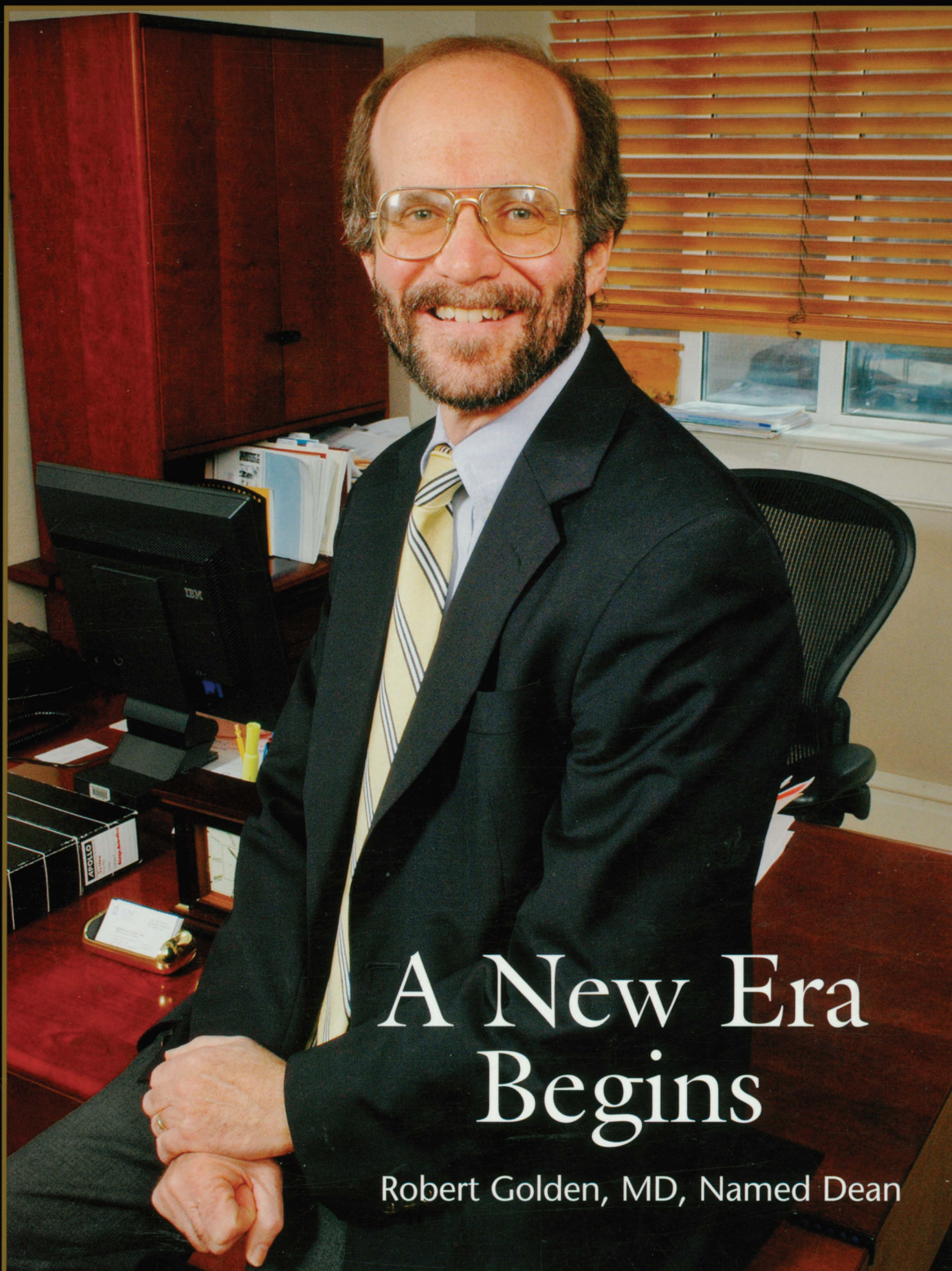


QUARTERLY

For Alumni and Friends of University of Wisconsin School of Medicine and Public Health



A New Era Begins

Robert Golden, MD, Named Dean



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Alumni and Friends

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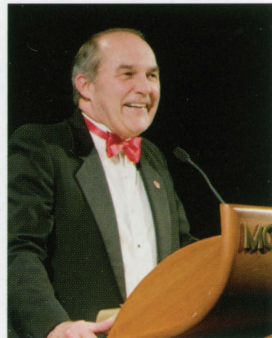
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My Perspective



*Philip Farrell, MD, PhD
Dean, UW School of Medicine
and Public Health
Vice Chancellor for Medical
Affairs, UW-Madison*

I am delighted that Dr. Robert Golden has been named the new dean of University of Wisconsin School of Medicine and Public Health. As you will read in the *Quarterly* cover story, Bob is a veteran administrator who is very familiar with the complexities as well as the strategic issues involved in running a medical school. He is an outstanding combination of physician, scientist, teacher and leader. I'm confident that the transition will go extremely well, and that with all his talents and energy, Bob will

hit the ground running when he arrives in July. While I don't have a crystal ball, I predict that he will ensure the school's "Golden Era" of national preeminence.

A significant additional benefit in Bob's appointment is that his wife, Dr. Shannon Kenney, will also be joining the SMPH. A superlative physician scientist who is both an infectious-disease specialist and an expert on Epstein-Barr virus, Shannon will have appointments in the departments of medicine and medical microbiology and immunology. The school is extremely fortunate to have attracted these stellar people, who are eager to contribute to our continuing success in the future.

And I am very optimistic about the future of the school. I believe that it is perfectly poised for greatness. Nevertheless, there will be new challenges—because the job of dean in 2006 is much more complicated and time-consuming than it was when I first assumed it more than a decade ago.

Today we've evolved into a very large group practice, which has doubled the number of faculty members at the school, most of whom now work in some two dozen practice sites around Madison. We have created

new academic departments, and we've developed new degree programs. Our research enterprise has grown tremendously, yet federal funding is dwindling, forcing us to become entrepreneurial and aggressive in seeking alternative funding resources.

In terms of constructing new buildings, we've learned that we're going to have to find ways to pay for them on our own. And as for being a statewide institution, an identity that was barely evident in 1995, the school now boasts a network of activities in teaching, research and patient care—reaching every corner of the state.

Finally, as Bob has said in conversations with me, the new School of Medicine and Public Health must be more than just a name change. He knows that many cultural, philosophical and programmatic changes are also required. I have no doubt that he is up to leading those changes—and facing all the challenges. I am certain that Bob can move the institution steadily along on its upward trajectory.

Personally, I feel so fortunate because I'm already engaged in my sixth career, and I'm as excited about this as I was about being dean. I will be helping implement newborn screening programs

for cystic fibrosis (CF) all over the Western world, a process I've begun throughout the United States, in provinces of Canada and countries in South America as well as France, Ireland, the Czech Republic and England.

The newborn screening activity aligns well with my ongoing CF research program, which is as well developed as it ever has been. What's more, I'm thrilled with the two departments with which I will be associated: pediatrics and population health sciences. I greatly respect the leaders of both these departments, Drs. Ellen Wald and Javier Nieto, respectively.

Since 1981, I've been deeply involved in major leadership roles for the school, both as a leader in the Department of Pediatrics and as dean. It all has been extremely gratifying to me. Now I'm looking forward to doing something that will be both focused and fun—maybe the most gratifying professional-personal experience of my entire career. As I have stated before, I have been blessed beyond belief, and I'm forever grateful for having such special opportunities in Wisconsin.



William Nietert, MD '78
WMAA President

Sadly (or not?), this is the last time you will need to decipher my rambling attempts at entertaining you, as my term as president of the Wisconsin Medical Alumni Association (WMAA) will soon be ending.

Traditionally, this is the column in which the president states how fast the last two years went by and goes on to review the litany of his or her accomplishments, yada yada yada. Well, in my case, the term as president seemed to last at least two years and my litany of accomplishments, like me, is short.

The end of my term also happens to coincide with the end of Dean Farrell's career heading the school (I hope there was no cause and effect relationship). I recently attended a celebration of Dean Farrell's accomplishments over the last 10-plus years. Let's compare our relative legacies.

Dean Farrell (among other accomplishments):

- Revised the curriculum
- Oversaw the construction of half a billion dollars' worth of new construction
- Implemented the Wisconsin Partnership Program
- Transformed the institution into a School of Medicine and Public Health
- Formed a new affiliation with the WMAA
- Maintained close relationships with students and faculty
- Changed the school from a pretty good one into arguably the best in the country
- In his spare time, he even maintained a clinical practice

My legacy as WMAA president:

- Survived with no major scandals (with months left, I hope I didn't jinx myself)
- Attempted to inject some humor (an art form with which some academicians

are not completely familiar)

- Maintained a clinical practice

Since having acquired orphanhood and survived a near-death experience, I have found that my perception of what I would like my personal legacy to be has changed. For some strange reason, all this talk about legacies has me thinking about a frightening four-letter word. You know the word; it has lots of different meanings depending on its context. It can be a noun, a verb and, I think, an adjective. It can be meaningless or profound. My mother used it all the time (to the point I didn't even hear it). I don't think I ever heard my father say it. I'm talking about the word LOVE.

There are several different kinds of love. There's the sexual kind of love (I'd really like to write about this but the editors would flip), love between parent and child, love for family/school/team/country/community. Most of you share with me the love of family, the love of medicine, the love of Madison (or at least the memories of Madison), the medical school, the university and the state in general.

This brings me to the other four-letter word—money (oops, five letters). These two words often hang

out together and not always for the good. I'm pretty sure you can't take your money with you when you die. But I'm also pretty sure you *can* take your love with you when you die. As you consider your own legacy, I urge you to make sure that your love for family and friends does not get buried with you. Call them now and tell them you love them.

Seriously speaking, it has been an honor to serve as WMAA president for the past two years. I believe the WMAA, under the direction of Karen Peterson and a wonderful board of directors, is the best conduit for members to donate time, spirit and, yes, money. I urge you to become a member of the Middleton Society if you have not already done so. I believe the next generation of doctors will face struggles that will make our "war stories" pale by comparison. We need to be involved to ensure that our great profession does not succumb to the perils that lie ahead. Besides, we may need these kids to take care of us as we get older.

Good night and good luck.

Attracted to the School's Many Strengths, Robert Golden Becomes Dean in July

by Dian Land

Robert N. Golden, MD, a psychiatrist who has held key leadership positions at the University of North Carolina (UNC) School of Medicine, has been named the ninth dean of University of Wisconsin School of Medicine and Public Health (SMPH).

In his 21 years as a UNC faculty member, the 52-year-old Golden, currently the Stuart Bondurant Distinguished Professor, has proven himself a highly effective leader in academic medicine at a major public university very similar to UW-Madison. As vice dean of the UNC School of Medicine for the past two years, he has played a critical role in running the school and launching several creative new programs. And as chair of psychiatry for a decade, he guided the expansion of the department's research, clinical operations, training programs and development.

UW-Madison Chancellor John D. Wiley made the announcement on February 13, 2006, following an extensive national search. "Bob Golden has a great mix of experience, vision and

passion for the job that will serve him well in leading the School of Medicine and Public Health," Wiley says. "We're delighted to have him on board."

Golden will take over at the SMPH in July 2006, just as the school approaches its centennial anniversary. He will succeed Philip M. Farrell, MD, PhD, who had announced in December 2005 that he would step down as dean. In more than a decade as dean, Farrell led the school through many important changes. He oversaw, for example, construction of the Health Sciences Learning Center, groundbreaking on the Interdisciplinary Research Complex, the formation of the Wisconsin Partnership Program and the transformation of the school into an integrated school of medicine and public health.

School leaders believe that Golden is the perfect choice to follow Farrell.

"Bob Golden brings a wealth of experience, leadership, energy and vision to the job," says Paul DeLuca, PhD, SMPH vice dean and senior associate dean for research and graduate programs. "We

anticipate that the great success our school has enjoyed in the past decade will be followed by more success—and perhaps even greater success."

Golden anticipates that the transition from UNC to UW-Madison will be relatively smooth, as he sees many similarities. The two universities are heavy hitters in the realm of research, faculty governance is central at both, and Madison and Chapel Hill are delightful college towns, he notes.

"But what I really love about UW, which is very similar to UNC, is that it has made a commitment to being among the best in the country while at the same time it is absolutely committed to serving the citizens of the state," he says. "The Wisconsin Idea is so much what I believe in. In my academic career, I have been interested in working only at public universities because I feel they have a special relationship with the people."

Born in Philadelphia, Golden grew up in South River, New Jersey. He attended Yale University, where he studied psychology and earned a bachelor's degree (cum laude) in 1975,

with distinction in his major. He earned his medical degree at Boston University School of Medicine, and then had his first association with UNC in 1979, when he began his residency in psychiatry there. In 1982-83, he was selected to serve as chief resident in psychiatry.

Golden met his future wife, Shannon Kenney, at Yale on their first day of physics class when they became lab partners. Currently the Sarah Graham Kenan Professor of Medicine and Microbiology and Immunology at UNC, Kenney will also join the SMPH faculty in July.

Says Wiley, "Dr. Kenney is an exceptional physician scientist, and we are extremely fortunate that she will be joining us. This dual hire represents a major win-win combination for UW."

An infectious-disease specialist, Kenney will be based in the UW Department of Medicine. She will also have an appointment in the Department of Medical Microbiology and Immunology and will set up a laboratory in the UW Comprehensive Cancer Center's McArdle Laboratory for Cancer Research.

—Continued on page 6.

A New Era Begins



She expects to spend approximately 80 percent of her time in the lab, directing a large research program on Epstein-Barr virus (EBV).

Kenney cites the stature of UW's EBV researchers as well as the quality of the two departments with which she will be affiliated as being important factors in her decision to make the move. In addition, she has deep respect for the Infectious Disease Section, where she will participate in clinical and training programs.

"Very few places in the country have this fantastic combination of excellence," she says.

Kenney earned a bachelor's in geology (*magna cum laude*) from Yale in 1975 and received her MD from Yale in 1979. After a four-year residency in medicine and pediatrics at UNC, she undertook a two-year research fellowship at the Laboratory of the Biology of Viruses at the National Institute of Allergy and Infectious Diseases (NIAID) followed by a two-year infectious-disease fellowship at UNC.

At the same time that Kenney was immersed in her NIAID fellowship, Golden was pursuing his own research fellowship at the National Institutes of Health (NIH), training in the Clinical Pharmacology Section of the National Institute of Mental Health. He focused

on research pertaining to the biology and pharmacology of mood disorders and has continued this work, which has been supported by numerous NIH grants, through much of his career. In 2003 he was honored by the American College of Psychiatrists with their Award for Research in Mood Disorders.

In his many classroom and clinic interactions with students and residents over the years, Golden has concentrated on teaching the neurobiology and treatment of depression. And in his clinical practice, he has specialized in providing "second opinion" consultations for physicians with patients who have severe and difficult-to-treat depression.

Kenney and Golden have four children. Troy, 23, graduated last year from Yale and is now working in Washington, D.C., for the Campaign Media Analysis Group (CMAG). Blair, 21, is a pre-med student at Yale. Sean, 15, will be a sophomore in high school next fall and Max, 8, will enter the third grade. "Madison schools were a big draw for us," Kenney adds.

Avid boaters and water-skiers, the family looks forward to getting out on Wisconsin lakes, and they're thinking about taking up cross-country skiing. Without a doubt, they will be seen

at Badger basketball and football games. They have been serious UNC Tar Heel fans for years but will make every effort to transfer their allegiance to Bucky as soon as possible.

In the past several years, Golden has been invited frequently to consider deanships elsewhere, but several features about Wisconsin were unique and made the opportunity irresistible, he says.

"The recent creation of the Wisconsin Partnership Program and the evolution of the school into the School of Medicine and Public Health, coupled with the overall academic excellence of the school and the entire university, were extremely attractive," he says.

