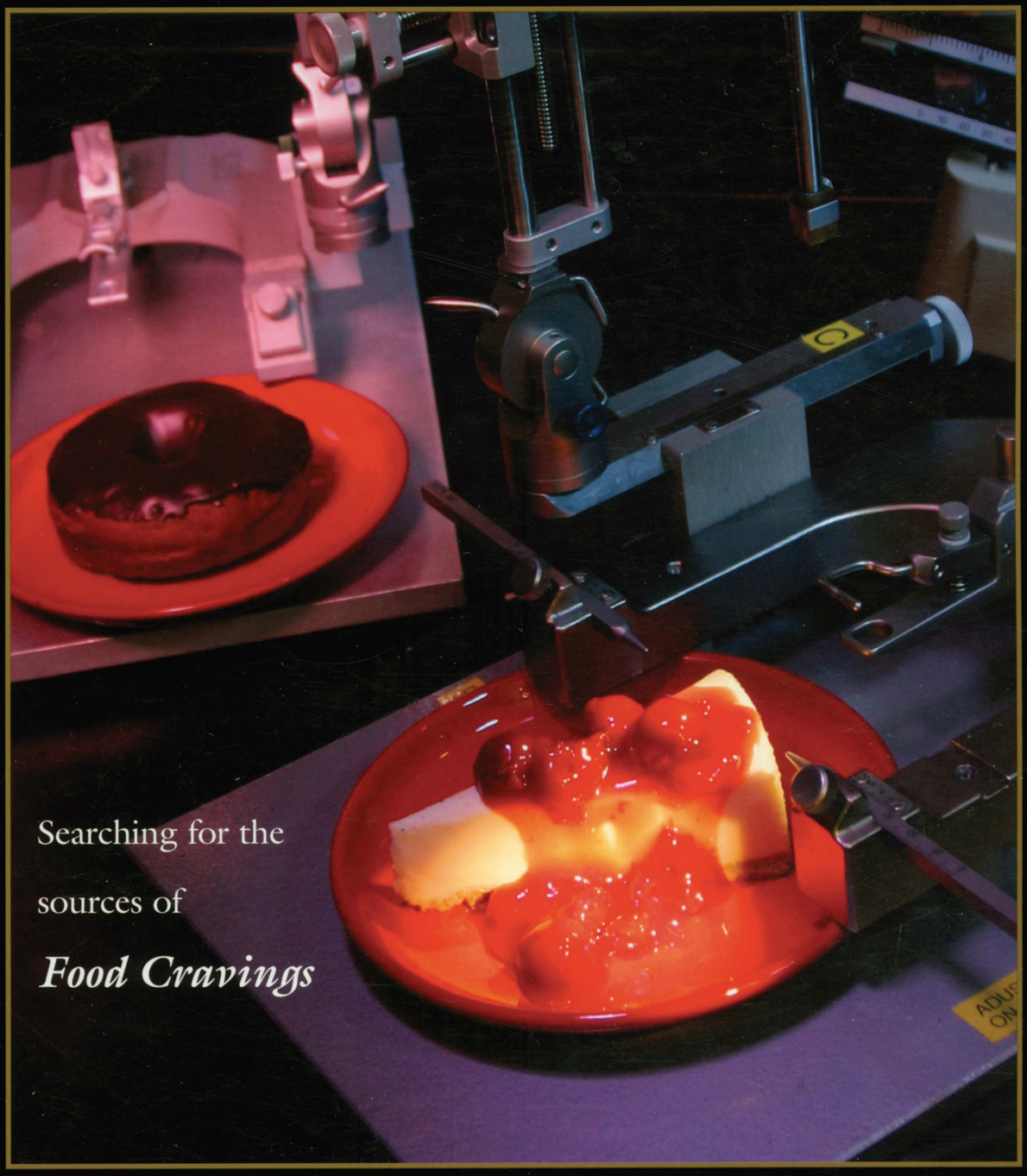
The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY



Searching for the sources of *Food Cravings*

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QUARTERLY
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Alumni and Friends

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Dean's Message

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

During the past six months, we have been working through an extensive strategic planning process involving input from nearly 100 University of Wisconsin Medical School faculty, staff and students. This exercise, to be completed soon, will result in a plan that will serve as our operational guide for the next three years. You will read about the details in a future *Quarterly,* but for now I can tell you that, in terms of the school's overall goals and values, diversity will continue to be a central theme.

