among them: a new program for career advising; a proposal recommending that each learning community have a designated faculty mentor to focus on career advising and other topics raised by students in that community; and ongoing efforts to seek ways to enhance student life activities. Following a keynote address on professionalism by Robert Dempsey, MD, chair of neurological surgery, participants chose among 10 break-out sessions ranging from distance education to cultural diversity.

Next, Dean Philip Farrell, MD, PhD, presented four faculty members with Dean's Teaching Awards. Established in 1992, these awards honor outstanding contributions to student education in medical school programs. A committee of previous award recipients chooses each year's winners.

"In essence, four words demonstrate the characteristics the award committee is looking for: innovation, dedication, excellence and effectiveness," Farrell said in his introduction. He added that these characteristics describe the following 2004 winners: David C. Mann, MD, Departments of Surgery and Orthopedics and Rehabilitation; Carl E. Stafstrom, MD, PhD, Department of Neurology; Gail Underbakke, RD, MS, Department of Medicine (Section of Cardiovascular Medicine); and Laura J. Zakowski, MD '90, Department of Medicine.

The afternoon Medical Student Summer Research Fall Forum began with a noon scientific poster session—at which 40 student and faculty researchers displayed or

Dean Farrell (center) congratulated four of the five Shapiro award recipients who gave oral presentations on their projects.

"We were thrilled to see so many people spend all or part of their day with us," says Dean Bell.

presented their findings. Summer research projects represented at the forum included those in the Shapiro Program, Department of Family Medicine, General Clinical Research Center, Cardiovascular Research Center and Department of Surgery. Faculty members from nearly 20 departments and institutes served as summer research mentors.

Farrell said the school's goal is to attract half of its first-year medical students into research. Last summer, 62 members of the Class of 2007 participated for an average of 11 weeks, representing a $200,000 investment by Medical School administration and departments, including grant funding. Typically, one student is involved with each mentor.

At the forum, Farrell presented 10 Shapiro Excellence in Student Research Awards, made possible by a gift from Herman and Gwen Shapiro. This program supports first-year students as they conduct basic science, clinical, translational, public health, global health or medical education research projects with guidance from faculty mentors. Each winner receives $250. Farrell noted that Herman Shapiro was a cardiologist who also was a "genius in the stock market." He encouraged medical students "not to put all your eggs in one basket, but to diversify your interests, as Shapiro did."

Five Shapiro award recipients presented their research projects. The five students and their faculty mentors (in parentheses) included: Michael Stauder (Paul Sondel, MD, PhD); Meredith Cechvala (Gregory Hollman, MD); Joshua Lindsey (Niloo Edwards, MD); Nathan Schreiber (Cynthia Carlsson, MD); and Mark Morrey (Paul Anderson, MD).

Additionally, a selection committee chose five student poster projects to receive Shapiro awards. The students included:

- Rajeev Mannem (Raghu Vemuganti, PhD)
- Elizabeth Charipar (Eugene Kaji, MD, PhD)
- David Conrad (Herbert Chen, MD)
- Amber Shada (Herbert Chen, MD)
- Sara Stuart (Maureen Smith, MD, MPH, PhD).

"Our overall goal in encouraging students' interest in research is to better prepare them for future careers in academic medicine," says Cleeland.

She notes that the Medical School is launching a new Research Honors Program this year for students in the regular MD curriculum. Those who complete 16 weeks of mentored research and write a thesis will be eligible for an honors designation at graduation. Q

Summer research projects represented included those in the Shapiro Program, Department of Family Medicine, General Clinical Research Center, Cardiovascular Research Center and Department of Surgery.

Beyond the Hollywood Factor

"I really see myself as a primary care physician for people who have sustained the ultimate complication of their illness."

Forensic pathologist Michael Stier, MD '94, seeks to dispel a stereotype

by M. Van Eyck

A quick search on the Internet reveals that Michael A. Stier, MD '94, University of Wisconsin Medical School assistant professor of pathology and laboratory medicine, has helped to solve a number of Wisconsin's recent murder mysteries. From Iron County down through all of southern Wisconsin, Stier's name appears in local newspapers with the final word on shaken baby syndrome, brutal bludgeonings, shotgun wounds—almost any fatal crime imaginable.

But while Stier's work as a forensic pathologist may seem worthy of a prime time crime show, he insists that it lacks "the Hollywood factor," which exaggerates the gruesome and the glamorous for ratings.

"I want to dispel the stereotype that forensic pathologists only deal in violent crime," he says. "I really see myself as a primary care physician for people who have sustained the ultimate complication of their illness."

Despite the media coverage he gets, Stier estimates that only about 30 percent of his cases are "super crazy things." The majority are accidents, especially car accidents, and what he calls "naturals"— deaths due to natural causes, such as unanticipated heart attacks or overlooked illnesses.

"TV doesn't show the naturals," he says. "But I tell you, it means a lot to the families to find out what happened and help them find closure."

Looking for closure in the autopsy suite, for example, Stier can detect the lethal illness that was assumed to be nothing but the flu. He can verify a driver's claim about the angle and speed of impact of a fatal car crash. In the case of a suspicious suicide, he can verify that the wounds were indeed self-inflicted.

Finding that closure requires a spectrum of skills, not all of them conventional. Beyond a comprehensive medical expertise, Stier relies on his working knowledge of everything from physics to fire patterns to psychology to help him solve his cases.

He can easily distinguish scissor wounds from the punctures of, say, a fire poker. And he is fluent in firearms. What's more, his analysis of human conflict and physical struggle help him to conjure up scenarios that might cause someone to strike, for example, from the front versus from behind.

Stier engages deeply in his work, calling the cadavers his "patients," sometimes even by name. "This is what Arthur is telling me," he might say, referring to something discovered in the autopsy. Likely, it is this fertile imagination and penchant for storytelling that helps him piece together the often disparate aspects of an individual's last minutes, creating a narrative for the courts—and families.

Stier's upbringing helped him prepare for his life's work. Having grown up wielding rifles, skinning rabbits and plucking pheasant feathers on a farm in Clinton, Wisconsin, Stier says he developed a healthy respect for the lifecycle early on. This visceral education now allows him to endure some of the more unpleasant aspects of his work—not the least of which is decomposition, which he calls "a criminal's best friend."

Other circumstances seem to have had an equally strong influence. Raised by German immigrants who moved to Wisconsin after World War II, Stier remembers their stories as one stern warning. "I had


Michael A. Stier, M.D.
Forensic Pathologist

■ Michael Stier, MD '94

Michael Stier graduated from UW Medical School in 1994.

"I love my job because everyday I see how fragile and transient life is. And that's why I love teaching—because I can share that with people."

an idea of what people do to each other at an early age," he says.

But while he unflinchingly confronts the macabre in his work, Stier, by his own admission, can be overly sensitive to human suffering and loss. In fact, it was his fear of having to work with the emotional aspects of illness that turned him away from clinical practice.

"In medical school, I would get too caught up in each patient's situation," Stier recalls. "If I had to do that now, I would be grieving all the time."

Instead, Stier, who serves as a consultant to local coroners in about 25 counties around Wisconsin, uses his knowledge to work with everyone from medical examiners to detectives to grieving families hoping to move on and heal.

Having completed a bachelor's degree in bacteriology from UW-Madison in 1988, Stier briefly conducted research at Upjohn Pharmaceuticals before returning to Madison in 1989 for medical school. While engrossed in his education, he also soon found that the pressure of school made him doubt his decision. "By the second year," he says, "I really hated it."

A post-sophomore year fellowship in pathology granted him a year off from medical school and introduced him to UW pathologist Robert Huntington, MD, who worked in forensics at the William S. Middleton Memorial Veterans Hospital in Madison, where Stier now spends most of his time. There, he found his calling.

"That's where I saw my very first autopsy," he says. "And Dr. Huntington showed me that it's okay to have a good sense of humor and be positive about this line of work. That helped me, because I really liked autopsy—but everyone thought I was crazy."

Following medical school, Stier completed two fellowships: one in neuropathology at the University of Virginia and the second in forensic pathology at the Milwaukee County Medical Examiner's Office. In 2001, he accepted a position on the UW Medical School faculty.

"I love my job," he says with a smile—especially the teaching, which allows him to share his diagnostic skills with medical students, graduate students, residents and even visiting physicians. For the Medical School, Stier lectures on everything from chemical and physical pathology to neurotrauma and pediatric neuropathology. He described his work to students last spring in a lunch session of the Student-Alumni Partnership Program hosted by the Wisconsin Medical Alumni Association.

When he can, Stier also presents talks in Wisconsin schools where, he says, young people have a huge interest in forensics, thanks in part to the popularity of dramatic crime shows.

More than a taste for drama, of course, a pathologist needs exceptional scientific and analytical skills. "Most physicians who go into pathology are very cerebral," Stier says. "Pathologists are really the 'doctor's doctor.' We have to know a plethora of diseases and functions."

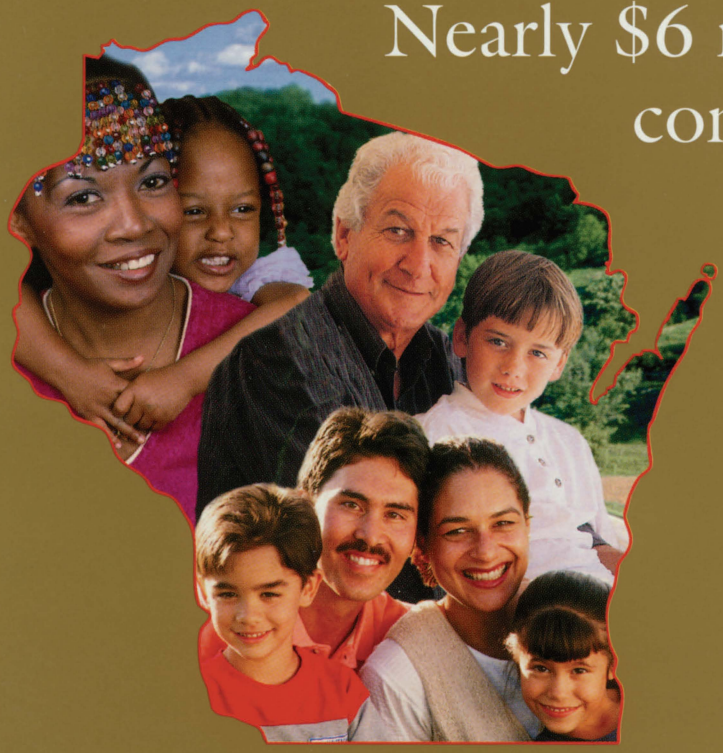
"I was always that way," he continues. "Growing up on the farm, I was surrounded by critters and was always inquisitive."

Happily for Stier, he is close enough to Clinton to spend weekends back at the family farm. "I feel closest to God in nature," he says, but then reconsiders. "And also sometimes in the autopsy suite."

Paradoxically, while forensics requires that he encounter "the darkest and most violent side of humanity," he says that it also helps him maintain a light perspective on life.

"When I open a body bag, part of me knows that that is going to be me someday," he continues. "I love my job because everyday I see how fragile and transient life is. And that's why I love teaching—because I can share that with people."

Nearly $6 million awarded to community organizations



The Wisconsin Partnership Fund for a Healthy Future (the Blue Cross Program at University of Wisconsin Medical School) last year awarded just under $6 million to 33 organizations across the state for community-academic partnerships designed to advance the health of the people of Wisconsin.

Thirteen implementation grants totaling approximately $5,400,000 were awarded in December, while 20 planning grants totaling more than $486,000 were awarded in September.

The planning grants, typically $25,000 each, either help local organizations develop community-academic partnerships or stimulate new collaborations that may lead to larger projects.

One planning grant, for example, funds a partnership created by the Polk County Health Department in Balsam Lake, Wisconsin, that focuses on developing a county-wide plan to reduce alcohol and substance abuse. The plan outlines comprehensive prevention, intervention and treatment strategies.

The implementation grants, averaging $150,000 per year for up to three years for each organization, emphasize more expansive projects specifically targeting some of Wisconsin's most urgent healthcare needs, including healthy birth outcomes, safe neighborhoods and healthy lifestyles for children and families. The grants also fund several statewide projects benefiting rural communities through projects that will improve access to healthcare.