Furthermore, Golden says, he and Kenney immediately felt "at home" in Madison, and experienced a natural affinity for the people of the state and the university's commitment to serve them.

Golden first recognized that he was drawn to being an administrator when he served from 1990 to 1995 as associate director of the UNC General Clinical Research Center, a federally funded unit that serves as a setting for medical investigators to conduct state-of-the-art clinical research.

"That experience made me realize that I love many aspects of academic medicine

that go beyond my own field of psychiatry," he says.

In 1994, he was selected to be chair of the UNC Department of Psychiatry, and over the next ten years in that job he fine-tuned his leadership skills. He helped expand the department's NIH research portfolio from approximately \$3 million to more than \$29 million. He guided the complete redesign and expansion of the department's clinical operations to include 76 inpatient beds and an array of outpatient and partial-hospitalization services.

Also during Golden's chairmanship, the general psychiatry residency training program became one of the most respected in the field, and its fellowship programs for child and adolescent psychiatry gained national recognition. In addition, he directed an active development program that produced a substantial endowment for the department, including the creation of six new endowed professorships.

In 2004, when William Roper, MD, MPH, took over as dean of UNC School of Medicine and chief executive officer of UNC Healthcare System, he invited Golden to become vice dean. At UNC, the dean is responsible for running not only the school, but also the affiliated hospitals and the physician group practice, Roper

explains. Hoping to share the responsibilities, he asked Golden to join his six-person leadership team and be the school's chief operating officer.

"Bob and I have had a splendid, happy working relationship in which, in every respect, he has run the school. He has been deeply involved in everything we do here," Roper says. "We will miss him tremendously."

Golden thrived as vice dean, instituting many new programs supporting the school's core research and medical education missions.

"I loved working collaboratively with the rest of campus and creating outstanding interdisciplinary programs that can only occur when a school of medicine is embedded at a strong university, which is also the case at UW-Madison," he says.

Golden was the driving force behind a new compensation plan at the school that offers incentives and rewards for outstanding performers in the basic sciences. He was an architect of the Academy of Educators, which provides substantial support for faculty and staff who dedicate their careers to teaching.

Golden also enjoyed working intensively with state government to develop new programs—and he looks forward to doing the same in Wisconsin. He negotiated

with the North Carolina Legislature to create a stream of support for a new program in translational medicine that pairs young faculty with senior mentors in both the basic and clinical sciences. The small teams serve dual purposes—to train the young faculty members to do research and to develop new research agendas that result in advances that move quickly from laboratory to clinic.

In terms of the broader picture, Golden shared an ongoing interest in mental health reform with state representative Verla Insko, collaborating with her for several years to make important legislative changes.

"Bob has the ability to articulate a clear vision and a talent for getting people to work together to reach that vision," Insko says. "He has genuine personal warmth and a style that makes people want to do better, to reach higher."

Golden applauds SMPH leaders for working with state government over the past several years to initiate the Wisconsin Partnership Program. "It will be a pleasure to step into what already has been an outstanding launch of that program," he says.

He also is excited about the school's unique integration of public health and medicine.

"At UNC, the School of Public Health is a close

partner and ally of the School of Medicine, but that's not the same as having a combined school of medicine and public health, as now exists at UW," he says. "This is a great new development, which I believe will serve as a national model and will provide tangible benefits to the citizens of Wisconsin."

Golden also plans to facilitate even greater integration and collaboration between SMPH faculty and the rest of the UW-Madison campus.

"It's clear that the NIH will continue to emphasize large-scale interdisciplinary research aimed at rapidly translating basic science discoveries into clinical applications," he says. "The remarkably talented faculty at UW, coupled with their tradition of collaboration, creates a wonderful opportunity for this university to evolve as the major national leader in this initiative."

Others who know Golden well say that he possesses many qualities that should make his goals achievable.

"Bob knows how to read both the political and emotional landscape. He is sensitive and smart and his values are in the right place," says Ned Kalin, MD, the chair of the SMPH Department of Psychiatry who has been a colleague and friend of Golden for years. "People really like Bob."

Roper, at UNC, is not surprised that Golden was offered the SMPH top job. "Wisconsin is a wonderful university, and the medical complex is strong," he says. "Bob's talents will be put to very good use there."

In Golden's mind, the key to his successes has been building strong collegial relationships and partnerships with a wide variety of people.

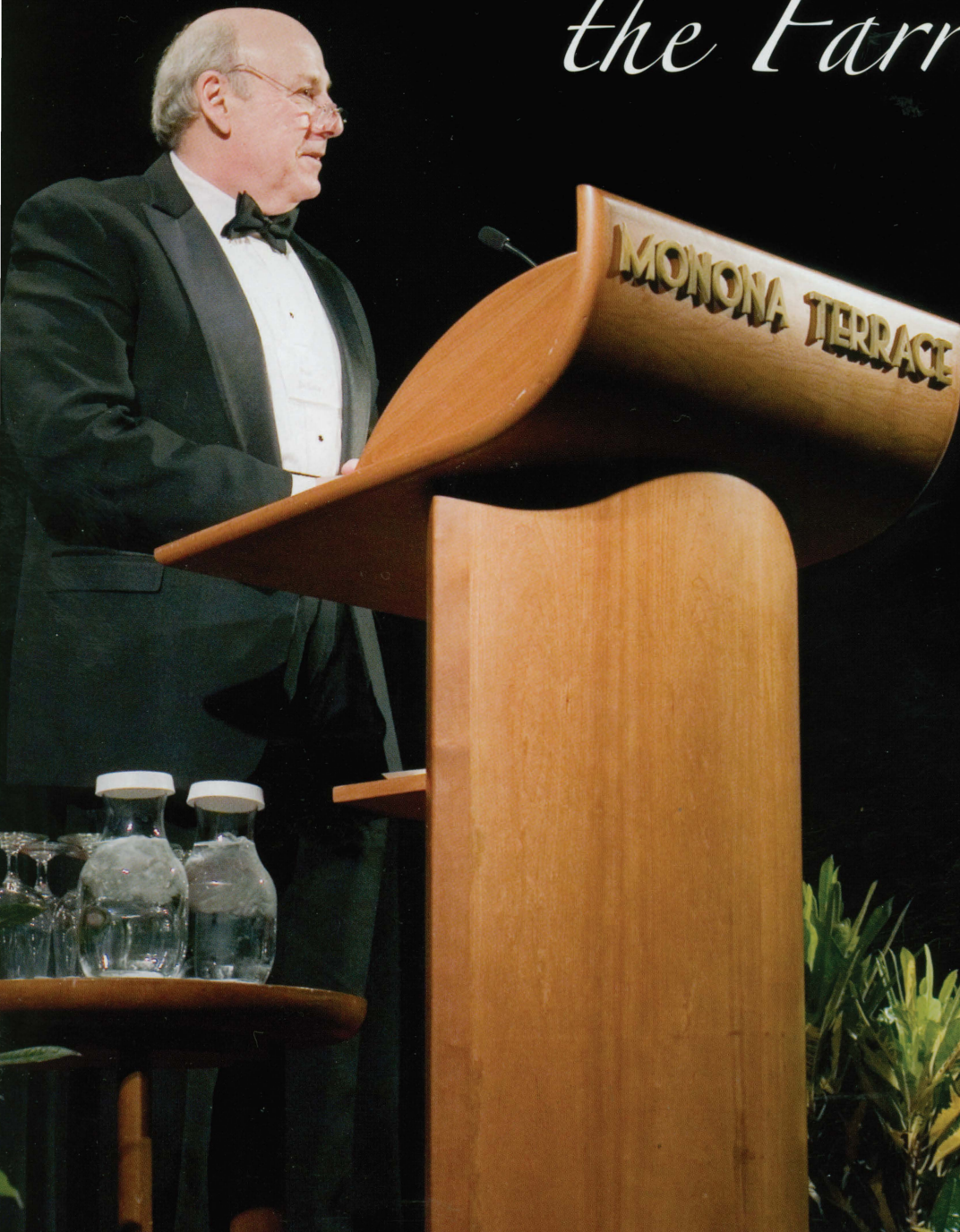
"I surround myself with very bright, committed people who share a vision," he says. "I start out by getting as much input from as many people as I can, and I then synthesize the various perspectives and ideas into the best possible plan in a collaborative way."

Golden likes to use a basketball metaphor to explain his work philosophy.

"Watching the Tar Heels, I realized that my heroes are not the individual stars, like the Michael Jordans. My heroes have been the coaches, the Dean Smiths, who recognize and recruit talented players and help them develop, both individually and as a team," he says. "My aspiration at UW School of Medicine and Public Health will be to become the best coach that I possibly can be."



Celebrating the Farrell Era



From grandchildren to the governor, admiring students to appreciative alumni and donors, longtime school and campus colleagues to loving friends—all gathered recently to honor Philip M. Farrell, MD, PhD, who soon will end a truly amazing decade-plus tenure as dean of the University of Wisconsin School of Medicine and Public Health.

Guest speakers recognized the enormous contributions Farrell has made to the school. All agreed that his leadership as dean will forever change the school for the positive.

The evening included a special video presentation in which associates who have worked with Farrell over the years provided heartfelt testimonials—both serious and humorous.

The celebration—with good food, company, music and dancing—was joyous: a perfect tribute to Farrell.

March 3, 2006



Farrell's immediate family—(from left) son Michael, wife Alice, son David and daughter Bridget—proudly shared the moment.



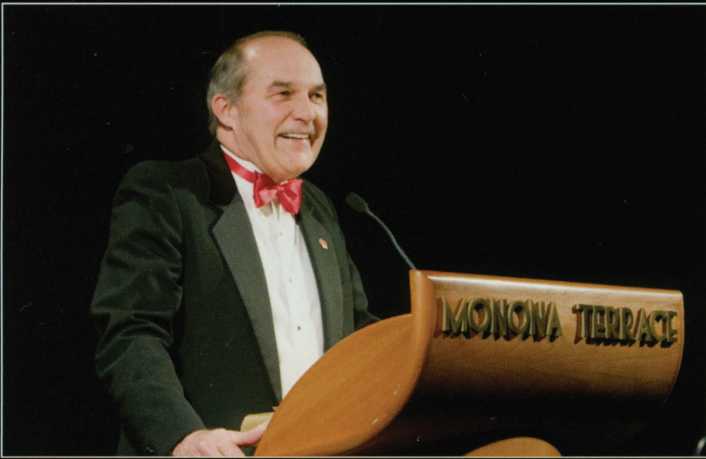
Farrell greeted Richard Anderson, Class of 1945, and many other alumni in attendance who appreciated his commitment to the WMAA.



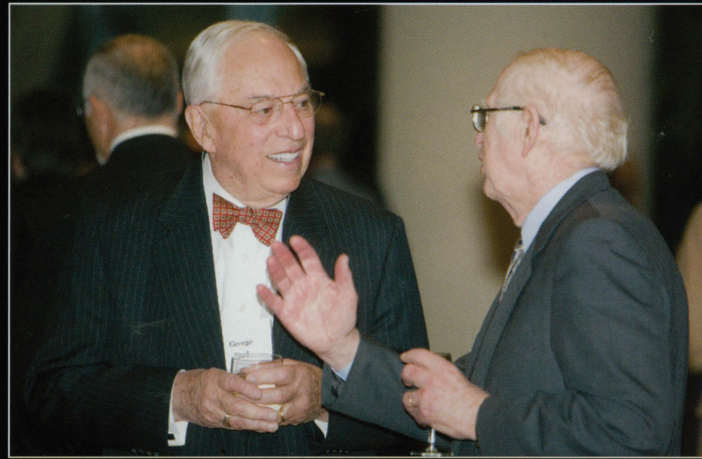
Art Ross, center, now dean at Chicago Medical School, and his guest caught up with Carl Getto, associate dean for hospital affairs.



A slide show highlighted the many accomplishments that have occurred at the SMPH during the Farrell deanship between 1995 and 2006.



Farrell thanked the crowd, saying that he has been "blessed beyond belief" to have had the opportunity to lead the school for more than a decade.



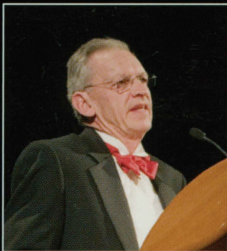
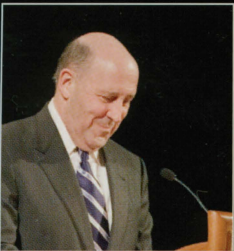
George Stiel and Patrick Boyle of the UW System Board of Regents have worked with Farrell on many projects during his tenure as dean.



The medical student sextet Coda Blue performed during dinner at the elegant event, held at Monona Terrace Convention Center.

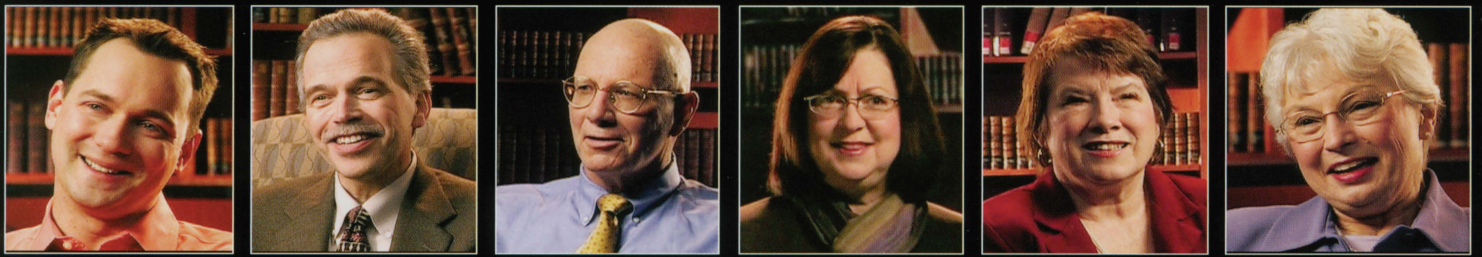


Following presentations by invited speakers and a video show featuring longtime colleagues of Farrell, guests enjoyed their dinners.



With Paul DeLuca (previous page) serving as master of ceremonies, dignitaries stepped up to praise Farrell. Speakers included (from left) Governor Jim Doyle, UW-Madison Chancellor John Wiley, Board of Regents Chair David Walsh, UW Medical Foundation CEO Jeffrey Grossman, UW Hospital and Clinics President and CEO Donna Sollenberger and UW Foundation Vice President Mark Lefebvre. Farrell's son Michael spoke on behalf of the extended Farrell family.

Monona Terrace, Madison



The video featured selected people who have worked closely with Farrell over the years, including (from left): Tim Richer, Class of '98; Rick Moss, chair of physiology; John Harting, chair of anatomy; Susan Skochelak, academic affairs dean; Carla Eakins, executive assistant; and Kathe Budzak, Class of '69.



Many medical students were on hand for the celebration. Farrell has said that students were the joy of the job for him, and surely they felt that.



Catherine Anne Yeakle appeared proud of her son-in-law. All of Farrell's grandchildren were also in attendance, as were other family members.



Known to enjoy a party, Farrell took to the dance floor. He was joined by his wife, Alice (left), and his daughter, Bridget. Phil and Alice attended countless alumni and student social events.



Many members of the Arrythmias, a UW medical student rock band popular since the late 1990s, performed at the party. Farrell, offering a high-five salute, has always been a big fan.

Political Science:

Bioethicist R. Alta Charo
Blends Science
with Activism



by Masarah Van Eyck

“The era of the pure scientist is over,” R. Alta Charo declared in a recent talk entitled “Politics of Progress” held at the University of Wisconsin-Madison. Addressing an audience of faculty, researchers, physicians and both medical and law students, the UW-Madison Elizabeth S. Wilson-Bascom Professor of Law and Bioethics delivered her timely warning.