Diversity is critical because from it we derive unique strength. Diversity brings new perspectives—thinking that challenges conventional wisdom and yields novel ideas. And exposure to diversity encourages cooperation, which leads to the integration of ideas—a process essential to the interdisciplinary, translational research that is so productive in helping solve today's medical problems. I believe that the greatest medical schools of the 21st century will continue to embrace diversity and capitalize on its value in care, teaching and research.

In this issue of the magazine, you will learn about a new comprehensive center of excellence at the Medical School's Center for the Study of Cultural Diversity in Healthcare that illustrates the value of diversity. Under the leadership of center director Gloria Johnson-Powell, MD, the program has the potential to greatly improve the health of inner city minority women and their children—and to significantly increase awareness about the serious but often unrecognized problems they face. The new program also will help ensure that we are culturally competent in research, education and patient care. Supported by an approximately $4 million grant from the National Center for Minority Health and Health Disparties at the National Institutes of Health, the grant validates the work of Dr. Johnson-Powell, whom we recruited three years ago.

Our cover story for this issue features the timely research of UW Medical School professor Ann Kelley, PhD, who seeks to understand the brain sources of cravings for the foods we all love so much. Kelley also heads the university's Neuroscience Training Program, which recently was recognized by the National Institute of General Medical Sciences as being among the best in the country for recruiting and retaining under-represented minority students.

Many other UW Medical School women are featured in this *Quarterly,* including clinician-educators Lucille Marchand, MD, and Cynthia Haq, MD, clinician-public health expert Susan Goelzer, MD '81, and medical historian Judith Leavitt, PhD. These women clearly are leaders in their fields, and they are important role models for the increasing number of women comprising our student body. Several years ago our ratio of female-to-male students reached 50-50, and this has been steadily rising, with the new Class of 2007 being 55 percent women. This national trend clearly is bringing a welcome change to the field of medicine.

My vision for UW Medical School a decade from now is that women will fill half of the top leadership positions—as department chairs, associate deans and center and institute directors. This is a top-priority goal that we will achieve by increasing the proportion of women on our faculty, striving for greater flexibility and providing more support for career progression and leadership development.

Our second major goal is to achieve much greater diversity in the composition of our faculty, with more minorities in both basic science and clinical science departments. The best way to promote this change is by developing new and innovative recruiting and retention programs. Dr. Johnson-Powell is devoting heroic efforts to this goal. Focusing on making sure our minority medical students, who average around 15 percent of the student body, remain with us as residents, and then as faculty members, is another important strategy.

It will be a challenge to meet these two goals. But if we do, we will be all the richer for it. And that can only translate to being a more successful medical school.

■ Executive Director's Message

Karen S. Peterson
WMAA Executive Director

Greetings, medical alumni! Once again, the Wisconsin Medical Alumni Association (WMAA) is experiencing a productive, successful year. The fall was filled with many activities, including the Dean's Cup, the White Coat Ceremony, the Alpha Omega Alpha banquet and Homecoming. I hope that you enjoy reading about these events in this *Quarterly*.

The new Medical School Class of 2007 is fortunate to have energetic and enthusiastic leaders working with the WMAA. The organization's future depends on the relationships we build with students now. We continue to make great strides in connecting with our students. I look forward to achieving additional goals in some of the following areas.

Outreach

Events Around the State

One of our goals is to reach out to more alumni across Wisconsin and the nation. Because 40 percent of our 10,000 alumni live in the Badger state, we will begin by hosting events in Wisconsin communities where the largest number of alumni reside. These events will provide area alumni an opportunity to socialize, become better acquainted with the WMAA and learn more about the state of UW Medical School. I hope you can attend the event in your community. We were in Wausau on January 15 and will be in Green Bay on February 25.

Annual Winter Event

The WMAA's annual winter event will take place in Milwaukee on February 26th. This CME opportunity will feature Dean Philip Farrell, MD, PhD, and Patrick Remington, MD '81, MPH. For more details, see page 45.

Student Initiatives

Alumni Host Program

The WMAA Alumni Host Program provides an invaluable service to fourth-year medical students who are interviewing for residencies away from Madison. Hosts can provide overnight accommodations, meals and transportation. They also can offer insights into local and regional medical communities with which students may not be familiar. Nearly 400 alumni across the nation have volunteered to serve in this capacity. Thanks to the WMAA's efforts to promote this program, it has been very helpful for many.