"These projects represent a significant investment in preventing disease and promoting health in children, adolescents and their families in our state," says Philip M. Farrell, MD, PhD, dean of UW Medical School and chair of the Oversight and Advisory Committee (OAC), the Wisconsin Partnership Fund decision-making body responsible for directing and allocating funds for public health initiatives. "As a pediatrician, I am particularly pleased that these projects focus on our vulnerable populations, and that many of them align with Governor Jim Doyle's 'KidsFirst Initiative' to invest in Wisconsin's future by improving the lives of our children."

The OAC, which consists of public members as well as representatives of UW Medical School, the School of Nursing and the Insurance Commissioner's Office, made the award decisions for both series of grants. The committee also sought input from external reviewers who are experienced in evaluating grants and have public health backgrounds as community or faculty leaders.

External reviewers thoroughly evaluated the merit of each application, and scored 131 implementation and 94 planning grant applications. Before making the final awards, the OAC also gave careful consideration to other factors, such as the area of the state involved, populations targeted and health problems addressed.

"One of the most exciting aspects of being part of this process was seeing first-hand the energy, innovative ideas and partnerships that are emerging across the state for one purpose—to improve the health and well being of people in Wisconsin," says OAC member Greg Nycz, the rural advocate on the committee. "I'm very pleased with the amount of funds that will be flowing to communities in this first round of grant making."

In reviewing the Wisconsin Partnership Fund accomplishments for the past year, Farrell says he is extremely pleased that the OAC was able to award a total of 33 grants. In addition to their promise of preventing disease and promoting health in Wisconsin, the grants will help transform UW Medical School into an integrated school of medicine and public health.

"It has been a long and productive journey since Blue Cross and Blue Shield United of Wisconsin announced in 1999 that its conversion funds would be distributed to the two Wisconsin medical schools, to the funding decisions that we made in 2004," Farrell says. "We have begun taking major steps toward significantly improving health by establishing partnerships with communities statewide. Through these partnerships, we expect to realize the bold vision of the Wisconsin Partnership Fund: to make Wisconsin the healthiest state in the nation."

Another funding cycle of planning and implementation grants will be announced in spring of 2005.

UW Medical School offers

New master degree of public health

by Kris Whitman

The University of Wisconsin System Board of Regents recently approved a new master of public health (MPH) degree at University of Wisconsin Medical School. This 12-month multidisciplinary program, which begins in fall 2005, aims to enhance the state's public health workforce.

The new program receives significant funding through the Wisconsin Partnership Fund for a Healthy Future, which resulted from the conversion of Blue Cross and Blue Shield United of Wisconsin to a for-profit corporation.

According to the Institute of Medicine (IOM), U.S. public health workers urgently require additional training to address expanding public health issues, such as bioterrorism, obesity-related health problems, West Nile Virus, chronic wasting diseases and influenza. The IOM has outlined a new vision of a broader workforce that goes beyond employees of state and local government.

Spurred by this national need, the new program's first class will consist of 25 students. The number of enrollees per year gradually will increase to 40 by the fourth year.

The program is designed for people already involved in public health, says Susan Skochelak, MD, MPH, senior associate dean for academic affairs at the school. Candidates must have a baccalaureate degree and at least two years of full-time, post-baccalaureate health-related experience or education.

"The program will encourage collaborative graduate education for students from a variety of health science disciplines," Skochelak says. "We want students to understand the importance of interdisciplinary approaches to community health problems."

Students in the program must complete 36 credits of core curriculum and elective coursework, an eight- to 12-week preceptorship with an MPH partner organization, and a project in public health that integrates what they've learned.

Research is an important aspect of the curriculum, says program director Patrick Remington, MD '81, MPH, UW Medical School professor of population health sciences. "The program will arm health professionals with skills to participate in community-based clinical health services and population-based research," says Remington, who also is the director of the UW Public Health and Health Policy Institute.

The collaborative program pulls together UW-Madison faculty who are active in public health-related research, teaching and outreach programs. Faculty come from: UW Medical School's departments of population health sciences, family medicine, and biostatistics and medical informatics; the UW-Madison departments of nutritional sciences and social work; the UW schools of nursing, pharmacy and veterinary medicine; and the LaFollette School of Public Affairs. Public health professionals and agencies across the state also are partners through the MPH advisory board and student preceptorships.

Photo by Michael Forster Rothbart/UW-Madison University Communicaitons

Program graduates will likely pursue careers in academic settings, governmental health agencies and the private health sector where they will be able to apply their expertise and skills to urgent public health problems, notes Remington. The program also will provide continuing professional education for state and local public health practitioners and enable health professions students to combine training in their primary discipline and in public health.

Currently, UW-La Crosse is the only UW System school offering an MPH degree. However, the La Crosse program focuses on addressing quality of life through health education and health promotion, Remington notes. In contrast, he says, the UW-Madison MPH program will focus on elements of monitoring, diagnosis and intervention.

"We envision that the La Crosse and Madison efforts will complement one another and jointly prepare a Wisconsin workforce trained in all aspects of public health," he says.

The Medical College of Wisconsin in Milwaukee offers an MPH degree exclusively for physicians.

White Coat Investiture Ceremony

Welcomes Class of 2008

Members of University of Wisconsin Medical School Class of 2008 were officially welcomed into the medical profession on Sunday, September 28, 2004, at the White Coat Investiture Ceremony. Each new student was "cloaked" with a white coat, the physician's traditional garb and a symbol of medical professionalism.

Sponsored jointly each year by the Medical School, the Wisconsin Medical Alumni Association (WMAA) and the Wisconsin Medical Society (WMS), the ceremony highlights that responsibilities begin for each student with the first days of medical school.

Before coats were presented, Susan Goelzer, MD '81, chair of the UW Medical School Department of Anesthesiology, delivered an inspirational speech, and joined WMAA president William Nietert, MD '78, and Donald Logan, MD, president of the Dane County Medical Society, in welcoming students to the profession. The ceremony concluded with students reciting the Student Code of Medical Ethics.

Lessons from Uganda

Eight University of Wisconsin-Madison health sciences students—including Sharon Anderson and Joseph Eichenseher, both second-year students at UW Medical School, and Matthew Landis, a graduate student in the Department of Population Health Sciences—spent three weeks in Uganda last summer as part of a new global health course. Organizers Cynthia Haq, MD (above left), a UW Medical School professor of family medicine and population health sciences, and Linda Baumann, PhD, a UW-Madison professor of nursing, developed the course to introduce students to nutrition, maternal and child health, and infectious diseases in community and healthcare settings in the African country. In the following accounts, the three students describe the course, UW-Madison's relationship with the primary university in Uganda, the healthcare challenges the country faces and their own moving recollections of the experience.

A new global health class

The call went out during fall 2003, informing students of a new class to be offered in the spring, "Health and Disease in Uganda," with a possible field experience. Because I enrolled in medical school to work in community health and to address health inequalities, I didn't hesitate to sign up.

The course seemed designed for my global health interests. We met as a class for the first time in late January 2004. We were an eclectic bunch—medicine, undergraduate, nursing, graduate and veterinary students. Our professors, Linda Baumann, PhD, of the School of Nursing, and Cindy Haq, MD, of the Medical School, were gurus of international health, having years of experience in the global community, in numerous settings from Vietnam to Madison to Pakistan to Uganda.

Our group met every Monday for two hours, discussing the history of colonial medicine with UW medical historian Richard Keller, PhD, reviewing the medical realities of HIV and tuberculosis with UW clinicians Dennis Maki, MD '81, and Frank Graziano, MD, and reflecting on the current economic and social realities of global health.

We were amazingly fortunate that John Kakitahi, MD, journeyed to UW from Makerere University in Uganda, joining and leading our discussions in March. He shared with us a lifetime of community medicine. He invited us to his country—an offer we found difficult to pass up.

As the semester ended in May and we went out into the world toward jobs, weddings, family, classes and research, many of us marked July 18th on our calendars. It was the day we accepted Dr. Kakitahi's offer, embarking on our own journeys to witness and experience the realities of healthcare in Uganda.

—Joseph Eichenseher

Enduring relations with Makerere University

The UW-Madison has a long-standing relationship with Makerere University in Kampala, the capital of Uganda. Faculty from UW began traveling to Uganda to teach at Makerere in the 1960s.

Departments across campus have now established their own connections with Makerere University. The Wisconsin Land Tenure Center, for example, has partnered with the Makerere Institute of Social Research—a relationship both organizations describe as a source of pride. The African Studies Program formalized a four-year faculty exchange program in 1997 that has allowed more than 26 Madison and Makerere faculty members to spend a month or more doing research and lecturing at the partner institution. Faculty in the UW College of Agricultural and Life Sciences have developed an international health and nutrition course with a field experience in Uganda.

"Health and Disease in Uganda" is one of the newest projects. It is a component of a long-term, multidisciplinary "Partnership for Health," which UW faculty members belonging to the Global Health Program (see sidebar on page 29) are working to develop with Makerere University. The course will be offered again in 2005, with Dr. Baumann teaching the semester-long classes in spring and Dr. Haq leading the field trip in the summer.

In addition, Dr. Haq has been awarded a prestigious Fulbright Scholar grant, which she will use to conduct research on ways to improve primary healthcare in Uganda through family medicine initiatives. The Fulbright will enable her to live in Uganda from January through June 2005.

—Sharon Anderson

Continued on next page.

Opposite page: On one of several previous trips to Uganda, the Medical School's Cynthia Haq, MD, director of the UW Global Health Program, met with a local healer.

At left: John Kakitahi, MD, (wearing hat) introduced the American students to various forms of commmunity health in his country.

More than half the people in Uganda are under age 14. Matt Landis (center), a UW graduate student in population health sciences, observed the healthy and the sick.

Health challenges in Uganda

Uganda is a land-locked African nation bordered by Kenya to the east, the Congo to the west, and Sudan and the vast Sahara desert to the north. It boasts rich red soil and some of the best water resources on the African continent: Lake Victoria and the headwaters of the Nile River.

Despite its beauty and access to natural resources, however, Uganda is not insulated from the maladies that have affected much of sub-Saharan Africa. Since more than half the people in this country of 26 million are under age 14, children are suffering disproportionately.

For example, malaria is the leading cause of death in children under age 5, with a death rate of 37 per 1,000 cases in the highest-risk areas. Malnutrition is mainly present in the form of Kwashiorkor, which results from protein deficiency and causes anemia, stunted growth and mental deficiencies. HIV/AIDS has spread throughout the country, a situation that has left nearly one million children orphaned. Currently, more than 1.4 million Ugandans are living with the disease.

In our "Health and Disease in Uganda" field trip, we witnessed these challenges as well as the progress that is being made to address them. We visited hospitals, community health centers and nutritional units and participated in home visits. We discussed Ugandan health problems and improvement strategies with faculty, staff and students at Makerere University, the Ministry of Health, the U.S. Embassy and non-governmental organizations.

—Matthew Landis

Reflections by Sharon

The experience helped solidify Sharon Anderson's desire to do international health.

As a second-year medical student, it's easy for me to get caught up in life the way I live it here in the United States. But thinking of my experience in Uganda last summer keeps me grounded in a way. It reminds me why I came to medical school in the first place. The experience helped solidify my desire to do international health work. It further opened my eyes to the need to be constantly working for social justice and improved health for all people around the world.

Learning about the reality of the healthcare system in Uganda and seeing firsthand the limitations providers there face has given me perspective on our own U.S. healthcare system. At the Ugandan public hospital called Mulago, treatment is free, but the need is overwhelming. On the wards, I saw hospital conditions that, up until that point, I had only read about and seen in pictures. I walked through the open-air hallways wondering if anyone else in our group felt as helpless as I did. I thought of patients in U.S. hospitals and hoped that they really understand how fortunate they are.

On several occasions, we had the opportunity to hang out and talk with medical students at Makerere University. I remember one of them speaking about the problem of limited resources. She said she knows that as a physician in Uganda, she frequently won't have the resources to cure her patients' illnesses or even alleviate their symptoms. Nevertheless, she feels it will be her duty as a doctor to find some way to contribute to their healing. The attitude and resiliency of Ugandan health professionals in the face of severely limited resources and small salaries is truly amazing. It is something we can learn a lot from as future health professionals.