“If scientists don’t learn to communicate and educate the public about their work,” she said, “they will lose access to the right to do their research. They will encounter obstacles in their work that may be motivated by a political group that doesn’t really have an accurate understanding of the science.”

To researchers and physicians who may be more devoted to their science and patients than their politics, her message is not always welcome. But, she says, its reality can no longer be ignored.

Take the example of reproductive technologies. Since its introduction in the early 1970s, *in vitro* fertilization (or IVF) has been entangled in debates about when a human life begins. Almost immediately, government administrations in the U.S. took a hands-off approach to regulating and funding this research, largely to appease right-to-life groups opposed to embryonic research. By the 1980s, the Reagan administration had put a moratorium on it altogether. The result, says Charo, was a generation of patients exposed to potentially harmful scenarios.

“By not regulating it and not funding it, the private sector took over,” Charo explains, sitting on the couch in her office a few days after her talk. Subsequently, she says, IVF research took place in private clinics, funded largely by patients desperate to conceive a child. “Obviously, the incentive for private groups was to get more and more patients (in order to further their research), so IVF was advertised for people where it wasn’t necessarily the right choice.”

The result was an alarmingly rapid expansion of the field, and the much earlier use of human subjects for IVF than some felt was appropriate. “For a long time, we in the community dreaded what results might come of it,” Charo says. Thankfully, their concerns went largely unfounded. “In fact, we didn’t see a real rise in birth defects, but we were all on the edge of our seats for a while there.”

Charo’s edge-of-the-seat story reveals the high-stakes risks inherent in cutting-edge health science fields—risks that, without government support, could put vulnerable parties in the hands of ill-prepared physicians, or may squelch the research altogether.

As bioethicists, Charo and her colleagues in the Department of Medical History and Bioethics at the UW School of Medicine and Public Health identify and analyze the philosophical context and legal parameters around such scenarios. And in the case of reproductive technology—and now stem cell research, which utilizes cells harvested from surplus *in vitro* embryos—Charo concludes that the problem is a government too deeply invested in regulating personal morality. Instead, she says, governments should strive to protect the freedom of speech that is essential to scientific research.

Put another way, “The government should help me live out the dream I have for my life.” For scientists, this includes the freedom to question generally held beliefs—no matter how firmly held by others.

Talking to Charo about bioethics and contemporary politics is like speeding over a vast and sometimes bumpy terrain. In the span of a two-hour interview, she can cover everything from her views on stem cell research (pro) to the elimination of the estate tax (against) and the merits of private property interests in cadavers (debatable). Her speech is livened with poetic imagery and a mischievous drama, and she is refreshingly candid, seemingly unafraid of either the most personal or most political topics.

—Continued on next page.

If scientists don’t learn to communicate and educate the public about their work, they will lose access to the right to do their research.

Governments should strive to protect the freedom of speech essential to scientific research. For scientists, this includes the freedom to question generally held beliefs—no matter how firmly held by others.

This courage—or maybe it's nerve—to address tough issues serves bioethicists well. After all, they grapple with some of the most controversial topics of our time, and often, as with issues like gene therapy and stem cell research, with dilemmas that have no precedent. Trained in combinations of philosophy, law, theology and medicine, bioethicists can effectively serve as mediators between political action groups and the healthcare and research communities. Consultants and educators, their perspectives increasingly influence policy.

This is especially true for Charo, who at least since she served on President Clinton's Presidential National Bioethics Advisory Commission, has influenced public discourse about stem cell research, reproductive rights, end-of-life care and more. She is also a resource—and, increasingly, a subject—for journalists seeking her lucid views on tough issues. A profile of Charo recently ran in the *New York Times*.

The author of scores of articles, book chapters and government reports on everything from voting rights to medical genetics, Charo is a first-class scholar. Since 1989, she has been on the faculty of both the UW Law School and SMPH, where she lectures on everything from health law to food and drug law to medical ethics and reproductive rights. Her curriculum offers multidisciplinary perspectives for specialized professionals—mainly future lawyers and physicians—who increasingly find themselves relying on one another's expertise.

But it's Charo's role in government that takes her scholarship to the U.S. Congress, the laboratories and even the streets. She has sat on several critical federal committees, including the National Institutes of Health's Human Embryo Research Panel in 1994. Since 2001, she has been a member of the National Academy of Sciences' Board on Life Sciences, and she has just been appointed to the Institute of Medicine's Board on Population Health and Public

Health Practice. Not surprisingly, she receives countless invitations to teach around the world; her temporary addresses have included France, Argentina, China and Cuba. Since January 2006, in fact, Charo has been a visiting professor of law at the University of California-Berkeley Law School, where she will remain until December.

While Charo may be one of the most in-demand, informed and passionate bioethicists in the world, she firmly believes that the responsibility to better inform the public about scientific progress lies squarely on the shoulders of those whose interests she seeks to protect. "Scientists must become political activists," Charo insists.

New medical procedures have long introduced to the public a slew of ethical dilemmas, she argues, but today's political climate and sensational media coverage demand that scientists accurately inform the public about their work. In other words, because science has become, in part, the domain of politicians, lawyers and philosophers, the "pure scientist" must learn to articulate the innovations and ramifications of his or her science to these humanists.

Being better involved doesn't have to mean a career change, she says. Scientists need not become overnight public relations experts, delivering eloquent treatises on their research to crowds. But, says Charo, they do need to become "personally invested" in the political process on some level.

"Knock on doors, contribute to a campaign, speak at a rally, serve on a community board," she suggests. "I simply want scientists to have contact with the political process so when they need to step up to the plate, they can."

Exactly what happened in recent decades to force scientists up to the plate hinges on what Charo calls a "civil war" between the science-literate and the science-illiterate in this country.

"Right now we have people who turned their backs on science after the sixth grade,

and scientists who have turned away from politics and the rest of the community,” she explains.

As a result, the public is exposed to what are highly complex and evolving scientific procedures only when these issues make sensational headlines. Most people understand only what they hear from media and prominent interest groups—groups that, she says, “look at science through a different lens than that of scientists.” The groups may infuse an issue with moral overtones, or magnify the intrusive or risky qualities of some technologies for the sake of their larger message.

“What we have is a kind of general fear of science,” Charo explains. “There is this Frankensteinian myth surrounding it.”

Nowhere is this more apparent than in the field of biotechnology, which since its introduction in the 1990s has been perceived by many as something intrinsically—if vaguely—dangerous. Charo recognizes that there is a good reason for this caution—after all, science has the power to fundamentally threaten our notion of social order.

Charo cites gene therapy as an example. Most people view genetics as a fairly simple field, she says, and they have a crude understanding of DNA. As such, people assume that each gene controls one property and that repairing or changing that property is only a matter of altering the related gene.

“In fact,” she says, “genetics are usually used for diagnosis and choice,” not treatment. But the ramifications of genetic therapies are enormous—and very political.

Amniocentesis, for example, has given women choices that put them squarely in the path of both feminist groups who defend the right to choose to abort a fetus, and disability rights activists who find efforts to avoid disabilities disrespectful to those living with them.

In fact, with the advent of amniocentesis, the experience of pregnancy itself has changed. Now the first trimester has become

what Barbara Katz Rothman has dubbed “the tentative pregnancy”—a three-month stretch in which women downplay their pregnancy until the option to terminate it in response to test results has passed.

What’s more, says Charo, amniocentesis has “moved the responsibility of nature and chance onto the shoulders of women.” Choosing to abort a fetus with known disabilities, or to deliver that child knowingly, ignites social and political debates with powerful, organized proponents on all sides.

Significantly, Charo notes, a recent public survey on this issue revealed that it is the parents of children with disabilities who are simultaneously the least likely to abort a child with that disability and the most likely to support the full rights of others to choose for themselves.

What this illustrates, she says, is that a familiarity with the disability—and not philosophical or moral tenacity—gives people a tremendous tolerance toward other peoples’ choices. Nevertheless, it is the interest groups, with their strict agendas, that most often influence legislation.

“I still wish that science and medicine were free from the motivations of these interest groups,” Charo concedes. “But scientists will be more effective if they make themselves sensitive to these issues.”

As in any civil war, Charo says, the real solution lies somewhere in a middle ground of mutual understanding. “Only when the scientific community is integrated—when its message is not just talked about at a press conference or in a sound bite but is talked about every day—will people understand what scientists really do,” she says. In other words, a greater familiarity with an issue can lead people to consider its more nuanced and multifaceted sides.

To Charo, it is this blending that determines whether we will embrace the next great scientific advancement or succumb to the fear that will hold it back.

—Continued on next page.

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“The only thing that saves our country are moments of real integration,” she says.

As a lawyer who specializes in scientific matters, and a scientific thinker from her earliest years, Charo acknowledges the challenge in this inclusive stance.

Given her upbringing in Brooklyn, her aptitude for integration is perhaps not surprising. A daughter of a television repairman from Poland and a math teacher who was herself the daughter of Russian Jewish immigrants, Charo grew up with two older brothers in a world where science—physics experiments in the kitchen, the rooftop telescope—was a family game.

“We thought it was fun,” she says now. “These were things you did to amuse yourself, it wasn’t work.”

It was also a means toward scholarship and even personal liberation; her father, while from a world where women didn’t drive or drink alcohol, for example, happily drove his daughter once a week to the library, where she read voraciously.

Her father also had ambitious educational plans for his daughter, not just his older sons, both of whom now hold advanced degrees in scientific fields. And so it seemed only a matter of course that she would receive a bachelor’s degree in biology from Harvard and a law degree from Columbia.

“Science was asexual in our house,” Charo observes. “It was always assumed I would go to college and graduate school. In my family, education transcended gender.”

While it’s tempting to cast Charo as a kind of cultural translator—from both old and new worlds and fluent in both science and law—she resists this image.

“I don’t see myself as a ‘translator,’” Charo says, “but more as someone who lives in a Tower of Babel in which

everyone is struggling to abandon their specialized vocabulary, or ‘shorthand,’ to talk to one another.”

Happily, she says, her work puts her in the company of other multi-disciplinarians—scientists, lawyers, writers, philosophers. Together, they are influencing some of today’s most innovative changes in scientific and medical fields. “It’s a challenge, it’s how things change,” she says, “and it’s so much more fun, too.”

Indeed, when asked what’s really stimulating to her these days, she describes her present work on the National Academy of Sciences committee to review the U.S. Food and Drug Administration and the national system for the assurance of drug safety. Assembled to conduct an independent assessment of the current system used by the FDA to evaluate and ensure a drug’s safety post-marketing, the committee analyzes the incentives and disincentives generated in existing systems.

One of their concerns, for example, is the fact that presently the pharmaceutical companies that develop drugs are also responsible for researching their product’s safety. “Why,” she asks, “do we have a system in which the organizations that are most interested in the drugs are also the body responsible for reporting any problems with them?”

For Charo, the opportunity to reevaluate a system that she considers far less than efficient—or even logical—fuels her passion.

“This is the stuff that really makes me say, ‘Wow!’” she says. “It gets into the world of business, global competitiveness, public trust, credibility, politicization of science, and ongoing debates about the role of patent law, basic political philosophies about personal autonomy—everything!”

Scholar, speaker, policy maker, attorney: Alta Charo grapples with

bioethical dilemmas on every conceivable front. But at this suggestion, she just shrugs. “Eh,” she says, looking out her office window onto Bascom Hill, “it’s just academia.”

What really thrills her, she says, is politics, where policy is in the hands of individuals. “I see myself as a failed and frustrated political activist,” she concedes, lamenting that the years of low-paying, unstable work characteristic of entry-level politics felt too risky for a child of working-class immigrants.

“Now I watch *West Wing* with my heart in my mouth because I want their jobs—I don’t know which one I want more,” she says.

But while Charo has not completely divorced herself from the world of politics (she served on Senator John Kerry’s presidential campaign’s medical policy advisory group), for the moment, she works within a system that other people run.

“I feel really good that I’ve been able to do what I could on national commissions and campaigns,” she says. “But I’ve had to take a more conservative route.”

For this once ambitious kid who now fills a room with her presence, the optimism inherent in her work contradicts the caution in her past.

“No rules are written in the cosmos,” she says. “They’re written on paper. And they can be changed.”



A Growing Cadre of Researchers, Educators and Practitioners Is Interested in Diversity in Healthcare



The UW Center for the Study of Cultural Diversity in Healthcare's annual meeting of affiliates brought together people who are committed to culturally sensitive, multidisciplinary programs and activities aimed at eliminating disparities in healthcare.

by *Dian Land*

The temperature dropped and the snow began to fall on the evening of January 20, 2006, but that didn't stop people from as far away as Milwaukee from coming to a dinner meeting hosted by the Center for the Study of Cultural Diversity in Healthcare (CDH). A cordoned-off area of the atrium in the Health Sciences Learning Center, the new heart of the University of Wisconsin School of Medicine and Public Health (SMPH) and home to the CDH,

provided an intimate setting for the event.

It was the annual "Affiliates Meeting," a gathering of some 50 researchers, educators and practitioners associated with the CDH as well as other supporters. Helene Nelson, secretary of the Wisconsin Department of Health and Family Services (DHFS), delivered the keynote address on the problem of infant mortality in Wisconsin, titled "Every Baby's Birthright."

"We truly are a center without walls," said Gloria Johnson-Powell, MD, CDH

director and associate dean for cultural diversity at SMPH, as she welcomed the group.

A major part of CDH's mission, she explained, is to bring together people from campus and beyond to promote a range of culturally sensitive, multidisciplinary activities that, ultimately, will eliminate disparities in healthcare. Indeed, since she created the CDH in 2000, Johnson-Powell has made it her personal goal to build a critical mass of people in Wisconsin to follow through on the very same issues she

has been addressing her entire career—improving minority health and reducing inequities related to it.

Now that a cadre of researchers has been identified, and is growing, the CDH is developing programs to promote career enhancement and professional development among the affiliates, who include young and veteran investigators alike, as well as minorities and non-minorities.

"Our overarching goal at the CDH is to facilitate the design, implementation, evaluation and replication of



"Creating partnerships of all kinds is key to what we do," said Gloria Johnson-Powell, CDH director, at the gathering.

culturally and linguistically competent healthcare programs to improve consumer satisfaction and health outcomes for all residents of Wisconsin," said Johnson-Powell. "A crucial corollary is to ensure that every health sciences student who leaves UW feels capable of providing culturally competent care wherever he or she chooses to practice."

At the evening meeting, Johnson-Powell introduced her staff and others who are bringing talent and energy to the CDH. For example, Staci Lowe, PhD, a CDH research evaluation specialist, is working with the Milwaukee Birthing Project, which strives to improve birth outcomes by teaming pregnant women with volunteer "sister friends" who provide ongoing social support and advice. Lowe is also collaborating on the Si Se Puede project, which uses a community health worker model of intervention to provide diabetes education

and outreach services for Latinos in Green Bay.

A significant portion of CDH initiatives pertain to maternal and child health. That's because the CDH is also home to a federally funded EXPORT (Excellence in Partnerships for Community Outreach and Research on Disparities in Health and Training) center dedicated specifically to tackling those maternal-child health issues that cut so deep in cities like Milwaukee. Peggy Hatfield, MS, PhD, EXPORT project manager, oversees and facilitates activities in the EXPORT research, outreach and education and training cores.

Gloria Sarto, MD, PhD, is the EXPORT scientific director and CDH co-director. Involved for years in national efforts to advance the research agenda in women's health, she is SMPH professor of obstetrics and gynecology, co-director of the UW National Center of Excellence in Women's

Health Research and director of the National Centers of Excellence Research Coordinating Center. Susan Skochelak, MD, MPH, is director of the EXPORT education and training component. Senior associate dean for academic affairs at the SMPH and a professor of family medicine, she is an expert on medical curriculum and is currently implementing changes to the curriculum targeting cultural diversity, professional ethics and cultural competence.