Student/Alumni Partnership Program

Many students have come to the WMAA inquiring about alumni in the area who are working in specific specialties. Students express interest in "shadowing" alums or simply talking with them about their areas of expertise. The WMAA plans to collaborate with the Dane County Medical Society to administer this program. Dane County alumni soon will be asked to consider volunteering to serve in this capacity. We hope you will consider it.

Class Representatives and 2004 Class Reunions

Class representatives are an invaluable resource to the WMAA. "Reps" work to meet the goals of the WMAA strategic plan, encourage classmates to participate in events, forward class news and recommend classmates for awards. Please stay in touch with your class representative!

Spring Reunions

Class representatives for the classes of '44, '49, '54, '59, '64, '69 and '79 are busy working with the WMAA staff to plan their class reunions. These reunions will be held in conjunction with Alumni Weekend, May 6-8, 2004. Classmates will soon receive details about the reunion. Some of your class representatives are profiled on pages 44-45.

Fall Reunions

The WMAA will host fall reunions for the classes of '74, '84, '89, '94 and '99. The reunions are scheduled for Homecoming Weekend, October 22-23, 2004. Representatives from these classes will soon be mailing preliminary information to classmates.

As always, feel free to contact me at any time with your ideas, issues or concerns. You can reach me at kspeters@facstaff.wisc.edu, (608) 263-4913 or write to Karen S. Peterson, Executive Director, Wisconsin Medical Alumni Association, 4252 Medical Sciences Center, 1300 University Avenue, Madison, WI 53706-1532.

Searching for the sources of *Food Cravings*

Ann Kelley, PhD

"The food intake system is so complicated. There are so many interacting molecules—from the opioid families and different receptors to hormones like leptin and insulin."

by Lisa Brunette

Images of people devouring french fries fill the TV screen while the announcer intones, "New studies are finding fast-food junkies might be physically addicted to high-fat foods." That's how Fox News host John Gibson introduced the work of Ann Kelley, PhD, University of Wisconsin Medical School professor of psychiatry, on "The Big Story" late last July. Kelley's work on the neurobiology underlying the consumption of certain foods had already attracted the attention of the BBC, which included her views in a popular program on challenges to McDonald's Corporation and its foods. Not long afterward, Kelley's phone started ringing with requests from reporters to confirm that, as some put it, "hamburgers are as addictive as heroin."

Kelley had not, of course, made that claim. In a number of studies in rats, however, she has found that, like certain drugs, some foods activate particular reward pathways in the brain. The pathways carry opioids, brain chemicals similar to drugs derived from opium that are highly effective in reducing pain. Naturally occurring opioids include endorphins, enkephalins and dynorphins. Foods high in fat, sugar and salt chemically prompt the brain to release certain neurotransmitters—primarily opioids and dopamine—that, in turn, prompt more eating and more desire. And the result, in rats and quite probably in humans, is the consumption of high-calorie foods far out of proportion to energy needs.

"There's something about fat," Kelley says. "Rats who normally eat six or seven grams of lard will eat up to four times that amount if they're injected with morphine or naturally occuring enkephalins in certain parts of the brain. It's a binge. A lot of our research is aimed at why that is so. What is it about sweet, rich foods that we find so hard to resist?"

The impact of basic animal studies like Kelley's goes well beyond divining just why French silk pie beckons in a way that broccoli doesn't. Drugs of abuse are known to act on many of the same neural pathways underlying food intake. Consequently, studying "ingestive" behavior in general may illuminate two of the greatest threats to public health in the developed world: drug addiction and obesity. According to a recent study in the *Archives of Internal Medicine,* the proportion of Americans who are severely obese has quadrupled since 1986. And annual U.S. deaths attributable to nicotine and alcohol dependence are estimated at 450,000.

■ ■ ■

Kelley has been interested in the role of the brain since she attended a science enrichment course at age 16. She designed her own undergraduate major—combining physiology and psychology—at the University of Pennsylvania. After receiving her doctorate in experimental psychology from Cambridge University, she completed a post-doctoral fellowship at Harvard University. Kelley joined the UW Medical School faculty full-time in 1993.

Serendipity prompted her work on the role of the brain in food intake.