As part of our visit to the Mbuya AIDS Reach Out Program, which provides long-term HIV/AIDS care, we made home visits to meet some patients. At one tiny mud house, a frail man with tuberculosis and a dangerously low CD4 count struggled to sit up in bed to acknowledge us when we came in, and fretted about finding us chairs. I felt ridiculous. Here was a man living with two horrible diseases, worrying about whether we had chairs to sit on. I met Ugandans who are stronger than I will ever have to be. Meeting them face-to-face was a very humbling experience.

Returning from Uganda, I hung the batiks I bought on my bedroom walls and found a place for the banana leaf bowls and carved statues I had purchased at a market in Kampala. I looked around my room and promised myself that down the road, I won't just be someone who visited Africa once upon a time. Instead, I will always be looking for ways to use the knowledge and lessons of my journey to Uganda.

Reflections by Matt

The project I chose to focus on involved HIV/AIDS, specifically on three models of intervention and distribution: the hospital system, the non-government organization (NGO) and the crossover system.

The Adult Infectious Disease Clinic at Mulago Hospital provides care for approximately 5,000 infected individuals. It also offers counseling to spouses, family and friends. Counseling is provided mostly because the hospital cannot provide anti-retroviral medications (ARVs) to non-paying patients. Many patients must bring in their family and friends to convince them to help in paying for drug therapy.

I also had the opportunity to work with the Reach Out clinic at Mbuya, an NGO-based in the parish church. It is an all-volunteer workforce that offers ARVs, basic care, counseling and home visits for advanced cases. I went to some of the homes with clinic workers and was quickly exposed to the raw poverty that afflicts Africa and many other parts of the world—and the suffering that so many people endure. The focused effort of the Mbuya clinic has clearly benefited the community, but the issue of sustainability looms on the horizon as funding challenges are imminent.

The third organization was somewhat of a hybrid, called the AIDS Support Organization, or TASO. This organization has more than 36,000 clients and

The students visited hopitals, community health centers and nutritional units, and participated in home visits.

An expanded global health program

University of Wisconsin-Madison's ongoing reciprocal relationship with Uganda—highlighted by last summer's trip—is an example of what the Global Health Program (GHP) hopes to foster in many parts of the world.

Partnerships with universities in developing countries lead to creative educational programs and productive research collaborations, says GHP director Cynthia Haq, MD, UW Medical School professor of family medicine and population health sciences. Collaborations are under way—or planned—in Afghanistan, China, Ecuador, Mexico, Thailand and Vietnam.

"Our mission is to cultivate partnerships to address health issues that transcend national boundaries," Haq says. "We hope to learn important lessons from our colleagues abroad and to contribute to improving medical education and healthcare in developing countries."

Formed in 2004 as an evolution of the former International Health Advisory Committee, the GHP is an interdisciplinary program comprised of faculty, students and staff from the UW schools of medicine, nursing, pharmacy, veterinary medicine and international studies.

"Our goals are to promote interdisciplinary and cross-college global health education and research activities on the UW-Madison campus as well as partnerships abroad," Haq says.

The GHP monthly seminar series features UW global health experts as well as visitors from other countries who have spoken on topics such as HIV/AIDS, tobacco control, nutrition, diabetes and veterinary public health.

The GHP's first global health symposium, held in December 2004, drew more than 250 people. Some 20 UW health professionals and health sciences students interested in global health described their research and training projects. Tom Loftus, special advisor to the World Health Organization, opened the symposium.

At the end of the program, students celebrated with food, musicians, dancers and other performers from Mexico, Korea and the Middle East.

"We learned of many UW global health initiatives already under way and began networking for future efforts. The symposium revealed the tremendous variety and creativity of programs already in progress," says Haq. "We were impressed with the enthusiasm and potential for students and faculty to enrich the UW and address important health problems through global health programs."

For more information, see http://www.pophealth.wisc.edu/ih/.

has been a strong presence in the fight against AIDS for all of its 18 years. It is an NGO, but is located on the Mulago hospital grounds. The majority of the clientele, therefore, are individuals from the Adult Infectious Disease Clinic. Over 65 percent are females, and more than half of them live below the poverty line on one dollar a day.

TASO is mainly a counseling and support organization that also trains peer educators and provides minimal financial assistance for rent and food payments. As the organization has limited resources, it is not yet involved in ARV treatment.

Learning about such organizations was deeply meaningful to me, because I was able to meet the caregivers and also those in need of care. I saw what was similar and different in the approaches to care. In all cases, new patients were screened, evaluated and counseled before they were given access to funding, drugs or long-term support. They were educated about the things they can and cannot do while living with HIV/AIDS.

I also learned that there is a difference between hospitals and NGOs in terms of their ability to intervene. The NGO is results-oriented instead of process-oriented. In the face of extreme need, the NGO is better equipped to allocate resources and provide for its patients, whereas the hospital systems are slower to react, and mired in bureaucracy. It is the benefit and the downfall of the hospital system: that it can treat so many people, yet be so limited in its ability to treat.

Reflections by Joseph

Recently having begun spring semester classes, I reflected on our three weeks in Kampala and realized how fortunate we were. The Ugandan people we encountered were incredibly welcoming, allowing us to experience their world and understand the realities and challenges of their health system.

The Wisconsin students who made the trip to Uganda, including Joseph Eichenseher (right), cherished the opportunity to interact with local medical students.

I cherish the opportunity we had to be among the Makerere medical students, being able to appreciate and experience their inspiring, interactive community approach to medical education. Our field experience illustrated to me how important it is to connect with other health providers around the world, learning and sharing as we collectively address the injustice of health disparities.

I think about the physicians we accompanied on rounds through the diabetic ward at the main public hospital, Mulago, where we saw bed-ridden patients suffering from diabetic complications that could easily be addressed in our American system. Yet most of these patients were unnecessarily suffering due to the reality of the global economic system, which forces most Ugandans to live on less than one dollar a day, making the insulin and treatment they need prohibitively expensive.

The frustration of the physicians was evident, but they had learned to cope and to do the best they could, trying to keep spirits up with a smile and a joke. This tenacious optimism and resourcefulness in the face of devastatingly common illnesses, such as HIV/AIDS and childhood malnutrition, imprinted me emotionally, helping to guide me as I consider my future role as a physician in our world.

Although I had previously read hundreds of pages about the state of healthcare in the developing world, these readings could not capture the reality that became clear after only a few minutes in the Mulago pediatric malnutrition ward. Here the pain and suffering were inescapably apparent.

I am not sure if I will ever again experience firsthand the glowing optimism of the people or vibrant markets of Kampala, but I am certain that the lessons I have taken from Uganda can be applied anywhere in our global community. Even in Wisconsin, there is no shortage of health disparity issues to be addressed. In moments of pondering the future, my memories of Ugandans' warm smiles, three-part handshakes, mellow musical rhythms and buoyant resiliency in the face of overwhelming poverty return to me.

Our experience in Africa was remarkable, and I hope that all medical and health sciences students have a chance to learn and experience in such a fulfilling way as we did in Uganda. As I prepare to move into my third-year of medical school—and experience the American hospital reality of amazing healing, yet also enormous waste—I feel more prepared to work toward eliminating the injustice of the current status quo, as billions of people still don't have access to clean water and basic nutrition, let alone the kind of care we are being trained to deliver. There is a lot of work to be done.

The Dean's Cup returns

by David Sommerfeld

Despite being outnumbered nearly three to one and having a more rigorous academic schedule, University of Wisconsin Medical School has reclaimed the Dean's Cup from the Law School after a two-year drought. This year marks the 10th year of the Dean's Cup competition between the two schools and the seventh time the Medical School has won the competition.

The Dean's Cup competition started in the fall of 1995 after friends Tim Richer (UW Med '98) and Tim Stewart (UW Law '97) heard of an athletic competition at the University of Miami between students at the medical and law schools. The two helped form a 10-day contest, and holding true to "The Wisconsin Idea," they added a charitable component.

That year the Medical School won easily. But more importantly, over $1,000 was raised for charity. Over the years, with support from the alumni associations of both schools, the scope of what became known as the Dean's Cup expanded to the point where it now runs for an entire month and encompasses more than 35 events, covering athletics, bar games, trivia and charitable events.

Perhaps more exciting than winning the Dean's Cup this year is the record amount collected for charity. Between the two schools, nearly 4,800 items of food were donated to the Salvation Army of Dane County, and 166 people donated blood to the Red Cross. In addition, the Medical School collected over $2,400 for the Ronald McDonald House Charities of Madison, with the Law School raising a similar amount for the Dane County Rape Crisis Center.

The Dean's Cup was not the only prize on the line this year; Dean Farrell made several wagers in our attempt to raise the stakes. With the dean of the law school, he bet a pair of red UW scrubs against an engraved law school cane. He also promised the medical students a foosball table if they were able to return the Dean's Cup this year. That foosball table is now in place at the Medical School, ensuring that medical students will win the Dean's Cup foosball event for years to come.

Thanks to all who participated this year, to the Wisconsin Medical Alumni Association for its continued support and to everyone else who helped make this year's Dean's Cup such a success.

Photo above: Representing the medical students, David Sommerfeld (left) stood by as Dean Farrell happily accepted an engraved cane from representatives of the law school--a side bet to the Dean's Cup competition.

Students elected to AOA

Twenty-five University of Wisconsin Medical School students were elected to Alpha Omega Alpha (AOA), the national honor medical society, for 2005. AOA's stated goal is "to recognize and perpetuate excellence in the medical profession." It aims to "promote scholarship and research in medical schools, encourage the high standard of character and conduct among medical students and graduates, and recognize high attainment in medical science, practice and related fields."

The newest AOA members from UW Medical School include: Andrew Braun, Lionel Brounts, Jinhee Choi, Timothy Cordes, Bethany Duffy, Timothy Enright, Angelique Floerke, Kathryn Fowler, Kathleen Garvey, Diane Idsvoog, Courtney Jensen, Katie Larson Ode, Sandeepa Musunuru, Timothy Olson, Scott Parrish, Jane Peterson, Trevor Pitsch, Jennifer Poehls, Harvey Pollack, Anil Seetharam, Paul Stanton, Banu Tinjum, Danita Tom, Jamie Van Gompel and Michael Woods.

Tracking research productivity

at University of Wisconsin Medical School

Research is an integral and driving component of University of Wisconsin Medical School's success. The school has an outstanding research faculty, and many of its research programs are recognized nationally and internationally. To give *Quarterly* readers an on-going glimpse of the breadth and depth of the dynamic research enterprise at UW Medical School, we have created a new department in the magazine, called Research Digest.

With data supplied by the Office of Research and Graduate Studies, we will use tables and graphs to illustrate several productivity measures each quarter and over time. The Digest also will include "snapshots" of interesting new grants given to Medical School researchers, as well as notable journal articles published and patents awarded.

The tables and graphs on the facing page break down grants awarded to UW Medical School into several categories. The first table presents levels of support in each category for fiscal years 2004 and 2003, with the percentage of change that occured year to year. The second table includes data for the fourth quarter of 2004 and 2003. The graphs display the same information, combining the clinical trials categories.

Major research awards

Several Medical School investigators won major new research awards in the fourth quarter of 2004. A few highlights include the following:

- **Analyzing a breast cancer "knockout" rat**

Michael Gould, PhD, professor of human oncology, is the principal investigator. The National Institutes of Health funds this five-year project for $1.6 million. The Department of Defense also has given $436,159 to support the research for three years.

Most women with mutated, or inactive, forms of the gene *Brca2* have a 40 percent chance of developing breast cancer. The best way to study the gene is to genetically engineer laboratory animals so that the gene doesn't function in them. These so-called "knockout" mice have been developed and used, but they do not survive long. Gould has developed a novel technology to make a rat knockout that survives indefinitely. In this study, his lab will analyze the biology of these rat knockouts in order to better define the function of *Brca2* in vivo.

- **Improving allergy immunotherapy**

William Busse, MD, professor of medicine, is the principal investigator. The Immune Tolerance Network associated with the National Institute of Allergy and Infectious Disease has awarded $1.25 million over five years for the study.

People with seasonal allergic rhinitis, or hay fever, often undergo a series of shots containing ragweed extract. These shots, called immunotherapy, can be highly effective in controlling symptoms, but they can produce allergic reactions. In this clinical trial, omalizumab, an antibody thought to protect against the substances causing allergic reactions, is used along with allergy shots in people with seasonal hay fever. The hope is that using the two treatments together will be safer as well as more effective.