EXPORT projects creatively examine many related issues. Scott Solberg, PhD, at UW-Milwaukee, for instance, is conducting a study at South Division High School, a primarily Hispanic and African American school in a violence-prone neighborhood of Milwaukee. Solberg is investigating the relationship between health and well-being and academic and career achievement among residents of the



Helene Nelson, secretary of Health and Family Services, delivered a passionate keynote address.

neighboring underserved community.

In addition to the many young investigators who are connected to the CDH, Johnson-Powell praised veteran SMPH researchers who have joined her team. These include William Busse, MD, chair of the Department of Medicine; David DeMets, PhD, chair of the Department of Biostatistics and Medical Informatics; and Michael Fiore, MD, MPH, director of the UW Center for Tobacco Research and Intervention.

CHD affiliates are scattered throughout the SPMH in departments such as family medicine, radiology, population health



Visiting scholar Lisa Tiger (left) chatted with Abhik Battacharya and Shannon Sparks, both of the CDH.



Johnson-Powell (left) spoke with CDH affiliates Janean Dilworth-Bart (right) and Ron Magness.

sciences, psychiatry and obstetrics-gynecology. Exciting new connections also are being made with the UW Comprehensive Cancer Center, where a cancer health disparities initiative has been launched.

The CDH also includes other UW-Madison partners, including nursing, education and agricultural and life sciences faculty. Janean Dilworth-Bart, PhD, of the UW School of Human Ecology, for example, recently received a National Institutes of Health minority supplement grant to study self-regulation and infant-mother attachment theory. CDH affiliates can even be found at universities in other states, conducting research they started in Wisconsin or accessing CDH resources from afar.

“Creating partnerships of all kinds is key to what we do,” said Johnson-Powell. “The CDH is building important partnerships with community-based

organizations as well as state and local government agencies.”

Evidence of such partnerships was obvious at the meeting. Murray Katcher, MD '71, PhD, chief medical officer of the DHFS's Division of Public Health and SMPH professor of pediatrics, was in attendance, as were other representatives of government.

Nelson, in her passionate keynote address on the work that must be done in Wisconsin to improve the way health disparities disastrously impact birth outcomes among African Americans, concurred with the critical need for partnerships.

“We cannot do this on our own,” she said. “Academia and government must act together, with community-based organizations, to solve this problem. The health of mothers and babies is as important as anything I can think of.”



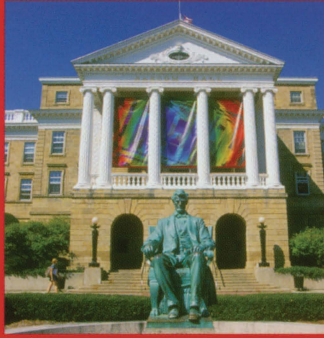
CDH Affiliates

Alexandra Adams, MD, PhD, SMPH
 Tonya Anderson, MD, University of Illinois-Chicago
 Ian Bird, PhD, SMPH
 William Busse, MD, SMPH
 Roseanne Clark, PhD, SMPH
 Hardin Coleman, PhD, UW School of Education
 Chris Coe, PhD, UW-Madison
 Gail Coover, PhD, UW-Madison
 David DeMets, PhD, SMPH
 Janean Dilworth-Bart, PhD, UW-Madison
 Philip Farrell, MD, PhD, SMPH
 Michael Fiore, MD, MPH, SMPH
 Michael Fleming, MD, MPH, SMPH
 Diane Gooding, PhD, UW-Madison
 Nicolas Guerda, PhD, Boston College
 Tito Izard, MD '96, Milwaukee Health Services, Inc.
 Sheri Johnson, PhD, WI Department of Public Health
 Kelli Jones, RN, BSN, WI Department of Public Health
 Teresa LaFromboise, PhD, Stanford University
 Lynn McDonald, PhD, UW School of Social Work
 Sandra Magana, PhD, UW School of Social Work
 Ron Magness, MD, SMPH
 John Meurer, MD, Medical College of Wisconsin
 Linda Oakley, RN, PhD, UW School of Nursing
 Foluke Otitoju, MD, SMPH
 Mari Palta, PhD, SMPH
 Tassy Parker, PhD, RN, University of New Mexico
 David Pate, PhD, UW-Milwaukee
 Stephen Quintana, PhD, UW-Madison
 Patrick Remington, MD '81, MPH, SMPH
 Russell Scheffer, MD, Medical College of Wisconsin
 Gary Sandefur, PhD, UW-Madison
 Kristen Slack, PhD, UW School of Social Work
 Maureen Smith, MD, MPH, PhD, SMPH
 Scott V. Solberg, PhD, UW-Milwaukee
 Jim Stewart III, MD, SMPH
 Karen Swallen, PhD, UW-Madison
 Audrey Tluczek, PhD, UW School of Nursing
 Hector Valdavia, MD, PhD, SMPH
 Earlise Ward, PhD, UW School of Education
 Jacqueline Wiltshire, PhD, SMPH
 Henry Young, PhD, UW School of Pharmacy

For more information on the CDH, contact project manager Sarah Esmond at sesmond@wisc.edu or (608) 263-9401.

Please join us! May 4-6, 2006

Medical Alumni Weekend



PHOTOS 1-3: Jeff Miller/UW-Madison University Communications

Weekend schedule of events

THURSDAY, MAY 4, 2006

5-6:30 p.m.
DEAN'S RECEPTION
Health Sciences Learning
Center (HSLC) Atrium
750 Highland Avenue
HSLC TOURS AVAILABLE

6:30 p.m.
CLASS REUNIONS
Classes of '46, '51, '66

FRIDAY, MAY 5, 2006

9 a.m.-3 p.m.
DAY ON CAMPUS

10-11:30 a.m.
**WMAA COMMITTEE
MEETINGS**
HSLC

11:30 a.m.
**MEDICAL ALUMNI CLASS
OF 1956 RECOGNITION
RECEPTION AND
LUNCHEON**
School of Pharmacy,
Rennebohm Hall
777 Highland Avenue
We will honor the 50th
reunion class and present the
Brown Derby Awards.

2-4 p.m.
**WMAA ANNUAL MEETING
BOARD OF DIRECTORS
SPRING MEETING**
HSLC

6-9:30 p.m.
**MEDICAL ALUMNI
AWARDS BANQUET**
Concourse Hotel,
1 W. Dayton Street
(Black tie optional)
6 p.m. RECEPTION
7 p.m. DINNER and PROGRAM

6 p.m.
CLASS OF '71 REUNION

SATURDAY, MAY 6, 2006

2:30 pm-3:45 p.m.
CAMPUS BUS TOUR
Departs from the Memorial
Union on Langdon Street.

6 p.m.
CLASS OF '56 REUNION

Is There a Doctor in the House?

by Masarah Van Eyck

As the first black woman and only the sixth African American student to graduate from the University of Wisconsin School of Medicine and Public Health (SMPH) in 1975, Ada M. Fisher, MD, MPH, has made a career out of forging new paths in her quest to help people.

A passionate physician, she has devoted her working life to community medicine as well as public health administration, motivated by the conviction that all citizens deserve access to high-quality and affordable healthcare within the free enterprise system.

In the past decade, Fisher has even taken her politics to the polling booth, making runs from her home state of North Carolina for Republican seats in both the U.S. Senate and House of Representatives. Although she has not won to date, undeterred, she'll try again this year for a seat in the U.S. Congress.

Hoping to represent the North Carolina 12th Congressional District, Fisher capitalizes on her medical background in her campaign slogans, prompting voters to "Get a Doctor in the House" and pronouncing her "10-Step Prescription" platform as "Good for What Ails Us."

And not surprisingly, her platform, which emphasizes job growth and national security, also includes plans for serious healthcare reform. Paramount among them is fashioning a more



In her quest for a seat in the U.S. Congress, Fisher calls for an affordable healthcare system with responsible tort reform, less expensive drugs and an emphasis on preventive medicine.

affordable healthcare system with responsible tort reform, less expensive drugs and an emphasis on preventive medicine. (For more, visit Fisher's Web site at www.dradamfisher.org or fisherforcongress.org.)

"The reality is that with war, education and health entitlements, you're not going to get more services from the government," Fisher says from her home in Salisbury. "Primary care alone is just not going to cut it—this is about dis-ease in society."

Fisher should know. Since her earliest years in medicine, she has confronted forms of social dis-ease in both rural and corporate America. In her career she has served as the detoxification director for substance abuse for a 16-county catchment area at John Umstead Hospital in Butner, North Carolina; industrial physician for the Y-12 Plant

at Martin Marietta Energy Systems, Inc. (now Lockheed Martin) in Oak Ridge, Tennessee; medical director of Amoco Oil Company as well as manager of medical policies and practices for Amoco Corporation; and a Veterans Administration occupational health services director. Through it all, she continued to see patients.

"I was always involved in a lot of hands-on care," she says. "One of the problems is that people who go into administration too often don't have that practical, broad-based hands-on experience." For Fisher, it was the hands-on work that drew her to public health in the first place.

Having returned to her home state after a residency at the Family Medicine Program, an affiliate of the University of Rochester in New York, Fisher worked for two years in rural North Carolina,

Fisher to be Featured at July Reunion

Ada Fisher, MD '75, MPH, will be the special guest speaker at a reunion of the African American alumni of the School of Medicine and Public Health this summer.

Organized by Rev. Ronald V. Myers, MD '85, the reunion will be held in conjunction with the UW Department of Afro-American Studies. Several events are scheduled for Thursday through Sunday, July 20-23, 2006.

Fisher will speak on Friday in the Health Sciences Learning Center, the school's new home. Tours of the new building will be held, and current African American medical students will be on hand to greet returning alumni.

A concert featuring the Experimental Improvisational Black Music Ensemble (EIBME) is planned for Saturday evening, July 22, beginning at 7 p.m. in the Union Theatre at Memorial Union. The concert will honor Jimmy Cheatham, former UW professor of music, and Jeannie Cheatham.

The reunion will kick off a fund-raising campaign for the Wisconsin African-American Alumni Center in Madison. The \$10 million project would house a performing arts center, living space for historically black fraternities and a history center.



As a second year medical student, Fisher took notes in the medical microbiology laboratory.

in part to help pay off her student loans. Serving as the chief medical officer and medical director for the Plain View Health Center in Greenevers, North Carolina, with the National Health Services Corps, she was the only physician doing obstetrics in a county of 50,000 residents. It was during this service obligation that she witnessed firsthand the desperate state of healthcare in rural areas—and the isolation that can make such areas seem like less than attractive places for physicians to locate.

“That experience helped me to see that there are many people who are not receiving medical services who could be if the money was spent differently,” she says. She was moved to earn a Master in Public Health degree from the Johns Hopkins University School of Hygiene and Public Health (now their Bloomberg School of Public Health), and entered health services administration. She recently was able to apply some of those public health lessons offering medical assistance in Mississippi after hurricanes Katrina and Rita.

But it wasn't Fisher's medical career that first taught her to reach out to her larger community. Growing up in Durham, North Carolina, as the daughter of a Baptist minister, she learned early on the importance of family, community and service to others.

She also knew that she would have to learn to see beyond her familiar world and extend her vision. And so, after earning a bachelor of arts degree from the University of North Carolina in Greensboro, Fisher moved to Wisconsin for medical school (thanks, in part, to Cornelius Hopper, MD, an African American neurologist at UW, who helped recruit her to Madison).

“It was as far away from home as I could get. I knew I needed to broaden my experience base,” she says. “UW was looking for black students, and I wanted to be a doctor. It was a decent trade-off.”

The transition wasn't always easy. In addition to the shock of encountering a new culture, Fisher's father and grandfather died during her first semester away. What's more, her first-year studies proved to be a challenge—especially for one who struggled to see what she now calls “the big picture” in medicine. She wrestled with gross anatomy, offering that she was “petrified of dead folks, even though my brother runs a funeral home. “I was struggling every day to keep up, so I'd return at night,” Fisher recalls. “And I tell you, there is nothing more frightening than those anatomy labs at two in the morning, with those rows of cadavers in tanks. Every little sound was unnerving!”

Furthermore, Fisher says, she found it highly ironic that racism could exist in Madison, known to be a bastion of liberalism, while small communities beyond the capital, where she spent



a good deal of time, could be more receptive to minorities.

But in the midst of these challenges, there were individuals who recognized her abilities and tenacity—and reached out to her.

Among them, Fisher names June Osborne, MD, now a national medical leader, who then taught virology and had sat on Fisher's admissions committee. When Fisher's grades faltered, Osborne took her aside, and together they worked to find solutions.

Not only did Fisher's grades steadily improve, but she also began the clinical portion of her education, where she could really excel. "I'm a people person," she explains, "so it was then that I got some idea of how it all hangs together."

Working with patients gave Fisher the opportunity to do what she did best—care for people in distress. "Coming from life as a preacher's kid, I could deal with life and death—I'd sign up for the cancer services when others didn't, for example."

Similarly encouraging for Fisher were her summer externships. She spent the summer following her freshman year in the small town of Baldwin, Wisconsin. The following year, the school's Family Medicine Club asked her to share her experiences with fellow members who were about to embark on similar externships. The address was adapted for use in *The New Physician* journal, with Fisher's portrait appearing on the cover.

The summer externships were arranged by pediatrician Mark Hansen, MD, and with the monetary support of community benefactors Mr. and Mrs. Wayne Brown, who were aware of Fisher's financial constraints. Thanks to them, she happily worked every summer following a handful of patients through their pregnancies.

"They were delightful people," she says of Hansen and Brown. In fact, it was partially Fisher's wish to visit with Hansen that brought her back to Madison last July to attend the 30th reunion of her Class of 1975.

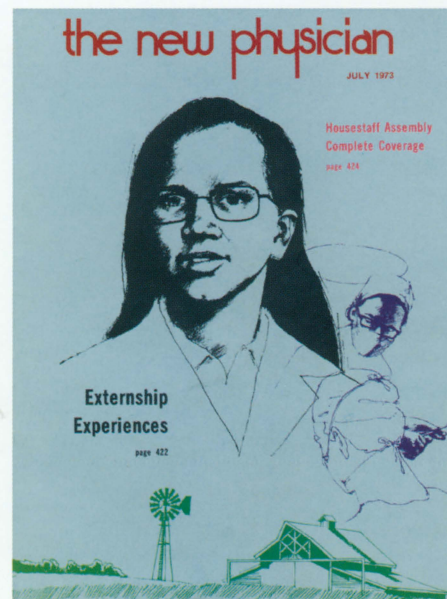
Fisher also drew inspiration and got encouragement from UW cancer researchers who were prominent nationally during the 1970s. These included Charles Heidelberger, MD, who invented the cancer drug 5-FU, and Nobel Laureate Howard Temin, MD, who discovered RNA-DNA polymerase.

Looking back, it is clear that both the challenges in Fisher's medical education and her early clinical experiences encouraged her to serve as an advocate for others—whether patients, fellow black students, veterans or the multitudes of corporate employees and common citizens she has reached as a health administrator. She regularly receives letters from former patients who have benefited from her care, and she dotes on pictures of the babies she delivered who are now grown.

Fisher says that though she had challenges in medical school, on balance the experiences were life changing and enriching. "Wisconsin was pivotal in my intellectual growth and I will always be grateful and appreciative to the people of Wisconsin for giving me, an out-of-state student, a chance to fulfill a dream."

Fisher has been grateful since the beginning.

"The first money I made after graduating from medical school I spent on a lifetime membership in the Wisconsin Medical Alumni Association," she says. "I always wanted to be a doctor, and Wisconsin gave me that chance."



Fisher's account of her summer externship spent in Baldwin, Wisconsin, appeared as the cover story in the journal The New Physician.

Kalin Honored with Top Psychiatry Award

Ned A. Kalin, MD, the Hedberg Professor of Psychiatry and Psychology and chair of the Department of Psychiatry at the University of Wisconsin School of Medicine and Public Health, was given the Edward A. Strecker Award last fall.

Created to stimulate the therapeutic efforts of young psychiatrists, the Strecker Award annually honors an individual who has made significant contributions to the field of clinical psychiatry.

Kalin, a psychiatrist who sees patients with various forms of anxiety and depression, also directs an active research program focused on the biology of stress and emotion and their relation to the development of anxiety and depressive disorders. He heads the HealthEmotions Research Institute, an innovative center on the UW-Madison campus that brings together researchers hoping to better understand how emotions affect health.

Kalin received his BS from Pennsylvania State University and his MD from Jefferson Medical College in Philadelphia. He trained as a resident in psychiatry at the University of Wisconsin-Madison and subsequently completed a postdoctoral fellowship in the Laboratory of



Neuropharmacology at the National Institute of Mental Health.

In 1981, Kalin returned to the UW and has since developed an international reputation as an expert on stress and depression. He has received numerous other professional accolades.

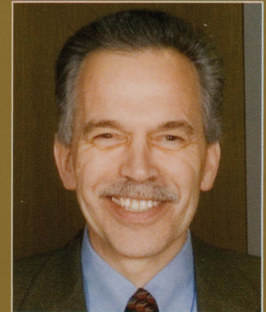
The Strecker Award is offered annually by the Pennsylvania Hospital and the University of Pennsylvania Health System in memory of the late Edward A. Strecker, MD, a former president of the American Psychiatric Association. From 1920 to 1928, Strecker was the chief medical officer at the Institute of Pennsylvania Hospital, an historic psychiatric hospital that remains in the forefront of innovative psychiatric treatment, education and research.

Moss Receives Selective MERIT Award

Richard Moss, PhD, professor and chair of physiology at the University of Wisconsin School of Medicine and Public Health, has been given a MERIT (Method to Extend Research in Time) award from the National Institutes of Health (NIH). The prestigious award guarantees continued research funding for up to 10 years.

A faculty member since 1979, Moss has been chair of physiology since 1988 and director of the Cardiovascular Research Center since 1997. His research program centers on cardiac muscle proteins that change in response to increased levels of adrenalin occurring in the blood during exercise and emotional stress. The result, familiar to everyone, is the heart beating faster, stronger and at a higher rate. The proteins are critical to normal heart function, and when they are abnormal due to genetic mutations, they can cause cardiac dysfunction leading to sudden death.

"This award will allow us to expand our investigations to tissues from patients with these protein abnormalities and to mice that have been genetically engineered to express mutations as ways to understand the basis for cardiac dysfunction,"



Moss says. "We hope that our work will contribute to interventions that will lessen or prevent the devastating effects of these cardiac abnormalities."

The MERIT awards are given to investigators with impressive records of scientific achievement in research areas of special importance or promise. Fewer than 5 percent of NIH-funded investigators are selected to receive MERIT awards. The awards are intended to provide such investigators with long-term, stable support to foster their continued creativity and spare them some of the administrative burdens associated with frequent preparation and submission of research grant applications.

Empty Moccasins

Keep on Walking

A “Wall of Moccasins” hangs at the tribal clinic on the Menominee reservation in northern Wisconsin, memorializing tribal members who have died of AIDS. The display—several pairs of beaded moccasins handcrafted to fit the feet of the individuals who died—is meant to raise awareness about HIV/AIDS transmission and prevention among people visiting the clinic.

Now, thanks to a collaboration between the Midwest AIDS Training & Education Center-Wisconsin (MATEC-WI) at University of Wisconsin School of Medicine and Public Health (SMPH), the Great Lakes Intertribal Council and the Menominee AIDS Project, the artwork will be on display in a poster session at the “Embracing Our Traditions, Values and Teachings: Native Peoples in North America HIV/AIDS Conference” held in Anchorage, Alaska, May 2-6, 2006.

“The hope is that other tribes will use similar culturally sensitive exhibits in their own AIDS awareness programs to break down barriers in their communities,” says MATEC-WI outreach



MATEC-WI officials hope that other tribes “will use similar culturally sensitive exhibits in their own AIDS awareness programs to break down barriers in their communities.”

specialist Amanda Wilkins. MATEC-WI will provide funding for the delivery and installation of the work at the conference, and it will sponsor the participation of a Menominee Nation clinician at the conference.

In recent years, Native American healthcare providers have recognized that more must be done to increase awareness of HIV in their communities, since many locals perceived themselves as being at low risk for acquiring the infection. In 1997, the Menominee AIDS Project commissioned the “Wall of Moccasins” to memorialize tribal members who no longer “walk the earth” as a result of HIV-related illnesses.

“The display has stimulated people to start talking and thinking about HIV infection and its consequences,” says James

Sosman, MD, MATEC-WI medical director, SMPH associate professor of medicine and associate director of the UW HIV Care Program. “It humanizes the disease for community members, and has helped to decrease denial about the risks of HIV to the Menominee Nation.”

MATEC-WI began collaborating two years ago with nurses, physician assistants and primary care doctors at the Menominee Tribal Clinic to provide culturally sensitive awareness and prevention materials tailored specifically to Native Americans. MATEC-WI has conducted HIV training sessions at the 11 tribal health clinics in Wisconsin as well as in the Milwaukee, Green Bay, Madison and Beloit areas. The topics have included HIV testing updates, skill-

building workshops and clinical consultations.

The Health Resources and Services Administration (HRSA) provides funding for the 11 regional AIDS Training & Education Centers (ATECs) across the country. MATEC-WI is one of more than 130 ATEC local performing sites serving healthcare providers nationwide. HRSA also supports MATEC-WI’s efforts to work specifically with tribal health clinics to reduce HIV transmission and infection.

The “Wall of Moccasins” display has toured regional health fairs in Wisconsin, powwows and events related to World AIDS Day. At the conclusion of the conference in Alaska, the display will be brought back to the Menominee Tribal Clinic.

African Sculpture

Finds a Perfect Home

In spring 1997, Gabriele Zu Rhein, MD, professor emeritus of pathology and laboratory medicine at University of Wisconsin School of Medicine and Public Health (SMPH), was in Tampa, Florida, presenting medical lectures at the invitation of Enid Gilbert-Barnes, MD, former SMPH professor of pediatrics, who was then based there. During a visit to Busch Gardens, Zu Rhein discovered, "to my total surprise, a most extraordinary Makonde ebony carving. My jaw dropped."

Affiliated with the SMPH for 52 years now, Zu Rhein had first learned about the remarkable East African art form, in which a sculptor depicts his world by carving intricate figures out of an ebony tree trunk, from June Osborne, MD, another former SMPH faculty member. Osborne had excitedly told Zu Rhein about the little-known sculptures in the early 1970s, when she returned from an African safari.

Ever since then, Zu Rhein read about Makonde art and collected small Makonde sculptures, but this one, guarding the entrance of the Air Africa import shop pavilion, was unique and striking. Standing some six feet tall, it consists of five tiers. The central one depicts the animals and forests that surround the artist's village, while two additional tiers above and below it depict villagers involved in various activities of daily life.

The sculpture completely captured Zu Rhein's attention and imagination. "I knew that I wanted this work of art for Madison. I wanted to look at it again and again, preferably in my condominium," she says.

But the sculpture, by Tanzanian artist Mwandengu Mwandenzi, needed



Both Gabriele Zu Rhein and Dean Farrell approve of the sculpture's new home.

a larger space, so she approached the Elvehjem (now Chazen) Museum of Art. Since the African specialist was out of the country for an extended period, Zu Rhein then contacted SMPH Dean Phillip Farrell, MD, PhD, who had begun a "beautification program" for the school, then based in the old Wisconsin General Hospital.

The dean concluded that the piece would be most suitable for display near the school's newly created Center for Race and Ethnicity in Medicine. Pleased that the sculpture would be viewed by many people at the medical school, Steven Brewer of Busch Gardens arranged for shipping to Madison in a custom-made crate.

The sculpture stood in the school's entranceway until recently, when it was moved to the fourth floor of the Health Sciences Learning Center. It is now permanently, and appropriately, situated in an alcove between the Center for the Study of Cultural Diversity in Healthcare and the Center for Global Health. A dedication ceremony celebrating the move was held last December.

"The sculpture looks stunning in its new home," says Zu Rhein, adding that art restorer Tony Rajer returned it to its original pristine condition. "I'm absolutely delighted."





Brian Williams, a Med I, helped a mentee extract DNA from wheat germ.

Medical Students Host Local Middle Schoolers at “Take Your Mentee to School Day”

by Janelle Durst, Med I

The Health Sciences Learning Center (HSLC) at University of Wisconsin School of Medicine and Public Health was filled with energy on February 21, 2006, as students from two local middle schools interacted with medical students in the Mentorship Achievement Program’s (MAP) annual “Take Your Mentee to School Day.”

MAP is a unique student organization that provides a mentoring opportunity for

first- and second-year medical students by matching them with a 12- or 13-year-old student from either Toki or O’Keeffe middle school in Madison. Once the two have been matched, they spend a good deal of time together in both one-on-one and large-group activities. Although the MAP program technically ends once the medical student moves on to year three, a large number of students enjoy the program so much that they continue their relationships with their mentees through to graduation. Perhaps one of

our most popular large-group activities is Take Your Mentee to School Day (TYMTSD).

TYMTSD is held on a school day, which adds extra excitement for the mentees, who are excused from their classes for the afternoon. This year, the mentees arrived at the HSLC around 11 a.m.

after busing over from their schools, and were kept busy with a number of activities until the middle of the afternoon. A pizza lunch party was the first item on the agenda, which allowed the mentor-mentee pairs to talk and interact.

Med I Daniel Spangenberg shared his enthusiasm with two of the Mentorship Achievement Program students who attended the event.



Lunch was followed by an activity in the HSLC Clinical Assessment Center used by the Patient, Doctor and Society (PDS) course, where mentors demonstrated physical exam skills to their mentees. The mentees then took a turn listening to hearts and lungs, looking in ears, testing reflexes and taking blood pressures.

After everyone had a chance to practice on each other, the group then went upstairs to the learning community cluster classrooms, where several “science exploration stations” had been set up. Mentors were responsible for running the stations while the kids rotated through each of the nine different science explorations. Materials for the stations were donated by the Biotrek Program, an outreach effort of the UW Biotechnology Center and UW-Extension designed to strengthen community relationships through low-cost, high-impact education activities. The stations, an exciting addition to this year’s program, were met with much enthusiasm on the part of mentors and mentees alike.

The stations explored a wide range of topics, such as “Which Blows More Bubbles: Skim Milk or Whole?”, “Extracting DNA from Wheat Germ,” “The Glo-germ Challenge,” “Invent the Squirt Gun,” “Using \$200 Micropipettes



Irisa Devine, a Med II, ran one of the nine science exploration stations set up for the event. The Biotrek Program, sponsored by the UW Biotechnology Center and UW-Extension, donated materials for the stations.

to Move a Millionth of a Liter” and “The Puzzle of the DNA Tube.” At each station, mentees were encouraged to explore the activity, with mentors serving as coaches.

Following this, mentees and mentors then returned to Alumni Hall, where they had the opportunity to participate in a talk by members of the medical student group called DOC (Doctors Ought to Care), who regularly go to local schools to describe organ systems to students. Several human organs, both abnormal and normal examples, were placed on display at the front of the room. A brief introduction informed the students about where the organs had come from, what each organ was, what it does in the body and how it might have become abnormal. The mentees were given the opportunity to hold and explore the organs.


Finally, Patrick McBride, MD ’80, MPH, associate dean of students, spoke a few words about becoming a doctor and what doctors do in the hospital. The buses arrived at 2 p.m. after Dean McBride’s farewell, and the mentees returned to their schools.

On the bus ride home, the mentees provided their school counselors feedback for next year, including such suggestions as staying overnight at the HSLC, coming back next year and participating in more activities like this one. It seems that TYMTSD was a success!

We would like to convey our appreciation to the people who helped make the day run so smoothly. So, a big thanks to the UW Biotechnology Center for providing the ideas and materials for the exploration stations, DOC for providing the organ demonstration and talk, the PDS office for allowing us to use their clinical exam rooms, Dean McBride for speaking with the mentees, the school counselors Michael and Wendy for their help with everything and to the mentors who make this program possible. Thank you, one and all!



Med II Neil Sandhu and Med I Clint Morgan helped make the MAP’s 2006 “Take Your Mentee to School Day” a resounding success.



NEW DUAL-DEGREE
PROGRAM MESHES

Neuroscience & Public Policy

We have to be able to think differently about how we devise and prioritize research programs and engage the public.

by *Lisa Brunette*

Ron Kalil had never met Clark Miller, but when he read that his University of Wisconsin-Madison faculty colleague at the La Follette School of Public Affairs had won a major grant from the National Science Foundation (NSF) to study global environmental policy, he picked up the phone.

Kalil, professor of ophthalmology, visual sciences and neurology at UW School of Medicine and Public Health (SMPH), had a notion that Miller might be just the right person to help shape an innovative program

that would link the study of neuroscience with the world of public policy. NSF grants to public affairs faculty are unusual, and Kalil wanted to know if he and Miller might share some common ground. Two years later, that original spark of inspiration has grown into a new academic dual-degree—believed to be the only one of its kind.

Miller, associate professor of public affairs at La Follette, and Kalil are now co-directors of the new Neuroscience and Public Policy graduate program, which will admit its first class this fall. The program offers students a doctoral degree in

neuroscience from the long-established Neuroscience Training Program (NTP) and a master's in public policy from the La Follette School. Students complete a core curriculum in neuroscience, policy analysis and public management and supplement that with laboratory rotations, seminars, doctoral research and more focused coursework in selected areas of neuroscience.

The seeds for the new program were sown when the NTP was chosen a few years ago to take part in the Carnegie Initiative on the Doctorate, a national effort examining ways to

improve doctoral education in the U.S. Through that project, NTP faculty began talking about how to create opportunities for students who wanted a different career path than the conventional academic tenure track. Kalil, who was on the Carnegie committee, saw an opportunity when he and Miller connected, and together they began shaping the vision.

“It is a mistake to simply assume that policy leadership and entrepreneurship will naturally emerge from people who are trained to be bench scientists,” says Miller, whose own scientific background is in electrical engineering and atmospheric physics. “We have to think differently about how we devise and prioritize research programs, reflect on the social implications of research and engage the public in a dialogue about science policy. Our idea is to build capacity for scientists and policy officials to work together over the long term to address complex challenges at the interface of science and society.”

And in neuroscience, the scope of those challenges is vast and growing. Advanced brain imaging techniques allow scientists to design surgical and pharmaceutical interventions to change mood and behavior. The media firestorm around the Andrea Yates trial—involving

the Houston mother convicted of drowning her children—illustrates society’s tension and unease about the physical roots of postpartum depression and psychosis.

Neuroscience research is beginning to clarify some of the biological components of addiction, violence and risky and impulsive behavior—and the legal system will be called upon to deal with the findings. All of these, and more mundane examples, persuaded Kalil and Miller that a well-constructed dual-degree program would create professionals who can function comfortably in both the scientific laboratory and the public arena.

Sometimes the drive to link the two worlds will come from scientists who seek a greater role in the construction of public policy. Kalil points, for example, to a report that some automakers are planning to install laptop computers in cars. If that comes to pass, he believes, it won’t be long before people learn how to bypass the safety mechanisms and they’ll be chatting on the phone and checking stock prices on their laptops as they sail down the interstate. Someone who understood how poorly the adult brain handles multitasking would be terribly concerned about the proposal, he notes. It’s the same, he argues, with a Wisconsin legislative proposal to permit eight-year-olds

to hunt when accompanied by adults. Children of that age don’t have the mental capabilities to hunt safely, he says, and a pediatric neurologist comfortable in the world of public affairs should be making that argument.

Miller points out that having dual-degree professionals in the policy world will help ensure that scientific perspectives provide an important contribution to the policy process.