- **Intervening to reduce college student drinking**

Michael Fleming, MD, professor of family medicine, is the principal investigator. The National Institute on Alcohol Abuse and Alcoholism awarded $2.1 million to fund the study for five years.

Can primary care clinicians trained to provide counseling for excessive alcohol use help reduce drinking and alcohol-related harm among college students? In this study, clinicians working at university health services will be trained to identify and counsel students who screen positive for high-risk alcohol use. They will guide the students through a brief four-part "counseling intervention" and conduct follow-up assessments at six, 12, 18 and 24 months to determine how effective the counseling has been. The study aims to address a growing health risk on college campuses.

Publications

UW Medical School investigators published 456 scientific papers from May through July 2004. Among them, one paper appeared in the high-profile journal *Nature*.

In "Local Sleep and Learning" (*Nature*, Vol 430; 2004: 78-81), UW Medical School psychiatry professor, **Giulio Tononi, MD, PhD**, described

the beneficial relationship sleep can have on learning (see feature on page 12). Supporting earlier findings that sleep enhances learning, Tononi and his UW team observed that sleep "recalibrates" synaptic connections made during the day as individuals learn new tasks. The learning causes brain synapses to grow stronger and larger, boosting energy demands on the brain. But sleep readjusts the synapses so that they become leaner, less demanding of energy and, possibly, more efficient.

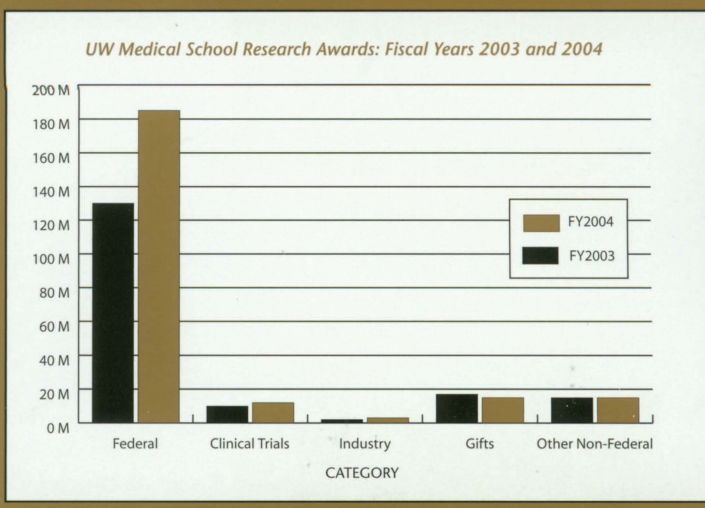
Patents

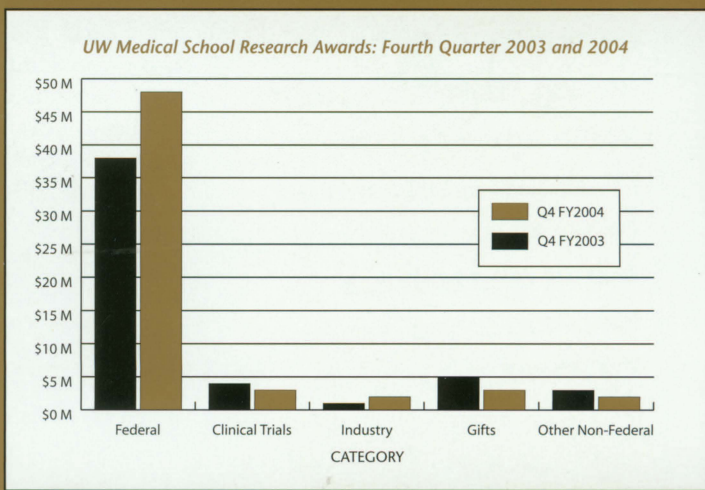
UW Medical School faculty and staff submitted 27 patent disclosures from May through July 2004. Disclosure is the first step in the patenting process, in which UW scientists formally alert the university and the Wisconsin Alumni Research Foundation that they have made a discovery that may be patentable. In addition, the United States Patent Office awarded four patents to UW Medical School inventors.

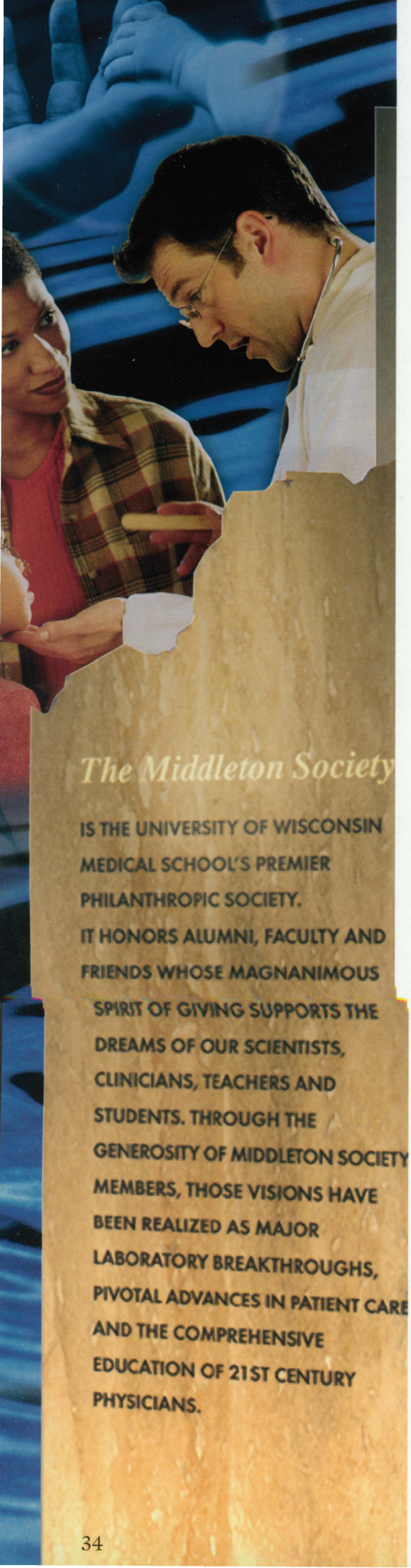
One of the patents was awarded to **James Stein, MD**, associate professor of medicine. His invention combines high-resolution ultrasound assessments of carotid artery wall thickness (to detect and measure early signs of atherosclerosis) with other existing risk factors to statistically determine an individual's "vascular age." With this knowledge, physicians can identify high-risk people who would benefit from aggressive medical therapy.

Category	FY2003	FY2004	% Chang
Federal	$134,559,844	$184,825,527	37.3
Clinical trials-Industry	$10,553,825	$12,337,429	16.9
Clinical trials-Non-industry	$948,741	$801,019	-15.5
Clinical trials-Federal	$1,162,500	$1,622,873	39.6
Industry	$2,696,917	$3,570,794	32.4
Gifts	$17,228,596	$13,160,746	-23.6
Other Non-federal	$15,802,980	$15,675,844	-0.8
TOTAL	**$182,953,403**	**$231,994,232**	**26.8**

Category	4th Q 2003	4th Q 2004	% Chang
Federal	$39,402,558	$48,723,735	23.6
Clinical trials-Industry	$3,270,021	$2,664,931	-18.5
Clinical trials-Non-industry	$99,281	$517,547	421.3
Clinical trials-Federal	$946,746	$248,859	-73.7
Industry	$1,050,903	$1,410,944	34.2
Gifts	$5,554,739	$3,528,371	-36.4
Other Non-federal	$3,294,232	$2,504,528	-23.9
TOTAL	**$53,618,480**	**$59,598,915**	**11.1**







Once Upon a Plaque

Honoring donors, adorning the Health Sciences Learning Center and inspiring visitors

by Merry Anderson

The new Health Sciences Learning Center (HSLC) is the result of many generous people coming together to make a dream come true. The Medical School and the University of Wisconsin Foundation decided to recognize the 120 donors who made gifts to the HSLC at the $10,000 and above levels as "transformational partners" and to honor them with specially designed recognition plaques placed throughout the building. As visitors now walk through the learning center, they see these stunning plaques in prominent places.

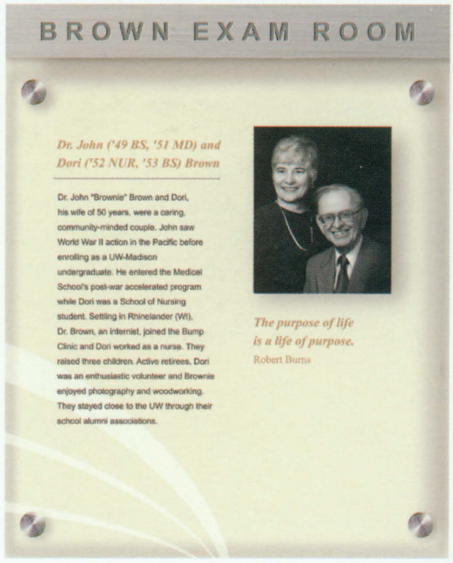
In addition to a photograph, each plaque contains a brief inscription. Through the words, donors send a powerful message to help students, faculty, alumni, patients and all others understand the passion they felt in making their gifts. This article describes how the plaques came to be.

Why do people do what they do? Since the beginning of time, this question has intrigued and confounded. For example, what would inspire University of Wisconsin Medical School alumni and friends to give back to help build a new home for their school? This is the question I asked 120 people who made legacy gifts—those at the $10,000 level and above—to the Health Sciences Learning Center (HSLC). My job in the summer of 2004 was to incorporate the many and varied answers into text to be inscribed on the recognition plaques that would be placed throughout the HSLC to honor these donors.

The answers to my question were not many and varied, as I had expected. They were unanimous. The answer was, in fact, one word: gratitude. Gratitude donors felt for the fatigue of years of study interrupted by nights and weekends on call; for the satisfaction of serving their communities; for the teachers and mentors who intimidated and shepherded them through; for the friends who commiserated as classmates, challenged as competitors and celebrated as colleagues; for the lifestyles earned through hard work; for the patients to whom they devoted their lives.

This unanimity meant asking more questions and listening more closely. I spent many hours staring at a computer screen, asking, "Who are these people? Why are they doing this? How can I make them real individuals in 100 words? What will make them proud? What do these benefactors want tomorrow's students to know about the professions they have chosen? How do I put feelings onto pieces of stone and glass?" And I had the easy job.

While I sat and contemplated, my UW Foundation colleagues were intensely focused elsewhere. Kathleen O'Toole Smith and Andrea



Engebretson, Medical School directors of development, were traveling all over the country, working with donors on the specifics of each gift. Laura Van Toll, UW Foundation production coordinator, was juggling photos from donors, text from me and deadlines from everyone else in order to make sure that the plaques were in place for the gala to be held October 22, 2004.

Presentation Design Group, the Oregon company hired to produce the plaques, probably wondered what Pandora's box they had opened when they committed to designing and producing this truly innovative concept in recognition signage.

In addition, after coining the phrase "transformational partners," Mark Lefebvre, UW Foundation vice president for health sciences, painted a vivid image of the swan in each of our minds. From its plain, unheralded beginning, the swan is transformed into a creature of breathtaking grace, soaring power and uncommon beauty. This image was a constant reminder that our individual talents, along with those of so many others, were making possible not just bricks and mortar, but a new and vibrant way of thinking about a building.

I am not sure that we were prepared for our reactions when we finally saw the recognition plaques in place. Our emotions ranged from incredible, heart-bursting pride to panic that there might be mistakes to sadness that people like astronaut Laurel Clark, MD '87, would never see them.

We also were surprised by the reactions of others. "They give this building a soul," commented visitor Joanne Howard, during her tour of the building.

Echoing the words of poet T.S. Eliot, UW Medical School Dean Philip Farrell, MD, PhD, has said something similar of the HSLC: "We come to this building and are changed forever."

For the small group of us that became "the plaque people of '04," the dean diagnosed it exactly right.

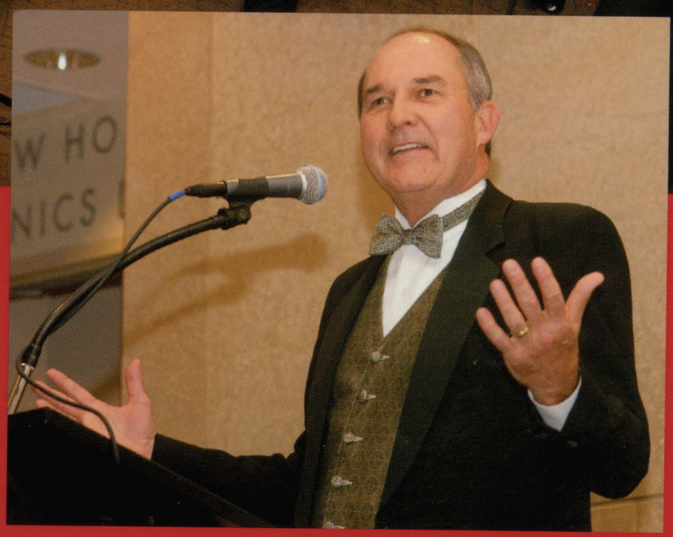
Leadership Donors—*Transformational Partners**

Lòren and Mavis Amundson
Richard B. Anderson
Aurora Health Care
Melvin S. Bacher and
Barbara Jacobson Bacher
Irvin and Margery Becker
James Beres
Eugene and Dorothy Betlach
Phillips Bland
Richard and Barbara Boxer Family
John F. and Dori Brown
Arthur and Kathryn Budzak
Lynn Budzak
Paul and Mary Carbone
Richard P. Cochran
G. Stanley and Violet Custer
Robert J. Dempsey Family
C. Thomas and Suzanne Dow
John and Helen Drawbert
David Duppler Family
Paul R. Ebling
Jan and Jane Erlandson
Harlan and Patricia Failor
Philip and Alice Farrell
Louis and Mary Fischer
Joseph and Eva Fok
Robert and Nancy Folsom
Mary Clare and D. Joe Freeman
Carl and Sheila Getto
Ted Goodfriend and Mary Lou Birkett
Goodfriend
Christopher and Janet Graf
Jeffrey Grossman and Nadine Nehls
Gundersen Lutheran
Gundersen Lutheran Medical Foundation
Peter G. Hanson
Ann Sivertson Harris and Daniel Harris
Michael and Joan Hart
John Harting and Maureen Mullins
Mary M. Herman and
Lucien J. Rubinstein
Frances and Harold Hoops Jr.
Charles V. and Rebecca Ihle
Robert and Nancy Jaeger
Timothy J. Kamp
Michael and Rosemary Kehoe
Bernard Killoran and
Sally Kuebler Killoran
George and Beth Kindschi
Peter R. Kongstvedt
Tom C. and Valerie Krejcie
John and Lynn Kryger
Christopher and Randine Larson
Frank and Myrna Larson
Mark E. and Marian Lefebvre
Russell Lewis
Kim and Jeannie Lulloff
Ann and Rolf Lulloff
George and Anna Magnin
Thomas and Joan Mahn
Dennis and Gail Maki
Bernard and Denise Mansheim
Marshfield Clinic
Patrick and Kimberly McBride
Medical School Classes of:
1945, 1947, 1948, 1980,
1987, 1998-2006
Meriter Foundation
Meriter Hospital
Steven and Ann Merkow
Robert and Beverly Natelson
William Nicolaus
Nietert Family
John Olson
Sandra Osborn
Warren and Janet Otterson
Eric R. Pacht
Thomas H. and Lucille R. Peterson
James C. Pettersen
Karver and Gertrude Puestow
Peter and Beth Rahko
Thomas J. and Carol Rice
David and Sharon Riese
Richard and Nina Rieselbach
Layton F. and Diane L. Rikkers
Lucille Glicklich Rosenberg
Earle and Fern Rotter
Herbert and Crystal Sandmire
William and Rolliana Scheckler
Walter and June Schwartz
Gregory and Barbara Sheehy
James and Ellen Skatrud
Alf Sivertson
Eric Sivertson and Cathy Bross
Kris and Susan Sivertson
Susan Eva Skochelak
Ivan and Grace Sletten
Jeff Smith and Kathleen O'Toole Smith
E. Richard Stiehm and
Judith Hicks Stiehm
Bruce and Jane Stoehr
Thomas and Paula Stoiber
David and Louise Uehling
University of Wisconsin
Hospital and Clinics
University of Wisconsin-Madison
Transportation Services
Bruce and Jean Urban
Frank H. Urban
UW Department of
Obstetrics and Gynecology
UW Divisions of Pediatric Pulmonology
and Pediatric Endocrinology
Edwin and Susan VanBoxtel
Kevin and Cindy Weber
Arvin and Sybil Weinstein
Ann Holmquist West and
Douglas West
Weston Family
Harvey and Donna Wichman
Mark and Susan Wichman
Wisconsin Medical Society
James and Mary Wishau
Richard F. Yee and Priscilla S. Chiang

*Having given gifts to the Health Sciences Learning Center at or above the $10,000 level.

A Spectacular Gala

Highlights Homecoming Weekend



WMAA president William Nietert, MD '78 (left) and past presidents (left to right) Christopher Larson, MD '70, David Riese, MD '68, Harvey Wichman, MD '65, and Robert Jaeger, MD '71, were honored for their leadership in stimulating alumni to help with the creation of the Health Sciences Learning Center.

by Susan Pigorsch

The gala event celebrating the completion of the spectacular new Health Sciences Learning Center (HSLC) was the highlight of Homecoming Weekend 2004. The building was so impressive, it made some alumni even think about going back to school.

"I was just enamored by it," says Nikhil Wagle, MD, class representative for the Class of 1994, who was back on campus for his 10th reunion. "I was surprised that a state institution could build such an incredible facility."

Sponsored by the University of Wisconsin Foundation and the Wisconsin Medical Alumni Association (WMAA), the October 22nd gala honored the alumni, friends, lawmakers and donors who embraced a fabulous vision for health sciences education—and built a dream of a 21st century learning center in Madison.

"This building is absolutely amazing and is so much more than any of us could have imagined it would be," Erin Henrich, president of the Medical Student Association, told an audience of 400. "The old Medical School and old hospital had so much history seeping out of the walls, but this new building radiates something different. It, in every sense of the word, exudes true benevolence, the benevolence of each of you."

Dressed in everything from floor length ball gowns and tuxedos to the best of Badger red, the audience had a chance to tour the building and visit with fellow alumni, department chairs and emeriti professors. On each floor, in between the technological wonders of the largest auditorium—funded by medical alumni—and the smallest meeting rooms, musicians were on hand to accompany diners at numerous food stations.

Next to a grand piano, stylish hors d'oeuvres were served in the atrium. Upstairs at the Wisconsin Medical Alumni Association's new offices on the fourth floor,

"This building is absolutely amazing and is so much more than any of us could have imagined it would be."

Second-year student Erin Henrich, president of the Medical Student Association, shared a student perspective.

friends

students

"Any alumnus in attendance could say they were proud to be members of the Wisconsin Medical Alumni Association and to be part of such a wonderful event."

a harpsichordist serenaded visitors next to a seafood bar with an amazing ice sculpture. Music led party goers to a novel Mediterranean and mashed potato martini bars, while a strings group captivated beef eaters at a well-staffed carving station. But no one was prepared for the gala's finale: a jazz band performance in the atrium next to the evening's piéce de resistance: a chocolate fountain.

"People couldn't resist," laughs WMAA President Bill Nietert, MD '78. "There was chocolate all over."

Adds new WMAA board member Susan Isensee, MD '83, "It was the highlight of the evening. Any alumnus in attendance could say they were proud to be members of the WMAA and to be part of such a wonderful event. The building will enhance recruiting to the Medical School and encourage more alumni involvement on into the future."

Isensee attended her first board of directors meeting just prior to the start of homecoming activities. "It was wonderful to join so many enthusiastic people, and it felt like I was a part of their team from the beginning," she says.

One strategic mission of the WMAA is to make students' lives easier, and Nietert reported that the organization continues to expand its services. "Virtually every dollar donated goes to support the mission of the WMAA. I've never been associated with an organization that does that," he says.

celebration

donors

At the pre-homecoming meeting, the board discussed the organization's improved financial stability, its new initiative to connect students with alumni mentors in the fields of their choice, and the promise of the WMAA's new location within the HSLC.

"Now we'll be a proximal resource to the students throughout their four years in medical school," says Karen Peterson, WMAA executive director. "It used to be that we'd lose contact with third- and fourth-year students as soon as they headed to the hospital for their clinical years."

While the WMAA focuses on students, it is also cultivating improved connections with alumni. Throughout the weekend, the classes of 1974, 1984, 1989, 1994 and 1999 met to celebrate. Activities included a Saturday morning tailgate for 500 before the football game and individual class dinners and events.

"We had 80 people attending," says Wagle of the Class of '94. "Part of our success was the fact that my co-class rep, Shawn Sedgwick, and I started 10 months in advance and sent out save-the-date flyers."

They also planned the event for families, choosing a kid-friendly hotel with a swimming pool and facilities that could accommodate dinner, dancing and a disc jockey. "It was great to catch up with each other and especially with our class mentor, Dr. Taylor, who came to all of our events," Wagle adds.

It's that sort of connection that Isensee thinks every medical alumnus could enjoy.

Continued on next page.

The gala brought together many alumni, donors, students and friends. From far left above, Beverly and Wade Fetzer, co-chair of the UW Foundation "Create the Future" campaign, enjoyed the heartfelt presentations. Medical students Shannon Straszewski and Luxme Hariharan sampled the scrumptuous food. The chocolate fountain was a big hit! Donor-alumni (clockwise from left) John ('45) and Virginia Irvin, Kathe ('69) and Archie Budzak, and Harvey ('65) and Donna Wichman toured the building and viewed their plaques.

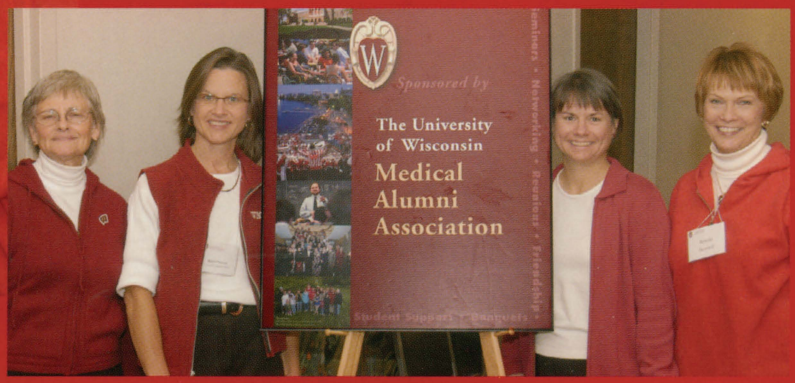
"Virtually every dollar donated goes to support the mission of the WMAA. I've never been associated with an organization that does that."

"Alumni should join WMAA to keep in touch with alumni and with the people they went to school with, and the people who influenced their lives," she says. "There may come a time when alumni are not in a situation that they're happy with, and connecting with other alumni may result in an opportunity."

Adds Nietert, "If you remember medical school at Wisconsin fondly, WMAA is an excellent place where you can help keep the Wisconsin tradition strong." And, if the experience wasn't the best, he told his board, "Then expand the WMAA to help us make medical school better for others."

Friends visited at tailgate parties before the game, and were greeted (below) by the WMAA staff (left to right): Barb Lukes, Karen Peterson, Mary Redlin and Bonnie Howard.

Big Red spirit



Class Reunions

Class of 1974

Front row, left to right: Nancy Homberg, Barb Quissell, Kathleen Viereg, Jane Simenson Lukowicz. Back row, left to right: Jim Lundeen, Dean Schraufnagel, Roger Huizenga, Milt McMillen, Dave Hendrickson and Steve Lukowicz.

Class of 1984

Front row, left to right: Steve O'Marro, Jorge Duchicela Santacruz, Sharon Haase, John Brusky. Back row, left to right: Mike Meyer, Bill Buchta, Tim Harder, Mark Fenlon, Justin Bubolz, Jane Byrd, George Arndt, Dan Fruechte, Linnea Smith, Julie Black, Karin Drescher, Bob Mead and Mark Ormson

Class of 1999

Front row, left to right: Joshua Riebe, Kent Kramer, Kristen Hakes. Back row, left to right: Eric Yang, Cheryl Gehin, Ju Lianne Brown and Mark Wegner.