“Legislatures are designed to be aggregations of the values of the constituents they serve, and they face trade-offs that can be informed by a better sense of both what we know and what we don’t know in relevant scientific fields,” he notes. “What we’re aiming for is a deeper level of conversation by preparing scientists who understand how policymaking functions and who can communicate well with groups involved in policy.”

The goal is to matriculate four or five students a year so that 20 to 25 students will be enrolled at any given time. Kalil and Miller believe that graduates will be able to choose from a broad range of career options: academic positions in biological sciences or bioethics, research and program management in government agencies, legislative staff positions and consulting work in the private sector. With the pace

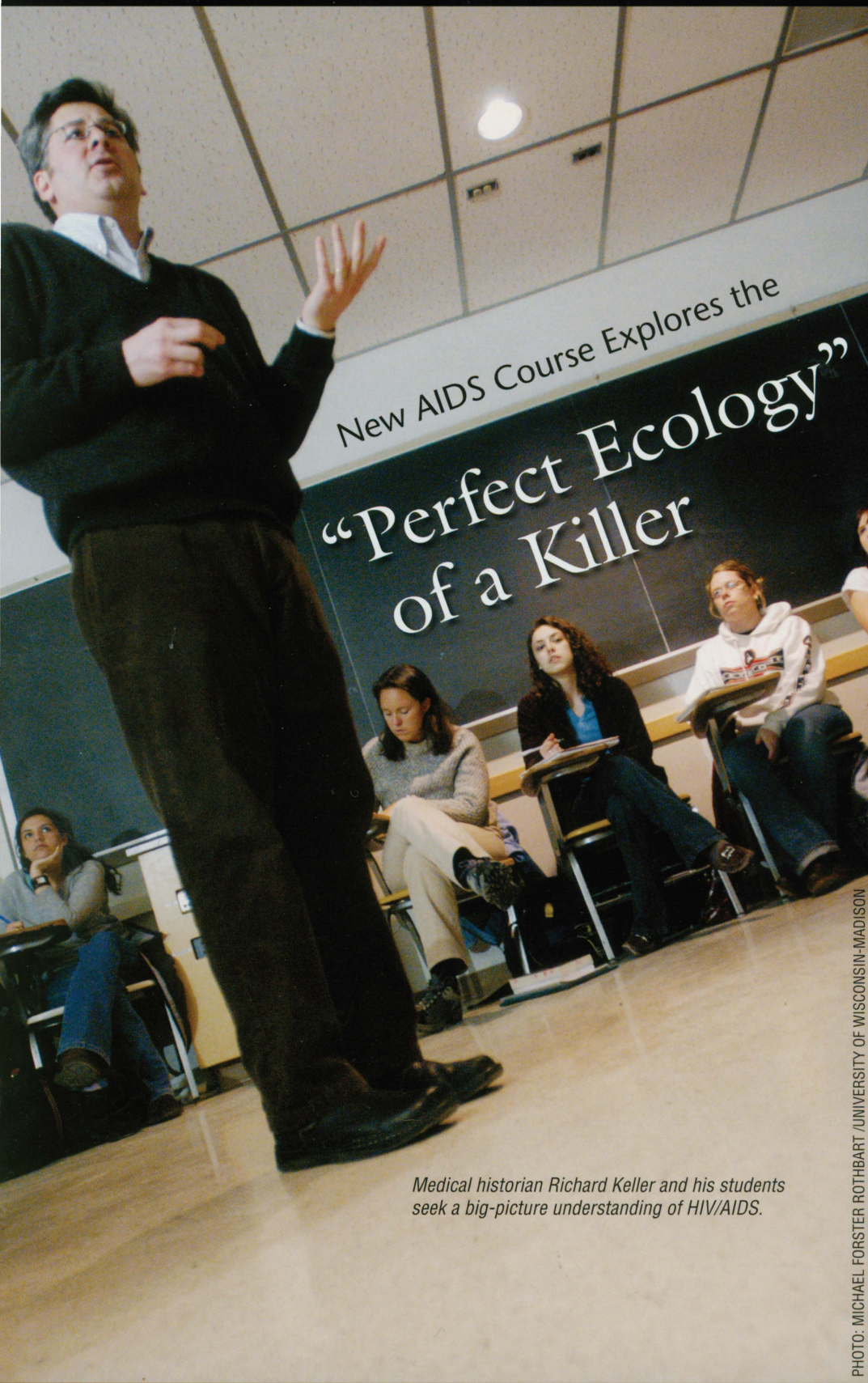
of neuroscience discovery accelerating dramatically, the demand for skills to navigate public debate and decision-making will only grow.

“The Neuroscience Training Program will substantially benefit by this program and its students, as it raises our profile, is very innovative and brings a different type of student into the program,” says former NTP director Ann Kelley, PhD, SMPH professor of psychiatry. “We live in times in which it is becoming more and more critical to bridge the gap between science and society. I am looking forward to seeing how it all works.”

Kalil and Miller have been gratified by the kudos they’ve received from national neuroscience organizations and the American Association for the Advancement of Science, which have lauded their creativity in developing the dual-degree program “far ahead of its time.”

“Our vision is to open the eyes of people at the National Institutes of Health and private foundations to the innovative possibilities of blending science and policy education,” Miller says.

Further information about the program is available at <http://ntp.neuroscience.wisc.edu/>.



New AIDS Course Explores the
“Perfect Ecology”
of a Killer

Medical historian Richard Keller and his students seek a big-picture understanding of HIV/AIDS.

PHOTO: MICHAEL FORSTER ROTHBART / UNIVERSITY OF WISCONSIN-MADISON

by Brian Mattmiller and
Kris Whitman

Few infectious diseases in human history have posed more public health challenges than AIDS/HIV, which in the past three decades has infected more than 40 million people worldwide.

But it is not only the medical challenges of AIDS that make the disease so vexing. Behavior, politics, economics, ideology and culture have all played a role in fostering “a perfect ecology” for the pandemic, one that will require more than just medicine to control.

A new course at the University of Wisconsin-Madison explores AIDS from these varied points of view. “Global AIDS: Interdisciplinary Perspectives” has attracted undergraduates from biology, medicine, political science, foreign language and history who are looking for a bigger-picture understanding of the disease.

“AIDS implicates a range of social phenomena, including sexuality, poverty and drug use,” says Richard Keller, PhD, assistant professor of medical history and bioethics at UW School of Medicine and Public Health (SMPH), who is co-teaching the course with Maria Lepowsky, PhD, MPH, a UW professor of anthropology.

Keller continues, “AIDS also is a lentivirus that incubates for a long time before any symptoms appear. As far as risk factors are concerned, you couldn’t find more dangers.”

Societal perception also separates AIDS from other diseases, Keller says. “When we look at other infectious diseases—malaria, polio, tuberculosis—we tend to see them as a consequence of poverty or lack of healthcare access,” he notes. “Yet we tend to look at AIDS solely as a consequence of bad decision

making. This course argues that AIDS is much more like these other diseases, but we have treated it differently.”

The 30 students in this course—chosen from more than 100 applicants—represent a mix of majors and interests. Using a syllabus that Keller and Lepowsky tailored to fit interests the students listed in their applications, the instructors and students are exploring the unique historical and social context for the emergence of AIDS.

“We are not duplicating work being done in pathology, medical microbiology or immunology courses, but instead, trying to place the pandemic in context and examine some of its social dimensions,” explains Keller.

The disease developed in the early 1980s after a period of “tremendous public health complacency” in the United States, Keller says. In 1969, the U.S. Surgeon General declared to Congress that it “was time to close the book on infectious diseases.”

The global eradication of smallpox was an enormous public health success, and other diseases such as TB and polio were relatively under control. Infectious disease became a low priority with little funding support in the 1970s.

“Those other diseases didn’t simply go away,” Keller says. “They tended to be buried in at-risk populations who were the poorest and most marginalized.”

Along with this false sense of health security came the

sexual revolution and birth control. Antibiotics that controlled diseases such as gonorrhea and syphilis also created a disincentive for safe sex, he says.

The 1970s also saw an explosion in drug use that paralleled the demise of American inner cities. Keller says that “white flight,” vanishing jobs and decaying infrastructure all contributed to a sense of hopelessness, and with it an exponential rise in addiction rates.

“The emergence of the disease in the 1980s exploited this perfect ecology,” Keller says. “You saw a classic environment for the spread of this disease.”

Behavior then conspired with politics to further its spread. “It was anathema to talk about AIDS during the Reagan administration,” Keller says. “Applications to study AIDS in the early ‘80s were buried. Surgeon General C. Everett Koop was barred from making public statements about AIDS until 1986.”

Now, on a global scale, more political, economic and ethical challenges are at play in fighting the spread of the disease. Condom and needle distribution programs are losing ground in some regions of the world to abstinence-only beliefs. Certain radical forms of religion are also increasing in some of the most economically desperate regions, further marginalizing AIDS education efforts.

Another interesting aspect of the disease is the development of treatments



PHOTO: MICHAEL FORSTER ROTHBART / UNIVERSITY OF WISCONSIN-MADISON

as a form of prevention. The anti-viral “cocktails” that control AIDS also make people far less infectious. But they are an extremely expensive, “First-World phenomenon,” Keller says, which offer little help in regions where the disease is spreading fastest.

The perplexing biology of the virus also gets attention in the course, as well as its exponential growth in Africa. Cynthia Haq, MD, SMPH professor of family medicine and director of the UW Center for Global Health, was one of many guest lecturers for the class. She talked about her extensive fieldwork on AIDS/HIV prevention in Uganda. Other SMPH guest lecturers included David Watkins, PhD, professor of pathology, who discussed his research on vaccine development, and Claire Wendland, MD, PhD, assistant professor of obstetrics-gynecology and of anthropology, who described her work related to AIDS in Malawi.

What does the future hold? Keller says the best-

case scenario—vaccine development and widespread distribution—is highly unlikely, primarily due to financial implications and the slippery nature of the virus. A more moderate scenario would be making cheaper anti-viral drugs more widely available to the developing world, but even that prospect faces hurdles such as patent laws that restrict the development of cheaper generics.

The worst-case scenario? “The status quo,” Keller says. The next Africa could be India and China. “Both countries have grossly underestimated rates of infection, both have an increasing sex trade and both have done nothing to stop the spread of AIDS. These are recipes for disaster.”

Keller also teaches “International Health and Global Society,” “Doctors and Delusions: Madness and Medicine in the Modern Era,” and “Science, Medicine and Technology in the Colonial Context.” He is retooling the AIDS class for medical students.

Wisconsin Partnership Program Marks Major Progress



by *Dian Land*

Two years into its first five-year plan, the Wisconsin Partnership Fund for a Healthy Future has made major progress in distributing funds to community organizations, training public health practitioners and supporting innovative education and research programs—all aimed at improving health in Wisconsin.

The Wisconsin Partnership Program (WPP), as it is also called, was created by the state insurance commissioner

to allocate and disburse the proceeds from investments on the approximately \$300 million that was transferred to the UW School of Medicine and Public Health (SMPH) as a result of Blue Cross/Blue Shield United of Wisconsin's conversion from a non-profit to a for-profit corporation. Since it started functioning formally in 2004, the WPP has awarded approximately \$34 million.

Both of the WPP's two related organizational structures, the Oversight and Advisory Committee (OAC) and the Medical Education

and Research Committee (MERC), had productive years in 2005.

The OAC, which receives 35 percent of the total Partnership funds, made grants to 19 community organizations that have partnered with SMPH faculty members. Also in 2005, the OAC began supporting several programs aimed at training public health practitioners.

The MERC, which receives 65 percent of the funds, gave grants to 16 new investigators, and awarded three implementation grants for broader research initiatives. The MERC also supported several strategic initiatives approved by school dean and OAC chair Philip Farrell, MD, PhD.

All the activities align closely with the health goals of the Partnership, as stated in its five-year plan, and also move the school closer to fully integrating public health into all aspects of its mission, says Eileen Smith, Partnership director.

"These projects set the SMPH on a course that, if successful, will result in its being a national leader in joining public health practices and principles with those of medicine," Smith says.

According to Catherine Frey, WPP assistant director, the latest OAC grants represent a rich mix of creative projects that have the potential to reach many diverse groups of people affected by a variety of health issues.

For example, an innovative project proposed by the Marathon Public Health Department, called "Footprints to Health," entails a comprehensive, multilevel approach—involving individuals, families, schools, healthcare providers and policy makers—to reducing obesity. Another project designed by the Mental Health Center of Dane County strives to learn more about and address mental health problems in the state's Hmong population.

"The OAC has awarded grants to organizations dispersed throughout the state, and the projects cover the age spectrum, from the oldest to youngest people in Wisconsin," Frey says.

She hopes that in coming funding cycles even more awards will be made to projects that help decrease or eliminate health disparities.

The OAC has also expanded its support of public health training and

education programs, Frey reports. Population health fellowships offer recent master-level graduates hands-on experience with organizations such as the Milwaukee Health Department and the Wisconsin Department of Health and Family Services. And Frey is collaborating with the school's Office of Continuing and Professional Development to create outreach programs tailored to public health workers.

Most recently the OAC funded the Community Teams Program, a unique yearlong education and training program to develop leadership and public health skills among groups of people focusing on specific health issues. The program, to begin soon with its first five teams, was created by the Healthy Wisconsin Leadership Institute, a joint initiative of the SMPH and the Medical College of Wisconsin. Throughout the year, team members will take what they learn back to the coalitions they represent to work on their community health improvement goals.

Frey applauds the OAC members for their dedication in getting the program off the ground, a process that has entailed countless hours of hard work. "Now we need to carefully evaluate the funded projects to see if they are reaching our goals of meeting the diverse health needs of

the residents of Wisconsin," she says.

Beyond that, the OAC plans to reach out to and engage with communities even more effectively in the future. "It's important that the flow of information between the OAC and communities goes both ways. I want communities to have an equal say in what needs to be done," Frey says.

The MERC accelerated its awards processes in 2005. It launched the New Investigator Program, which supports assistant professors who have designed novel research projects with high potential for impacting public health, and which span the spectrum from basic, clinical, translational and population health. In the process, the MERC developed its request for proposals (RfP) and created a rigorous review process through a committee of faculty experts.

"This program is having an excellent effect inside the school—it's making people think creatively about new ways to address health problems in the state," says Paul DeLuca, PhD, SMPH vice dean and MERC chair. "Our goal is to fund innovative ideas that are not usually funded by other organizations, that are highly translational and that represent leapfrog rather than incremental progress."

The committee also awarded implementation

grants to expand two projects it had initially funded as planning grants. The Survey of the Health of Wisconsin (SHOW) program involving several thousand Wisconsin residents will be a resource providing important insights into the determinants of health in local communities. And by exploring the molecular basis for human health, the Human Proteomics Program will provide early screening—and improved treatment—for many diseases.

The Wisconsin Network—for Health Research (WiNHR), an evolving partnership of the SMPH, Marshfield Clinic Research Foundation, Aurora Health Care and Gundersen Lutheran, won a second MERC planning grant to give patients across the state access to SMPH clinical trials and to promote health systems research. In 2006, WiNHR will be developing pilot projects that will facilitate collaboration across the partnership sites.

The MERC also supported several strategic initiatives recommended by Farrell. "This funding allows the dean to respond rapidly to new issues that may not fall into predefined parameters set by the MERC," DeLuca says.

In 2005 the Partnership sponsored two conferences that fell into the strategic initiative category. One, called "Transformation of

MILESTONES

- Insurance commissioner's order approves the distribution of funds to the state's two medical schools
- Appointment of the OAC
- Development and approval of the five-year plan
- Appointment of the MERC
- Transfer of funds to the UW Foundation
- Distribution and allocation of OAC and MERC awards
- Writing of first annual report

Healthcare and the Role of the University," brought together academics, public and private industry leaders, policy makers and legislators for initial conversations on ways the resources of the university can be applied to problems in the state and national healthcare systems. In another conference, the Partnership linked to the Wisconsin Department of Health and Family Services to explore ways to improve healthcare data collection and reporting in the state.