Class of 1994

Seated, left to right: Sheila Patel, Natalia Fudim, Michael Roskos, Grant MaCaulay, Sabina Singh, Pat Ramsey, Stephen Shih-Chung Lo, Nikhil Wagle, Clarrise Ethridge, Walter Howard, Edward Bayer, Wendy Hill. Standing, left to right: Douglas Hendricks, Archna Hendricks, Chris Koutures, Sonja Green, Leah Eder, Mark Moss, Karen Swanson, Shawn Sedgwick, Lynda Siewert, Jewel Market, Robert Peterson, Thomas Pintar, Kristine Flowers, Stephen Shapiro, Deanne Eccles-Rotar, Stacy Granner, Christopher Laufer, Jennifer Norden, Donald Frisco, Kevin Wasco and Richard Staehler.

Class of 1989

Front row, left to right: Jim Shropshire, Dave Segaloff, John Haeberlin, Rose Turba, Karen Bonjour, Kathy Klimovitz Schaus, Laurie Lindbloom, Sonya Bosser. Back row, left to right: Gary Adler, Bob Zoeller, Todd Hannula, Todd Hart, Nancy Sweitzer, Paul Schaus, Russ Hermus, Dan Resop, Todd Greatens, Pete Ulrich, Beth Ciurlik Wilson, Tim Jahn and Bill Seger.

Approaching a half century

Reflections on the history of the Wisconsin Medical Alumni Association

The first Wisconsin Medical Alumni Association offices were located in a small house at 418 North Randall St.

Our first decade: 1956-1966

by Ralph Hawley

The 50th anniversary of the founding of the Wisconsin Medical Alumni Association (WMAA) is less than two years away. For that reason, this superannuated (older and retired) administrator has been asked to provide an eyewitness account of the organization's initial half century.

I was the first executive director of the WMAA, and I remained deeply involved in the organization for 35 years. I will review the WMAA by decade, starting from the beginning. Subsequent chapters of our history will be published in coming issues of the **Quarterly**.

My report will be reminiscence, not annotated history, and will be colored by all of those emotions humans share: affection and admiration for many dedicated alumni; personal pride; regret at things done poorly or not at all; and gratitude to a small, efficient civil service staff that willingly assumed major new tasks to make the UW medical alumni program function.

—Continued on next page.

A medical school in transition

Dramatic change was under way for University of Wisconsin Medical School in 1955. Beloved William S. Middleton, MD, was retiring. He had joined the UW-Madison Student Health Services in 1911 and served as dean of the Medical School since 1935. He soon would leave Madison to assume a major leadership role with the Veteran's Administration in Washington, D.C.

The university administration and UW System Board of Regents were seeking dramatic changes at the Medical School. They felt that the school was inbred; clinical departments needed strengthening and additional talented, research-oriented faculty members were required. They wished the school also to be competing aggressively for the new federal research, training and construction grants for which the U.S. Congress was appropriating large sums. Finally, a clinical practice plan should be implemented.

After a national search, John Zimmerman Bowers, MD, was appointed UW Medical School dean and given a charge to make the desired changes. This was to be accomplished without a major infusion of resources to the budget.

Bowers was energetic, aggressive and well-connected to a number of the major foundations (such as the Rockefeller and Commonwealth foundations) and the power structure of the Association of American Medical Colleges (AAMC). His brief tenure of six years was productive and tumultuous, culminating in his firing after a bitter, internecine dispute. I leave it to the historians to describe and evaluate his accomplishments and to cite the problems and maladroit measures that fed the conflict.

John Z. Bowers, MD (standing), was energetic, aggressive and well-connected to major foundations and the power structure of the Association of American Medical Colleges (AAMC). He represented the school at many AAMC meetings.

Prior to Bowers' appointment, the superintendent at Wisconsin General Hospital also was executive secretary of the Medical School. This entailed dealing with financial and budgetary matters and reporting to the dean of the school. With Bowers' arrival, I was the first layman appointed to serve this function for the Medical School and the non-hospital units of the medical center.

Genesis of the WMAA

The Wisconsin Medical Alumni Association (WMAA) was founded on Bowers' watch and at his urging. In 1955, a planning committee was appointed with the charge to have a recommended medical alumni organization ready to be activated the following year.

Robert F. Schilling, MD '43, UW Medical School emeritus professor of medicine and WMAA past president, is the only surviving member of the planning committee. To this day, he continues to provide valuable service to the organization.

The WMAA officially came into being on May 18, 1956. The timing coincided with Alumni Day, a tradition that had begun in 1928. At that time, faculty began to invite graduates back to campus each spring for organized scientific programs. Throughout the 1930s, '40s and '50s, a student field day was held in conjunction with Alumni Day.

On our day of founding, a board of directors was appointed and our first president took office. Kenneth E. Lemmer, MD '30, was a popular professor of surgery, a track star in his undergraduate years and was married to a "Badger Beauty." He acted promptly to implement the first goals approved

by the association: defining membership eligibility and implementing a dues structure.

The young association functioned without any staff, but with a major time commitment to alumni duties. In time, I was appointed executive director in addition to my role as business manager of the non-hospital units of the medical center. The staff of our business office assumed the additional duties of developing a roster of alumni, billing and collecting dues, processing contributions, making meeting arrangements and other duties, as required.

Funds were made available for a part-time journalist to write articles for the *Alumni Newsletter*, later entitled the *Alumni Quarterly*. The publication was printed regularly and distributed to all alumni, regardless of dues-paying status. Medical students also received it, and the senior class president contributed a regular column.

The new program advanced in small, steady measures. A chronology of milestones in the birth, development and maturation of the association cannot communicate the excitement and energy of those early years. The drive and zeal of the initial leaders of the association matched that of Bowers. However, his style did not please all alumni. In a newsletter to his classmates, one of the early graduates said, "I have met the new dean. He is not at all like our Billy Middleton."

Fundraising for a new library

In 1957, the WMAA took its first significant step toward maturity by initiating a campaign to raise funds for a badly needed medical library. It was hoped that such a campaign would galvanize the association and unite it in a common goal.

It was an easy decision to make a new library the campaign goal. For many years, Dr. Middleton had been accumulating small sums toward that end, so more than $50,000 was available as the seed money on which to build. In addition, every student and alumnus could testify to the grossly inadequate space and to vulnerable stacks in the Service Memorial Institute basement, which regularly were threatened by flooding from plumbing mishaps.

After several sites were designated—only to be changed—and after difficulties in reaching the fund campaign goal were overcome, the library was dedicated in 1967 and named the William S. Middleton Medical Library. It was the first building on the UW-Madison campus to be named after a living individual.

Medical librarian Helen Crawford was invaluable in the planning process. In her dogged determination to build a library large enough for a growing school, she had the energy of a force of nature. During the planning process, however, it was discovered that she had a malignancy of such severity that her physician thought her survival was unlikely. He advised the dean to begin recruitment for her successor. By force of will and successful treatment with new chemotherapy, she recovered and served with distinction for many more years. The WMAA commissioned an artist to paint her portrait, which was displayed in the Middleton Medical Library for years and soon will hang on the wall of the Ebling Library in the Health Sciences Learning Center.

A controversy divides the school and alumni

During the late 1950s, opposition to Dean Bowers reached proportions that became visible to the press. His opponents claimed that he had been cruel and ruthless in bringing about the changes he had been charged to accomplish. The precipitating issue was the appointment of a new chairman of surgery after the retirement of Erwin Schmidt, MD.

The department had an heir apparent, but Bowers, with the advice of a search committee, had announced the appointment of an outside candidate before seeking the approval of the department executive committee, as

The WMAA took its first significant steps toward maturity by initiating a campaign to raise funds for a badly needed medical library. The library was named for William S. Middleton, MD, former dean of the school (shown here at the groundbreaking, second from far right).

In 1961, Mischa Lustok, MD '35 (far right), became Alumni Quarterly *editor, a position he held for 25 years. Editorial board members included Ralph Hawley (to Lustok's right), Dorothy Betlach, MD '46 (to Lustok's left) and current edit board member Kathe Budzak, MD '69 (center, above).*

required by faculty policies and procedures. A protracted dispute followed, which was reported in minute detail by both Madison newspapers and the *Milwaukee Journal*. The Madison *Capital Times* supported Bowers, while the *Wisconsin State Journal* opposed him. Both papers printed many anonymous letters of support and opposition.

Alumni letter-writing campaigns to the UW-Madison administration and the Regents were instigated by separate factions within the medical alumni body. Housestaff and medical students were not immune; both groups were divided in their loyalties. One contingent of students marched on the university president's home in support of Bowers while others voiced their opposition.

On the evening of the day Bowers was fired, a member of the housestaff said to his father, who was a regent, "Dad, you just set medical education in Wisconsin back 20 years."

Bowers remained a professor of medicine at UW Medical School; he was fired only from his administrative role. Immediately after his termination, he called his wife to say, "You're talking to the highest paid professor in the university." He was given a leave of absence to conduct a study of medical education in the Far East funded by the Rockefeller Foundation. He was never to return to Madison.

During those troubled days, the WMAA board adopted the position that its role was to support the Medical School—not to take sides on issues. The association rallied around the new acting dean, Philip P. Cohen, MD '38, distinguished chairman of physiological chemistry.

The program development of the association continued apace. The initial meeting of the Council of Class Representatives, created to increase participation in the WMAA, was held in 1961. In the same year, Mischa Lustok, MD '35, became editor of the *Alumni Quarterly*, a position he would hold for an unprecedented 25 years. In addition, since the mid-1950s the WMAA was being represented at American Medical Association national meetings, with students eventually invited to attend.

The WMAA also instituted a second series of meaningful awards. The first awards, created in the association's initial years, recognized significant accomplishments of graduates with the Medical Alumni Citation and faculty with the Emeritus Faculty Award. Leland McKittrick, MD '18, received the first Medical Alumni Citation in 1959. One year later, beloved, unpretentious Walter Sullivan, MD, professor of anatomy, received the first Emeritus Faculty Award. When he was told that formal wear was customary for the award recipient, he replied, "Will it really matter if I wear my comfortable gray sport jacket?"

The second series of awards included the first Medical Alumni Award for Distinguished Teaching, which was given to Ben M. Peckham, MD '41, professor and chairman of obstetrics and gynecology. The senior medical students were given the responsibility for selecting the recipient of this award.

Sponsoring the writing of the school's history

In 1964, the WMAA board of directors agreed to sponsor the first history of UW Medical School to be written by emeritus professor of medical microbiology, Paul F. Clark, PhD. Clark minimized his effort, saying that he was not an historian and thus would write a chronicle. Funds were allocated to support a part-time research assistant.

About Clark's product, Dr. Middleton wrote in the book's forward: "I would describe it as a remarkably faithful account of our Medical School ... the vignettes of his fellow faculty members are drawn with a facile pen, almost they speak for themselves."

In discussions with the University of Wisconsin Press, we were discouraged from a large press run and were told: "These college histories just don't sell. Two hundred copies will be more than adequate." Our printing of 1,500 copies has long since sold out. Those seeking copies from antiquarian book dealers have paid dearly, as the recent personal experience of UW anatomy professor Edward Bersu, PhD, bears out.

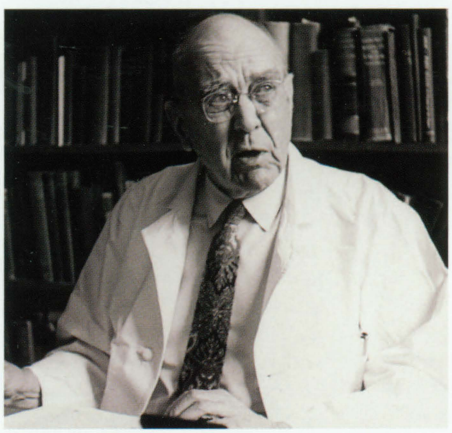
Dr. Clark completed his manuscript at the end of our first decade (1966). The WMAA subsidized its publication by the UW Press for release in 1967. By this time, the association had survived a divisive, intramural dispute that

resulted in the firing of a dean and the polarization of a large segment of the alumni.