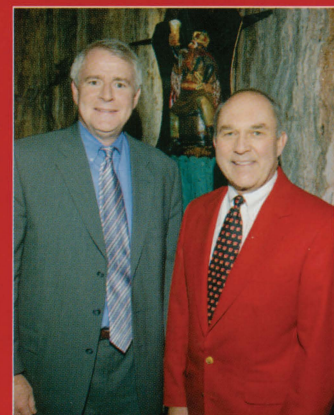
"Both of these conferences were very fruitful," DeLuca says. "They stimulated

—Continued on page 41.

Fun and Camaraderie

Featured At Milwaukee Winter Event

February 9



Clockwise from top right: Student leaders Nyama Sillah (Med I) and Luxme Hariharan (Med II) visited with Nyama's mother, Regina, and uncle Alex Tucker, '75. Barbara Horner-Ibler, '98, caught up with Tom Jackson, '67, and his wife, Carolyn, and mayor Tom Barrett. Barrett also posed with Dean Philip Farrell. Following dinner, Pat Remington, '81, talked about the school's transformation to a school of medicine and public health. Student leaders Emily Hill (Med III), Karin Witte (Med IV) and John Vasudevan (Med III) also enjoyed the festivities.

The annual winter gathering sponsored by the Wisconsin Medical Alumni Association (WMAA) was held February 9, 2006, at the Miller Brewing Company in Milwaukee, providing a setting custom-made for fun and camaraderie. The beer company, always closely associated with Milwaukee, recently celebrated its 150th anniversary.

"The location was great and the turnout was excellent," reports Karen Peterson, WMAA executive director. Approximately 70 people attended, including alumni representing an array of classes, such as Richard Sternlieb, MD, of the Class of 1953, and Barbara Horner-Ibler, MD, of the Class of 1998. About a dozen medical students drove over from Madison, and many Med IIIs and IVs who are currently doing clinical rotations in Milwaukee were also on hand for the festivities.

Peterson says that seeing so many students at the event told her that the WMAA is something they already see as valuable. "These are the same people we can expect to be leaders of the association after they graduate from medical school," she says.

Before dinner, a reception was held in the cobblestoned "Cave," where in years past beer was stored but that now houses a collection of historic brewing equipment. Guests sampled a variety of fresh brews along with hor d'oeuvres. Tours of the state-of-the-art brewery were also held before the social hour.

During dinner, Patrick Remington, MD '81, MPH, addressed the gathering, describing the school's gradual integration of public health into its mission and



Winter Event



Clockwise from top right: Herman Tuchman, '51, William Semler, '49, Richard Mueller and Nate Hilrich, '51, enjoyed the "Cave." Pat Remington chatted with Vivian Chen of the Milwaukee Health Department. Nick Frame (Med I), Steven Singh (Med II) and Frances Russell (Med I) visited with Paul Pienko, '01. Guests learned how the school's public health emphasis will help solve healthcare problems in the state.

recent name change to the UW School of Medicine and Public Health.

Remington, director of the UW Population Health Institute and one of the architects of the school's new Master in Public Health degree program, talked about how important the new direction will be in helping to solve the serious health and healthcare problems affecting the state and nation.

Dean Philip Farrell, MD, PhD, has made the transformation of the school a key objective of his decade-long deanship, which will soon come to an end when the school's new dean, Robert Golden, MD, takes over in July. Farrell has also made building relationships with alumni and students a top priority.

Milwaukee major Tom Barrett capped the evening. Speaking from his heart as well as his head, he expressed his deep

love for the city, noting that he still lives in the neighborhood in which he grew up. He described Milwaukee's desperate need for better healthcare services and more public health practitioners, a situation very familiar to most of the people in the room. He concluded by outlining his vision to create a local school of public health affiliated with UW-Milwaukee.

Class Notes compiled by Kathleen Freimuth

1955

Lawrence Field, inaugural international traveling chair for the International Society for Dermatologic Surgery (ISDS), recently received the President's Award for 2005 from ISDS, awarded in Atlanta, Georgia. He currently holds academic appointments at Stanford University Medical Center and the University of California, San Francisco. He is senior editorial advisor for *Dermatologic Surgery* and serves as the liaison between the ISDS and the Dubai International Healthcare Center, operated under the auspices of Harvard University Medical International.

1960

As clinical professor of medicine at the University of Rochester in New York, **Roger Cass** was named master clinician by the university. He recently authored the text *Rochester Clinical Practice*.

1965

Practicing diagnostic radiology in Fond du Lac, Wis., **Louis Fischer** has transitioned from full-time hospital-based to part-time office practice. He reports that he continues to enjoy radiology, but also enjoys the additional time spent with family and friends. He and his wife, Mary, have three children and three grandchildren.

Bruce Shirer practices general pathology (anatomic) at Quest Diagnostics, Inc., in La Jolla, Calif. "After 32 years in practice," he reports, "I still am in love with what I do, in spite of changes in medicine." His hobbies include travel, reading, opera and classical music, skiing

and church activities. He has two sons, three stepchildren and one grandson. He and his wife, Linda, enjoy their Christian faith, family and friends.

As a semi-retired plastic and reconstructive surgeon, **Joel Teplinsky** is medical director of the Wound Care Center in Encino, Calif., and is attending staff at UCLA Department of Plastic Surgery. He and his wife, Arleen, enjoy traveling and attending courses in history. The couple has one son.

An orthopedic surgeon, **Harvey Wichman** is a member of Milwaukee Orthopedic Specialists. As a past president of the Wisconsin Medical Alumni Association (WMAA), he enjoyed his involvement in the development of the Health Sciences Learning Center and continues to remain active in the WMAA. His favorite activities include skiing, fishing and his self-described, continual love-hate relationship with his golf clubs. He and his wife, Donna, have five children and seven grandchildren.

1971

Leslie Brody has been practicing pediatric neurology in solo private practice since 2000. He is taking bagpipe lessons at the Queen Mary in Long Beach, Calif., with the 42nd Highlanders Band. He reports that he "enjoys constructing G-scale bridges and trestles for my garden railway with many newly acquired woodworking tools." He also is an aviculturist, breeding parakeets, finches and cockatiels. He and his wife, Marilyn, live in Laguna Hills, Calif. They have three children and are looking forward to the birth of their first grandchild in August.

1973

John Raasoch is clinical director of Skyview Correctional Psychiatric Hospital in Tyler, Texas. He recently published a chapter in *Disaster Psychiatry: Intervening When Nightmares Come True*, a publication that captures the state of disaster psychiatry in the aftermath of terrorism. His chapter is titled "All They Can Do Is Kill Me: Psychiatry in the Gaza Strip."

1975

As a practitioner in Green Bay, Wis., **Kathleen Barkow** serves as chair of her clinic's pediatrics department. She is also co-chair of the Wisconsin Chapter of the American Academy of Pediatrics Injuries Committee. Her activities include spending summer vacations at the family's lake cottage near Eagle River, Wis. She and her husband, Jeff, have three children and two grandchildren.

Cary Sternick is semi-retired from his practice in neurology and fully retired from his law practice. He lives in The Woodlands, Texas, and has three children: Aaron, Alyssa and Lauren.

1976

Richard Heuser, clinical professor of medicine at the University of Arizona and director of cardiology at St. Luke's Hospital in Phoenix, has recently written *Peripheral Vascular Stenting* (2nd ed.), published by Taylor & Francis in London. The *American Journal of Cardiology* has listed the text as one of the more notable books on cardiology in 2005. Well published in the field of interventional cardiology, he has contributed to over three dozen textbooks and has currently

written four texts in this medical specialty.

1979

Mark Schroeder, associate professor of anesthesiology at UW SMPH, co-authored the book *Ralph M. Waters: Mentor to a Profession*, with Lucien Morris, PG, and Mary Ellen Warner. The book won the David Little Prize, given by the Anesthesia History Association for the best English language anesthesia publication each year. In 1927, Waters established the world's first academic center for anesthesiology at UW-Madison.

1980

Patty Kulpa of Gig Harbor, Wash., graduated in June of 2005 with an MBA from the University of Washington. With medical interest in women's health issues, she founded the Women's Premier Health Center, which focuses on an integrated approach to women's health. She stays active in outdoor sports—cycling, hiking, weight resistance and running. She has two children: Jamie and Jake.

Steven Merkow has practiced for 19 years with Orthopedic Associates of Wisconsin. His wife, Ann, member of the Class of '79, practices internal medicine and is the medical director of Quad/Med in West Allis. The couple has four children: Max, David, Alana and Gabriel.

Lori Neumann is a family practitioner in Darlington, Wis. She fondly recalls the recent opportunity to deliver a baby for a woman whom she delivered. She and her husband, Jim Sinclair, and children Michael and Leah do a lot of backpacking, llama-

packing, hiking and biking. The couple owns 100 acres of woodland, which they make accessible for Girl Scout and Boy Scout activities.

Bruce Campbell Wilson maintains a practice in consultative cardiology in Whitefish Bay, Wis. He travels extensively, teaching seminars and giving lectures on the physiology of stress and how to break it using a new method called "HeartMath." He has worked with the Institute of HeartMath for eight years and has helped to develop their heart care division. Currently, he is working on a book about hypertension. He and his wife, Barbara Wilson, MD, have three children.

1981

For the past 21 years, **Thomas Church** and his wife, Kathy, have lived in Lima, Ohio, where he has developed an interventional radiology practice. The couple has five children, two of whom are adopted children with special needs. Recently, he went on a medical mission to Nicaragua with one of his older daughters, a physician assistant.

Robert De Mott has completed 19 years in obstetric-gynecology practice in Green Bay, Wis. He enjoys teaching obstetrics to family practice residents and has written clinical research, co-authored with Herb Sandmire, Class of '53, on Cesarean deliveries, labor management, shoulder dystocia and brachial plexus deficits. He and his wife, Susan, have three children: Jennifer, Sarah and David.

After practicing family medicine for 12 years in the Black Hills of South Dakota, **Barbara Fetters** accepted a position with the Veterans Administration (VA) in Hot Springs, S.D. She is clinical director of the VA's compensation and pension program. She reports that her extra time is

spent in endurance athletics—she runs marathons and enters Ironman triathlons. She and her husband, Patrick Russell, have two children—Molly, a sophomore at Colorado University in Boulder, and Wayne, a high school senior.

Juanita Jax Halls is a professor of medicine at UW School of Medicine and Public Health (SMPH). She has practiced internal medicine and taught at the SMPH since she completed her residency. Over the years, she has accepted roles as associate program director for the residency program and as clinical service chief for the Section of General Internal Medicine at UW Hospital and Clinics. She and her husband, Doug, enjoy waterskiing, snow skiing and biking. The couple's daughter, Andrea, recently graduated from UW-Madison, while their son, Ben, is an engineering student at UW-Platteville.

After 23 years of service in the U.S. Navy, **Captain Steven Nichols** retired in 2001. His medical roles included flight surgeon aboard a nuclear-powered aircraft carrier, department head of family medicine at several clinics and hospitals and medical director at two major naval hospitals. He and his wife, Judy, currently live on 25 acres just outside of Waco, Texas. He practices family medicine. In his spare time, he rides horses and goes to rodeos and cattle sales. The couple has three children and one grandchild.

Retired from medical practice, **Gail Wellenstein** is in her fourth year of teaching biology and human anatomy at a private high school in Everett, Wash. Her husband, Nicholas de Chadenedes, continues in the pediatric practice they both started in 1986. Her hobbies are skiing, gardening and hiking. The couple has two children: Mark and Brett.

1989

Practicing interventional cardiology at the Duluth Clinic in Minnesota for the last seven years, **Albert Deibele III** assumed the role of director of the cardiac catheterization laboratory. He was also named chief of acute care medical services at the clinic. He enjoys tennis, downhill skiing and road bicycling. With his passion for bicycling, he has gone to the Tour de France for the last two years, and last summer, he climbed Mount Ventoux by bicycle. He and his wife, Wendy, recently bought property in Hayward, Wis., and look forward to returning to the Badger State in the future. The couple has two children: Daria and Joey.

1992

Rodric Bell of Belmont Shore, Calif., has served as medical director of HealthSouth Tustin Rehabilitation Hospital since 1998. He was recently recertified in physical medicine and rehabilitation and, in 2005, added a second board certification in pain medicine. He also completed training in medical acupuncture in 2005. He and his wife, Christie, have a two-year-old daughter named Sarah.

1995

Living in Berkeley, Calif., with his wife, Rebecca Husband, and their son, Owen Orion, **Thomas Meyer** is associate medical director of a community mental health clinic serving a low-income Latino population in Oakland. He also volunteers at a camp for children with HIV. His hobbies are hiking, camping and ecological restoration.

Matthew Viernes practices at North County Gastroenterology Medical Group and is chief of the Division of Gastroenterology at Tri-City

Medical Center, both located in Oceanside, Calif. He is a member of the San Diego County Medical Society and the San Diego Gastroenterology Society. His hobbies are photography, model trains, bicycling and watching the San Diego Padres baseball team. He and his wife, Kim Sapida Viernes, live in Encinitas with their children, Max and Emma.

1998

Recently completing his first season as a team physician for the St. Louis Rams, **Mark Halstead** is also part of the medical staff supporting the St. Louis Cardinals. In addition, he was associate medical director for the 2006 State Farm U.S. Figure Skating Championships. He works as a primary care sports medicine specialist with focus on the school-aged athlete. He and his wife, Nicole, have two children: Owen and Ryne.

Richard Kacher is a full partner at Affiliated Community Medical Centers in Minnesota. He was recently appointed chair of anesthesia at Rice Memorial Hospital in Willmar, Minn., and also medical director of the Willmar Surgery Center.

1999

Gus Park was recently elected to the position of assistant chief of anesthesiology for the Children's Hospital of Austin, Texas. He is employed by the Capitol Anesthesiology Association in Austin.

2000

Eric White, a colleague of Gus Park, was elected to the position of assistant chief of anesthesiology for Brackenridge Hospital in Austin, Texas. He also is employed by the Capitol Anesthesiology Association in Austin.

Post-Graduate

Beth Handwerger has opened her own ophthalmology medical practice in Wayne, Penn., where she lives with her husband, Michael, and their “furry son”—as she describes him—Oliver, the cat. She is a board-certified ophthalmologist specializing in corneal and cataract surgery.

In Memoriam

James H. Cooper '45
December 27, 2005
Riverside, California

Eleanor J. Filmer '56
March 28, 2004
West Lafayette, Indiana

Francis Forster
(emeritus faculty)
February 23, 2006
Cincinnati, Ohio

Gerald Porter '58
June 2005
Marshfield, Wisconsin

Jean Sanderson '49
December 21, 2006
Madison, Wisconsin

Norman Schulz '50
Beaver Dam, Wisconsin

James Skatrud '72
February 26, 2006
Madison, Wisconsin

Aaron Sweed '43
October 30, 2005
Waukesha, Wisconsin

Letter to the Editor

When I received the winter 2006 *Quarterly* and read that my school had changed its name, I was a bit dismayed because I thought public health might water down the school's medical mission. But as I thought about my family and what it did, I softened.

My great-grandfather in Sweden was trained in medicine, but because he was a commoner, he could only practice by joining

the navy and becoming a medical man aboard ship.

I went into internal medicine because it had to do with the entire person, and because I was interested in prevention (hence my work with MedicAlert). My oldest son, Bruce, took the subspecialty of geriatrics to follow the natural history of illness. And my youngest son, Keith, put it all together by getting an MPH and an MD. He was a

great man and knew what was coming.

Now Dean Farrell put it all together, and Wisconsin—plus a handful of other medical schools—lead the way. Congratulations!

Everett Johnson
Class of 1949
Turlock, California

WISCONSIN PARTNERSHIP PROGRAM *continued from page 35*

partnerships with the state and private industry that can produce significant changes in health policy and healthcare delivery.”

Educational programs funded by the MERC also are evolving in a positive way. In an effort to incorporate public health training into the medical student curriculum, leaders in the school's academic affairs division are making ongoing enhancements to existing courses, developing new courses and expanding the teaching of cultural competence. And the new Master in Public Health (MPH) degree program is nearing the completion of its first year.

“Without WPP awards, our new Innovations in Medical Education and MPH programs would not be possible,” says Susan Skochelak, MD, MPH, the school's senior associate dean for academic affairs. “The structure and resources put in place by these programs form the foundation for significant changes in the education and training of

physicians, and will enable them to focus on prevention, risk reduction and other important skills to improve the health of their patients.”

Smith expects that the MERC and OAC will continue to refine and focus their activities, resulting in their developing more collaborative efforts to improve the health of the public.

“Now that the Partnership is really up and running, we want to assess not only the impact of individual projects but also our progress in terms of the overall purpose and objectives set forth in our first five-year plan,” she says.

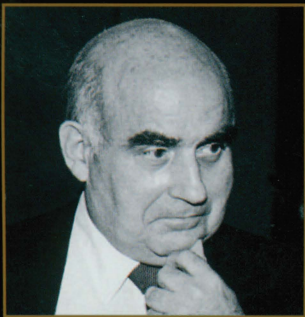
The potential of the WPP to make a difference in the health status of the people of Wisconsin is unparalleled, Smith adds.

“The OAC and MERC have set the direction,” she says. “There will be adjustments as we learn more, but our dedication, focus and resources should move us, albeit gradually, toward reaching our vision of making Wisconsin the healthiest state.”



Karen Peterson became the third executive director of the WMAA in 2000, succeeding James Griffith and Ralph Hawley.

The WMAA's Fifth Decade: 1996-2006



To commemorate this year's 50th anniversary of the Wisconsin Medical Alumni Association (WMAA), former WMAA executive director Ralph Hawley has written a decade-by-decade history of the association. Following is his account of the fifth decade.

It is ever thus: As the fifth decade of the existence of the Wisconsin Medical Alumni Association (WMAA) approaches its close, those graybeards who were present at the birthing say, "How did fifty years speed by so fast," while the young say, "History is fine, but please don't bore us with minutiae." Brevity, thy name had better be Hawley!

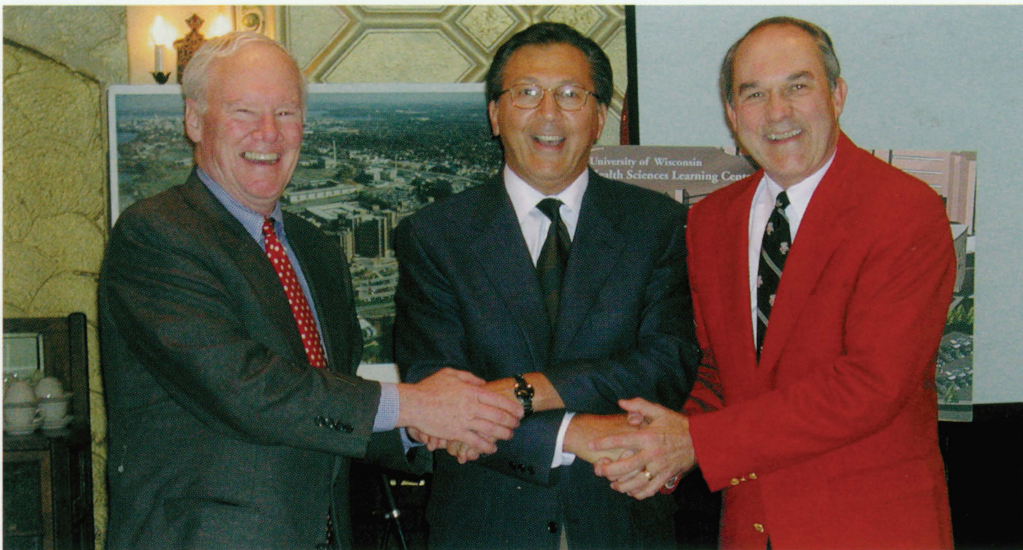
In May 1956, when the assembled Alumni Day celebrants approved the formation of a medical alumni association, only the small body of alumni in attendance had a feeling of optimism and goodwill.

From some quarters of the university establishment, we heard comments like: "Such splinter groups as yours never last. We've seen many others begin with high hopes but soon falter, wither and disappear."

Folks, the WMAA is here to stay! And it is not larger than life—it was not founded by giants. Instead, it is made up of scores of dedicated men and women—diverse alumni who extended efforts to make it thrive. Today the WMAA is larger, stronger, more diverse and more capable of bringing major objectives to fruition than was ever envisioned at its birth.

“All this was a long time ago,
I remember, and I would do it again...”

—T.S. Eliot



Handshakes capped the affiliation agreement signed by (from left) Andrew Wilcox of UW Foundation, Harvey Wichman, '65, who was WMAA president at the time, and Philip Farrell, dean of the school.

The WMAA has advanced far beyond being only a cheering section or just a source of funds. A mature alumni association such as this can—and will—be a major player in the expanding development of the school.

Alumni involvement in the school began with service as preceptors throughout the state and grew into appointments as clinical faculty and hosts to students visiting potential residencies. Alumni blossomed into counselors for students

evaluating which specialty to pursue, as role models and members of medical school committees, including the Admissions Committee, search committees, strategic planning committees and potentially many others—limited only by the will and creativity of the leadership of the school and the association. Such areas of cooperation and involvement are potentially very fruitful, so long as they are accomplished with faculty support and

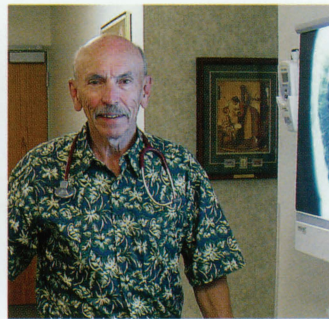
without usurping faculty authority.

The fifth decade of the WMAA has been no less eventful and productive than those that preceded it. The first president to serve a two-year term was in office as the decade began: David L. Riese, '68, who served from 1996 to 1998.

The customary activities of class reunions, Alumni Day pageantry, the Middleton Society receptions and many other events continued in this decade, but many significant happenings also occurred.

Affiliation agreements were executed between the WMAA and the school and between the association and the UW Foundation. An agreement was also negotiated with the UW Bookstore to take over the sale of alumni association merchandise.

The nature of the *Quarterly* was also changed, with the school and the WMAA sharing financial



Louis Bernhardt, '63 (left), participated in Operation Education. Originally, alumni involvement in the school began with preceptors, such as Joe Koeller, '51, who won the Max Fox Award in 1996.

Today the WMAA is larger, stronger, more diverse and more capable of bringing major objectives to fruition than was ever envisioned at its birth.



A closer relationship has developed with the Wisconsin Medical Society, thanks in part to the efforts of Sandra Osborn, '70, who was a former president of the society as well as a mentor to the Class of '06.

and editorial responsibility, and a discrete section of the magazine reserved for alumni columns, news and features.

A strategic planning committee produced a detailed plan to guide the association's program development. And a series of luncheon meetings was initiated to discuss with students what could be done to address the growing campuswide problem of drinking.

In 2001 the board approved a policy giving priority to raising funds for medical student scholarships because a steady diet of tuition increases resulted in the school having the fourth

highest tuition of all public medical schools—higher than many private schools.

The Sigurd Sivertson Medical Education Award was established honoring '47 alumnus Sivertson, who had served as a preceptor before joining the faculty to direct the Preceptorship Program and to function as a Department of Medicine faculty member.

A major advance occurred with the opening of the Health Sciences Learning Center, which houses the WMAA and the school's administrative and educational offices. The WMAA staff now is much

more accessible to students and others.

In 2000, Karen Peterson became the WMAA's third executive director, succeeding James Griffith. A native of the province of Iowa, Karen is a graduate of the University of



The Medical Education Award was named to honor Sigurd Sivertson, '47.



Dean Philip Farrell and his wife, Alice (right), have been tireless participants in medical alumni activities the entire decade.

Iowa with a major in finance. Before joining the WMAA, she was employed by the UW School of Nursing for 18 years. The final 12 years were spent directing the school's external relations program.

When Karen applied for the WMAA position, a member of the search committee said she "blew away the competition," a

strong group of applicants. Since assuming the executive director's role, Karen retains great enthusiasm for the job. She says it is still a joy to come to work every day. In addition to her WMAA responsibilities, Karen is also the school's assistant dean for external relations.

She has found Dean Philip Farrell and his wife, Alice, to

be enthusiastic and tireless participants in medical alumni activities. She is also grateful to the WMAA presidents and board members for their dedication, their vision to improve the association and their willingness to make major commitments to attend alumni social functions and time-consuming business meetings.

Karen believes that the major focus of the WMAA should continue to be medical students and their welfare—making students' experiences at the school more pleasant and rewarding. In addition, major efforts must be directed toward providing student financial aid.

Karen is pleased that closer relations have been developed with the Wisconsin Medical Society Foundation, particularly in carrying out

The posture of the WMAA has been unvarying throughout its history. First and foremost, its mission is to support the school.



The first WMAA president to serve a two-year term, David Riesé, '68 (center), was in office as the fifth decade began. At a recent Alumni Weekend celebration, he was joined by other fifth-decade presidents (from left): William Nietert, '78, Christopher Larson, '75, Harvey Wichman, '65, and Robert Jaeger, '71.

The superb space in the Health Sciences Learning Center, which houses the WMAA as well as school administration and educational programs, has made WMAA staff much more accessible.



Events such as the White Coat Ceremony, which is co-sponsored annually by the WMAA and Wisconsin Medical Society, are now held in the spacious atrium of the Health Sciences Learning Center.

the White Coat Ceremony and “Operation Education,” the physician fair held for the first time last fall in which physicians representing an array of specialties discussed career options with students. Her major goals are to increase alumni participation and broaden student involvement while expanding relevant WMAA programs.

Karen looks forward to the arrival of the new dean, Dr. Robert Golden, and the development of a new strategic plan with his participation. There is always uncertainty with a changing of the guard, some of which has been avoided by Dean Farrell’s willingness to serve until his successor is in place. From my own experiences, I know that not having to deal with a short-term acting dean is a blessing.

The WMAA’s posture has been unvarying throughout its history. First and foremost, its mission is to support the school. The past decade has been an era of goodwill and trust. However, this may not always be the case in the future.

The association must maintain its independence while always continuing to support the basic missions of the school. Its ability to communicate to the alumni body without “fear or favor,” to “call ’em as they see ’em” without compromise, is essential. At times, it may be necessary to assume the role of “loyal opposition” if the alumni leadership is convinced that the school is heading in the wrong direction. In communication with the alumni body, there is no place for censorship or control of

editorial policy by the school administration.

Regarding this five-part retrospective I have written about the WMAA’s first 50 years, I have appreciated the opportunity to relive some happy moments and to recall memories of many warm friends who contributed so mightily to the growth and maturation of the association.

I regret that I did not have occasion to work with the many dedicated presidents of recent years, such as David Riese, ’68, who served from 1996 to 1998; Robert Jaeger, ’71, from 1998 to 2000; Harvey Wichman, ’65, 2000 to 2002; Christopher Larson, ’75, 2002 to 2004; and William Nietert, ’78, 2004 to 2006.

Continuing an Excellent Relationship



*Christopher Larson, MD '75
Editorial Board Chair*

As we welcome our new dean, Dr. Robert Golden, we recognize that we owe much to our dean of the past decade, Dr. Philip Farrell.

During Dr. Farrell's term, we have seen the reshaping of our organization and alumni to truly become partners of the UW School of Medicine and Public Health. We are grateful for Dr. Farrell's guidance as our association evolved into a responsive arm of the medical school. His influence as our dean—as a visionary and a leader—has touched many of us personally. We have learned much from Dr. Farrell and have seen the results of his philosophy of inclusiveness.

With the changing of the guard in the dean's office this summer, some alumni have asked me to develop a "wish list" for our association. My goal, of course, is to continue building upon the excellent relationship we enjoy with the medical school when our new dean arrives in July. With these thoughts in mind, I spoke with Dr. Golden about how we intend to welcome him and secure his support as a strong partner of the Wisconsin Medical Alumni Association (WMAA), which is truly flourishing.

The WMAA has changed from a solely independent organization with the primary purpose of communicating with graduates and keeping members "connected" to an organization with a strong mission and greater influence in all aspects of training and teaching at our school. We are led by a dynamic president in Dr. Bill Nietert, an active board of directors and our executive director, Karen Peterson, who was promoted to assistant dean at the school, a title that better conveys the important responsibilities she carries.

Much of our progress as an organization is the result of efforts that sprang from our Long Range Planning Committee and its five-year plan, which occurred at the midpoint of Dr. Farrell's

deanship. This framed the future for the WMAA. The result was finalized in 2000 and became the "Affiliation Agreement," which forever links the missions of the school, the alumni association and the UW Foundation. These organizations now meet regularly to address pressing issues, and to plan for our future and that of our newly renamed school.

Alumni support is strong and visible. For example, generous alumni donations made possible the Alumni Lecture Hall in the Health Sciences Learning Center. We are now beyond groundbreaking and in the midst of building the Interdisciplinary Research Complex and the American Family Children's Hospital, and our efforts also focus upon moving the gross anatomy labs to the West Campus. Add to this our support of the medical school's statewide outreach efforts.

The Wisconsin Idea—the guiding principle at the university that states that responsible use of campus resources will benefit others around the state—once again underscores the responsibility we assume, and the efforts of many. We all have a stake in how the dollars made available through the Blue Cross and Blue Shield United of Wisconsin gift are

spent. With the school's new emphasis on public health, we now serve even more clearly as a statewide institution.

Dr. Golden told me that he believes in the importance of public medical schools and their mission of service to the state. He wants to reach out to alumni who are committed to their communities, and he supports rural medicine initiatives.

Dr. Golden comes from an organization in which the alumni of the school are key constituents and active partners. He refers to alumni as "shareholders" who benefit from the prestige and outreach of the medical school. In his mind, active alumni will continue to be part of the process of advising the dean's office and helping with oversight and management. Dr. Golden promises to build upon Dr. Farrell's legacy and to continue to look to the WMAA as a partner that provides leadership for the school and helps to shape its future.

Calendar of Events

MAY 2006

May 4-6

ALUMNI WEEKEND

Class reunions for classes of:
1946, 1951, 1956, 1966 and 1971

Thursday, May 4

5-6:30 p.m.
Dean's Reception

Friday, May 5

10-11:30 a.m.
WMAA committee meetings
2-4 p.m.
WMAA Board of Directors spring meeting
6:00 p.m.
Awards Banquet

Friday, May 12

GRADUATION

10 a.m. Recognition Ceremony
Memorial Union Theater

JUNE 2006

June 9-19

MEDICAL SCHOOL/WMAA ANNIVERSARY CRUISE ON THE RHINE RIVER

SEPTEMBER 2006

Sunday, September 17

WHITE COAT CEREMONY

1 p.m. HSLC

OCTOBER 2006

October 13-14

HOMECOMING WEEKEND

UW vs. Minnesota football game

We Want to Hear From You

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

Name _____ Year _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address _____

Recent Activities _____

Have you moved?

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

Rather connect by computer?

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

■ Observations



PHOTO: Michael Forster Rothbart/UW-Madison University Communications

At the first signs of green grass and budding trees on Bascom Hill, students who had been closed in and dressed warmly for the long winter stretched out, relaxed and enjoyed springtime in Madison. Michael Forster Rothbart took the shot several years ago.

Wisconsin Medical Alumni Association
Health Sciences Learning Center
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Madison, WI 53705

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