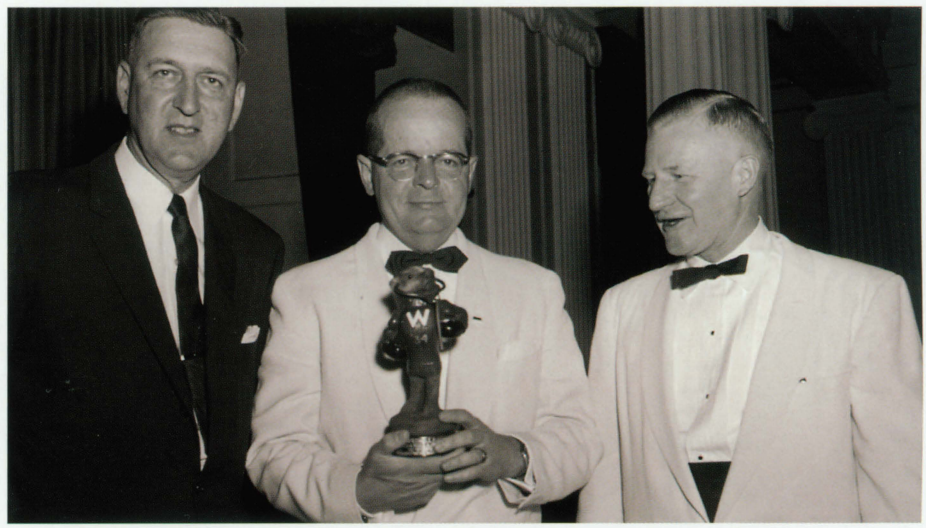
The WMAA maintains its momentum

Throughout that period of heightened emotions, the WMAA maintained its momentum. It continued to take the additional steps necessary to strengthen and expand its mission to foster medical alumni camaraderie, improve the lot of students and strengthen the Medical School. Progress was made on preparing a medical alumni directory. A substantial number of student scholarships and awards for accomplishment were initiated. The stage was being set for new programs to directly benefit students and have them more intimately involved in the policy-making activities of the WMAA board of directors.

That the organization continued to thrive and mature is a tribute to the dedicated alumni who provided enlightened leadership during a stressful decade. Equally important was the superior effort of a number of staff members, most notably by length of tenure and degree of dedication: Jean Froland and Marcella Hilgers, who assumed ever-increasing duties relating to the WMAA program while still discharging myriad Medical School duties. In succeeding decades, other uniquely noteworthy employees merit our recognition.



Paul F. Clark, PhD, wrote the first history of UW Medical School. The book quickly sold out.



WMAA outgoing first president Ken Lemmer, MD '30 (left) , and incoming second president Einar Daniels, MD '34 (right), flanked John Bowers, MD, dean of the school during tumultuous times.

As I look with fond admiration at the roster of initial WMAA presidents, I see that each contributed the skills and attributes needed. Ken Lemmer was a popular unifier as our first president. Einar Daniels, MD '34, radiated energy and enthusiasm—he stepped forward to serve a second term when a vacancy occurred at the ultimate hour. Abe Quisling, MD '30, called upon his proven record of administrative expertise and his long history of providing services and amenities for students during his term of office.

Mischa Lustok established a record of unmatched service: He gave leadership to the library fund campaign and was the longest-term editor of the *Quarterly*. Albert Martin, MD '35, was a calm, judicious voice of reason during the climax of the Medical School conflict.

Ben Lawton, MD '46, provided great energy, vision and wisdom in keeping the organization moving forward. He later displayed these talents as a member of the Board of Regents.

Phil Bland, MD '47, offered the perspective of a long-time preceptor and an admirer of both Dean Middleton and Dean Bowers. His humor defused potential disputes. Frank Weston, MD '23, presided over a healthy healing period following several stormy years. His perspective as a faculty member and Madison resident was useful. Herb Pohle, MD '38, successfully focused WMAA energies on bringing the Middleton Library campaign to fruition. D. Joe Freeman, MD '52, was unruffled by crises and provided a clear vision of initiatives needed to foster additional programs to strengthen the association and to provide a better student environment.

I call each a friend and salute them all.

Class Notes *compiled by Kathleen Freimuth*

1947

Active in a medical ethics course for second-year students at the Medical College of Wisconsin in Milwaukee for the past seven years, **Herbert Giller** says that he still finds it very stimulating and enjoyable. He is co-chairman on the advisory board of the Badger Association of the Blind and Visually Impaired and audits history and political science classes at UW-Milwaukee. He and his wife, Ruth, spend winters in Palm Desert, Calif., where he plays golf and sails.

1953

Ten Things You Need To Know Before You See a Doctor: A Physician's Advice From More Than 40 Years of Practicing Medicine is the creation of **Sheldon Lipshutz**. The book educates the consumer on taking more responsibility for his or her healthcare by becoming better informed. Lipshutz emphasizes that specialization in medicine has meant the end of the generalist; therefore, patients must be their own generalists—learning how to communicate productively with caregivers.

1959

Alan Ehrhardt was given the 2004 Physician Citizen of the Year Award by the Wisconsin Medical Society for his commitment to his community through volunteer and charitable activities. Retiring from his Beaver Dam, Wis. ophthalmology practice in 1998, he has continued to take an active role in sight conservation. As a member of the local Lions Club, he distributes eye glasses to people who often are excluded from regular eye care and has been instrumental in setting up a satellite sorting and processing center. He also has helped establish a vision-screening program for preschools in the Beaver Dam area. He has continued to volunteer for trips to Mexico and Honduras, where he has performed eye exams and distributed eye glasses to impoverished communities.

1974

Previously holding a position as associate dean for clinical affairs at the Medical College of Wisconsin in Milwaukee, **James Casanova** recently moved to Wausau to become senior vice president of medical affairs at Aspirus Wausau Hospital. He and his wife, Jean, have two grown children—an urban planner and a lawyer—and are enjoying Northwoods amenities: the hiking, the snowshoeing and the wildlife.

Nancy Homburg has shifted her focus from family practice to hospice and palliative care. She currently is medical director of palliative care services and hospice medical director at Affinity Health in Appleton, Wis. She enjoys traveling to sites such as Vienna, London and Utah to visit her daughter, who studies violin and Shakespearian theater. She just completed major remodeling on her home in Appleton, and so has made "no plans to retire anytime soon."

Living an Albuquerque, N.M., with his spouse, Elan Spielman, **Robert Lowe** performs general and vascular surgery and renal transplants. His hobbies are skiing, spinning and hiking … and pugs! He plans to retire in a few years in San Clemente, Calif.

Diane Norback is a UW Health hematopathologist who acknowledges taking great enjoyment from "teaching medical students hematology in our spectacular new Health Sciences Learning Center." She has two sons and one grandson. Her hobbies are biking and hiking.

1979

Thomas Antisdel, who specializes in obstetrics-gynecology in Manchester, N.H., has practiced with the same partner for 20 years. His hobbies are scuba diving and mountaineering. He has "summitted" Mt. Kilimanjaro in Africa, Mt. Aconcagua in Argentina, Mt. McKinley in Alaska and Mt. Elbrus in Russia--and has "plans for a few more summits."

1981

Residing in Shaker Heights, Ohio, **Ed Lesnefsky** is chief of the Cardiology Section at Louis Stokes Cleveland VA Medical Center. In August 2004, he was the invited speaker to the 18th World Congress International Society for Heart Research in Brisbane, Australia. He directs an active laboratory research program to study the contribution of mitochondria to cardiac injury during ischemia and reperfusion.

1982

Craig Wilson is a professor of pediatrics, medicine and epidemiology at the University of Alabama at Birmingham (UAB). He holds two directorships—in the Division of Geographic Medicine and in International and Development Programs for the UAB Center for AIDS Research. He is chair of the Adolescent Medicine Trials Network for HIV/AIDS Interventions and is re-engaging in international programs focusing on expanded access to HIV therapy in Zambia and Jamaica. He tries to maintain sanity from an overzealous work schedule through exercise and outdoor activity.

1984

Donald Arnold is an anesthesiologist in a large, single-specialty practice in St. Louis; his wife, **Tamara Ehlert, MD '83**, is in solo practice. While the couple's non-professional time "is consumed by children and their activities," time left is spent on theater, sports and travel. Their children are Alex, Nick and Nathan.

Currently an assistant professor of psychiatry at the University of Medicine and Dentistry in New Jersey, **Nancy (Hermes) Baehr** practices on a child and adolescent inpatient unit and as a psychiatrist for two therapeutic school programs. She and her husband, John, have four children—ages 17, 15, 13 and 9.

Mark Birnbaum practices pediatric orthopedics at Nemours Children's Clinic—a large, pediatric subspecialty group in Orlando, Fla. He and wife Erica have two children: Nick and Lisa.

John Bohn practices general pediatrics, specializing in autistic spectrum disorder and children with special healthcare needs at UW Health-Middleton. He reports having had the privilege of doing a weekly television spot on pediatric and parenting issues for the past 10-plus years on WISC Channel 3 in Madison.

As a solo practitioner in obstetrics-gynecology, **Andrew Chern** has been elected chairman of the obstetrics-gynecology department at Centennial Medical Center in Nashville. He tends a one-acre vineyard north of the city where he makes red wine, albeit, "barely passable," he says. After living in Nashville for 20 years, he says he has become a southerner … "at least an honorary one." He and his wife, Tiffani, have three boys.

Karin Drescher reports, "Between career, family and travel, my life is very full." She

is an associate professor of anesthesiology and director of orthopedic anesthesia at the Medical College of Wisconsin. Her current project has been to develop a regional anesthesia rotation for residents. She and her husband, Peter Drescher, MD, live in Brookfield, Wis., where they are doing their best to raise bilingual children. The language of choice around the home is German.

Tim Harder and spouse **Julie Black**—Medical School classmates—live in Green Bay, Wis., with their three children: Jim, Jenna and Mark. Tim is a pediatrician at the Prevea Clinic, spending a portion of his time as the clinic's chair of the board of directors finance committee and income distribution committee. Julie currently volunteers at the local free clinic and has begun a new career path, seeking a graduate degree in theology. As a family, they enjoy going to their cabin, camping and hiking.

Todd Mahr, clinical professor of pediatrics at UW Medical School, maintains an allergy practice at Gundersen Lutheran in La Crosse, Wis. He is chair of the Wisconsin Asthma Coalition, on the board of directors of the American Lung Association of Wisconsin and on the board of regents of the American College of Allergy, Asthma and Immunology. He, his wife, Debra, and their two children live in Onalaska, Wis.

1989

Living in Birchwood, Wis., **John Brendel** practices pain medicine at Interventional Pain Specialists of Wisconsin in Rice Lake. His office has opened four pain clinics in northwest Wisconsin. He has three children—Kaitlin, John and Amy—and is active in tennis and coaching basketball. Nearly 16 years beyond medical school, he says he still loves being a doctor.

Michelle Cihla lives in Rhinelander, Wis., with her husband, Herb, and their children, Jake and Anica. She practices dermatology and enjoys Northwoods activities such as boating, hiking, biking and skiing. The couple has remodeled their walk-out ranch house into an arts and crafts home.

Albert Deibele III practices interventional cardiology in Duluth, Minn., and is director of the Cardiac Catheterization Lab at St. Mary's/Duluth Clinic Health System. His love for racing bicycles propelled him to the 2004 Tour de France, where he rode with Edie Merck and Jonathon Vaughters ... "a bicyclist's dream," he says. He and his wife, Wendy, have two children: Daria and Joey.

Todd Greatens practices pulmonary and sleep medicine at the Brainerd Medical Center in Minnesota. He recently completed a sleep fellowship and is now board-certified in sleep medicine. He and his wife, Barbara Ann, live in Nisswa, Minn., with their three children: Nicholas, Anna and Matthew.

David Sandmire, a professor in the Department of Biological Sciences at the University of New England in Biddeford, Mass., has published the book ***Medical Tests That Can Save Your Life (2004)***. He and his wife, Beth, live in Kennebunk, Maine, with children Alec and Crystal.

1990

Pediatric psychiatrist **Elizabeth Moberg-Wolff** recently moved back to Wisconsin from Georgia to accept a position as associate professor in physical medicine and rehabilitation (PM&R) at the Medical College of Wisconsin and a concurrent medical staff position at the Children's Hospital of Wisconsin. She is board-certified in PM&R and currently is developing multidisciplinary programs for children with spasticity. Her other clinical interests include pediatric brain injuries, functional outcomes after disability and neuromuscular diseases in children. She resides in Brookfield, Wis., with her three children.

1994

Deanne Eccles-Rotar and her husband, George Rotar, live in Janesville, Wis., where she practices sports medicine and covers triathlons, decathlons and marathons. She also gives sports medical coverage to local high school athletes and volunteers at an asthma neighborhood clinic.

Elizabeth Ehrhardt practices pediatrics in Pueblo, Colo., while living nearby in the small mountain town of Beulah. She and husband **Scot Potts, MD '94,** and their two children live in a solar powered straw bale home with their Great Dane and "plenty of outdoor bears."

Joseph Jolly lives in Homewood, Ala., with his spouse, Rose, and their nine-year-old child, Robyn. He recently was elected chairman of the Department of Pediatrics for Brookwood Hospital. He is a mentor for Birmingham Southern College undergraduate pre-med program, board member for professional development at Birmingham Southern and preceptor for University of Alabama-Birmingham Surgical Physician's Assistant Program. He has earned a third-degree black belt in Tae Kwon Do.

Safiyun Bai Miller practices diagnostic radiology and nuclear medicine in a community hospital in Brookfield, Wis. She lives in Delafield with her husband, Chris, and their three children: Jake, Mia and Sam.

Mark Moss teaches pediatric allergy and immunology at UW Medical School. He is associate director of the UW Allergy and Clinical Immunology Fellowship Program, vice

Correction

In the Fall 2004 ***Quarterly***, we incorrectly wrote that **David Morris, MD '54**, has retired. He most certainly has not! Morris continues to lead his thriving La Crosse, Wis., allergy practice with his daughter, **Mary Morris, MD '83,** and three other physicians, serving patients from around the country. He remains on the forefront of expanding research for and accessibility to sublingual immunotherapy and is especially enthused about the impact of new research showing the sublingual dendritic cells' role in halting allergies. In 2004, he founded the Foundation for Allergy and Immunologic Research, which seeks to further treatment of allergic disease through allergy drops and other effective therapies by expanding research opportunities, education and access to treatment for underserved patients. He also is a partner in Allergychoices, Inc., a healthcare management company focused on improving patient health by expanding access to sublingual immunotherapy through member-affiliated clinics around the country. We apologize for the error.

president of the Wisconsin Allergy Society and a Wisconsin Asthma Camp physician.

After completing an MPH and research fellowship at Harvard School of Public Health and Beth Israel Deaconess Medical Center in Boston, **Joan Neuner** joined the Medical College of Wisconsin in Milwaukee as an assistant professor. Her research has focused on geriatrics, women's health and osteoporosis. She is married to **Paul Koch, MD '94**, who is a clinical assistant professor in UW Medical School's Department of Family Medicine. The couple has a 1-year-old son named Stephen.

After her five-year reunion, **Jennifer Norden** admits that she was able to convince her husband, **Chris Laufer, MD '94**, to move back to Wisconsin. The couple lives in Oshkosh, where she practices immediate care with Affinity Health Organization. She currently is seeking training in integrative medicine through the University of Arizona and medical acupuncture through University of California-Los Angeles in order to help develop Affinity Health's integrative medicine department. "To escape the chaos," she runs, cross-country skis, bikes and does yoga. After completing her first triathlon, Jennifer is looking forward to competing in more.

John Steven Oghalai has joined the Department of Otorhinolaryngology and Communicative Sciences at Baylor College of Medicine in Houston. He performs clinical duties (half-time) and basic sciences research on sensor neural hearing loss. His wife, Tracy Nguyen-Oghalau, is a rheumatologist at the University of Texas medical branch in Galveston. The couple has two children: Kevin and Thomas.

Lara Schrader is an assistant professor in the University of California-Los Angeles Department of Neurology. Having completed subspecialty training in clinical neurophysiology and epilepsy, she currently is working on a master's in clinical research. Her practice involves seeing epilepsy patients, intraoperative monitoring, inpatient video-EEG monitoring and epilepsy surgery evaluations. She and her husband, Bill Palmer, live in Santa Monica, Calif.

1996

Thomas McIlraith recently became medical director for hospital medicine service at two Sacramento-area hospitals. He leads 19 full-time and six part-time physicians who cover the inpatient medical needs of two tertiary hospitals: Mercy General and Mercy San Juan. Tom is probably best known as being a founder of "The Arrhythmias," a UW Medical School student band. "I still cite that as my first experience in physician leadership—and certainly one of the most important," he writes.

1997

Recently appointed senior research associate at the Scripps Research Institute, **Jill Waalen** continues her joint appointment as resident associate clinical faculty at the University of California at San Diego in the Department of Family and Preventive Medicine. She and her husband, **Doug Schulz, MD '94**, live in San Diego, keeping busy with their young son, Andrew Luke.

1999

Living in Franksville, Wis., with her husband, Kevin, **Linda Diane Grossheim** will graduate from a residency in radiation oncology in March of 2005 and will begin practice at the Medical College of Wisconsin.

Nina Kinnunen is a family practitioner at the Dean Clinic in Sun Prairie, Wis. She reports that life is good: "My practice is thriving. It's been wonderful being back in the Madtown area closer to family and friends." She is married to Shad Fanta.

Moshe Yair Levy and **Elisabeth Tilleros** live in Perry Hall, Md. He is a second-year oncology fellow at Johns Hopkins; she is an internist practicing at Johns Hopkins at Riverside. They enjoy hiking with their golden retriever named Madison.

Jeffrey Mjaanes is completing a primary care sports medicine fellowship while working fulltime in pediatrics at Rush University in Chicago. He and his wife, Mercedes Lopez, have two children: Gabriella and Lucia. He enjoys traveling and running.

Gavin Pittman is an orthopedic surgeon at Charlotte Orthopedic Specialists in North Carolina. After completing a fellowship in adult reconstructive surgery, he plans to return to the Midwest. He enjoys mountain biking, snow boarding, hiking and spending time with family. He and his wife, Sheila, have two children: Alison and Nicholas.

2000

Nicolette Weisensel recently joined the eating disorders medical staff at Rogers Memorial Hospital in Oconomowoc, Wis. She will also see patients with obsessive compulsive disorder and anxiety disorders. During her last year of residency in the UW Department of Psychiatry, she was elected chief resident.

2001

Lana Doxtater recently graduated from the University of Chicago's MacNeal Family Practice Residency Program. She was given the American Academy of Family Practice Resident Teacher Award and has joined a private practice that emphasizes natural and alternative medicine and family-centered maternity care. She also teaches medical students and residents through her practice. She is married to Daniel Massaro. The couple has one child named Kade.

Janis Tupesis currently is clinical instructor of medicine at the University of Chicago, where he is setting up a multidisciplinary center for International Emergency Medicine. Challenging activities have included his role as lead physician of "Team Everest"—the first group of disabled athletes to reach Mt. Everest base camp. He also was medical support staff on the first disabled—and successful—ascent of Everest in May 2003.

Post-graduate

1958 (Internship)

Richard Biek is chief consultant for Biek Public Health Consulting of Middleton, Wis.

In Memoriam

William O. Hendrickson '38
August 5, 2004, Lac du Flambeau, Wisconsin. Dr. Hendrickson practiced otolaryngology in Wausau for 24 years. He retired in 1970 on Fence Lake, Wisconsin.

Kenneth Humke '46,
September 29, 2004, New Holstein, Wisconsin. Dr. Humke, a surgeon, operated the Humke Clinic in Chilton, Wisconsin.

Leo G. Joseph '54
July 15, 2004, Fond du Lac, Wisconsin.

Jerome M. Maas '43
September 11, 2004, Indianapolis, Indiana.

Arno Mundt '52
June 25, 2004, Oro Valley, Arizona. Dr. Mundt practiced obstetrics and gynecology in Honolulu, Hawaii, for more than 30 years. A gifted artist, he retired to the Tucson area in 1988.

Anthony Pilch '03
May 29, 2004, Pueblo, Colorado. Dr. Pilch was completing his first year in the Southern Colorado Family Medicine Residency Program when he died in an automobile accident.

David E. Schultheiss '73
October 10, 2003, Nashville, Tennessee. Dr. Schultheiss practiced general surgery with Miller Medical Group in Nashville, Tennesse.

Bernhardt Stein '61
September 3, 2004, Tucson, Arizona. After practicing family medicine in Madison for many years, Dr. Stein moved to Tuscon in 1978.

■ "My Perspective"

UW Preceptor Program

Alumni are key to a pivotal educational experience

Christopher Larson, MD '75
Editorial Board Chair

Alumni involvement in shaping the educational experience of our students goes as far back as the beginnings of the four-year curriculum at University of Wisconsin Medical School. At that time, alumni, many of whom were recent graduates of the two-year basic science curriculum and who had to go elsewhere for their clinical years, helped Dr. Charles R. Bardeen, then dean, to plan a combined clinical preceptorship system at UW.

In 1926, Dr. Bardeen unveiled what he called a new experiment in medical education. At a Friday night speech in November before an audience of medical faculty and friends, he called upon his colleagues in private practice in communities outside Madison to help as mentors in the first academic preceptorship system in the United States.

He called it "preceptor training under modern conditions." By then, the four-year medical program in Madison was in its infancy, and as Dr. Bardeen observed, "The student [who is] withdrawn from the world for 10 to 12 years behind college, medical school and hospital walls, finds difficulty in looking at the patient as a whole." The new program would address this deficiency, with the help of many alumni.

Dr. Bardeen sought a close relationship between students and the mentoring preceptors, whom he considered masters of the art. As he saw it, the clinical years were beneficial when they were taught as an art. And like the other arts, this one was "best acquired, merely through apprenticeship with a master." Seeing the danger of new doctors becoming a product of didacticism and passivity in a purely academic environment, he explored the Medical School's relationship with its alumni to develop a solution.

Dr. Bardeen and those who helped create the model that we know today had seen a disturbing direction in medical school teaching on a national scale. Like other institutions across the country at the time, our school, founded in 1906, had a changing emphasis in its curriculum. The 1910 Flexner report had indicted all medical school teaching and challenged time-honored methods, replacing them with a purely academic approach for which UW-Madison was ideally suited. However, this approach ceded much responsibility to university medical scientists, and the curriculum resembled a university-based graduate study of medicine. As Dr. Bardeen observed, "A patient, in this setting, might be treated as an object of scientific testing."

The sweeping changes resulting from the Flexner report also would create new standards that nearly half of the schools in the country would fail to meet. The survivors would be rewarded for accepting a more rigorous—and expensive—curriculum with increased recognition and financial support. They would gain a better-defined certification process that emphasized centralized scientific learning of the disciplines that make up the practice of medicine.

But Dr. Bardeen and his colleagues felt that this would mean the demise of the apprentice pupil. It put in jeopardy learning the art of medicine, as practiced by the masters. At risk was the personal approach to our patients that is so instructive in understanding disease, especially from the socio-economic perspective that is available only by treating the sick in their own communities.

The preceptor system today very closely resembles the program Dr. Bardeen initiated nearly 80 years ago with 15 preceptors in 12 locations. Currently, 32 sites with 36 preceptors—most of whom are alumni—provide students more choices in specialty care, family practice and mixed disciplines. Recent changes also place increased emphasis on care management and on population and public health issues. The curriculum is regularly reviewed as part of the total student experience and is held to our high Medical School standards.

Through the years, students consistently list "opportunity for contact with acute medical problems" and the "close teacher-student relationship" as the outstanding features of the program. They also consider "seeing a wide variety of diseases" to be a major attribute. Students feel that the experience gives them greatly improved clinical skills and a better sense of what the real world is like.

Alumni involvement has always been the core of the program. From its beginnings in the previous century to its continuation today, the preceptor system has proved to be the fruition of a unique collaboration between UW Medical School and its alumni.

■ Observations

PHOTO: Jeff Miller/UW-Madison University Communications

University photographer Jeff Miller braved bitter cold weather to hike out to Picnic Point for a shot of a winter sunrise over Lake Mendota. A silhouette of the UW-Madison campus appears in the background.

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