"This was not hypothesis driven," she recalls. "Food intake wasn't a focus of mine until 1990, and that direction came from the astute observation of a graduate student. We were studying the effects of opiate stimulation on repetitive movements, and she noticed that the animals acted in a surprising way after they got the morphine injections. The injections were supposed to affect the rats' motor behavior, but they made the animals feed voraciously."

Other scientists also had been working on the relationship between feeding behavior and brain activity. As early as 1963, some researchers reported that rats gorged themselves on food after receiving injections of morphine into the brain. The discovery in the 1970s of naturally occurring opioids in the brain helped explain that observation, particularly when opioids were found to be concentrated in regions involved in emotional regulation, responses to pain and stress, and food intake. Opioids also have several types of receptors that differ in their effect on feeding.

The brain's reward systems are complex and interrelated, but research has clearly established that the dopamine system is at the heart of many addictive behaviors. This system originates in the ventral tegmental area deep in the mid-brain, and connects to other key structures, including the nucleus accumbens, amygdala, prefrontal cortex and hippocampus. While dopamine is a common denominator in many substance abuse problems, some drugs also involve other neurochemicals and brain regions.

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Much of the work in Kelley's laboratory examines the activity of psychoactive drugs on the brains of rats. She focuses primarily on the nucleus accumbens and the ventral striatum, an important center for integrating sensory, affective and motor signals. After corroborating earlier studies that confirmed the impact of opioid infusions on rats' feeding behavior, Kelley's group found that the amount of increased feeding varied with the region receiving the injection and with the type of receptor involved. One type of receptor—called mu—proved

"What is it about sweet, rich foods that we find so hard to resist?"

Foods high in fat, sugar and salt chemically prompt the brain to release certain neuro-transmitters that in turn prompt more eating and more desire.

very potent in enhancing food intake, while the other two were far less so. Multiple morphine injections seemed to condition the rats to eat even more. By contrast, infusing opioid antagonists—which block the effects of opioids—into the nucleus accumbens reduced food intake.

"If you block a particular receptor, you can block the intake of fat and carbohydrate," Kelley summarizes. "This further confirmed that the opioids play a powerful role in regulating food intake."

These early findings opened up a new approach to analyzing eating behavior. Most previous work had focused on the hypothalamus, which has a key role in regulating the body's energy balance. But with the discovery of opioids in several brain regions, the picture of food-intake regulation quickly became far more complicated.

But precisely how do opioids affect food intake? Many researchers theorize that they prompt consumption by enhancing palatability or "food pleasure." Kelley's team ran a series of studies in the late 1990s and demonstrated that certain opioids in the nucleus accumbens help shape preferences for foods rich in fat. Working with rats that were not deprived of food, she injected various types of opioids into the nucleus accumbens and measured the animals' subsequent intake of sucrose solution. The opioids previously shown to have the most impact on feeding—those using the mu receptor—prompted the highest consumption of sucrose solution, but had no effect on the rats' intake of water.

In the following set of studies, Kelley's team again injected opioids and measured the rats' fat and carbohydrate intake. When the rats had access to only one type of food at a time, their fat intake soared by almost 400 percent after the opioid injections. Those given access to carbohydrates alone also ate more, but the increase was only about 75 percent. When the rats could choose from a high-fat or high-carbohydrate diet, they chose the fat; carbohydrate intake remained level. All of these effects were observed in rats that were not deprived of food.

The inescapable conclusion is that opioids are selective in the way they affect food intake, and they are particularly good at promoting animals to seek out fat. Later, the researchers made another somewhat ominous finding for dieters: long-term intake of sweet, rich food induces a long-term change in gene expression within the striatum. The brain itself changes with high consumption of palatable food. "Remarkably, these changes are very similar to those observed with morphine and alcohol," she says.

■ ■ ■

In the mid-1980s, researchers began reporting intriguing parallels between addiction to alcohol and other drugs and such "addictive" behaviors as the binge eating that typifies bulimia. Clinicians observed that, like drug users, some binge eaters were compelled to continue ingesting food despite the negative consequences.

Early research had focused on release of dopamine in the brain's reward system when certain drugs, such as cocaine, are ingested. But when endogenous opioids were found in the brain, neuroscientists began to see that they too prompt cravings and compulsive drug-seeking behavior. Kelley notes that both drug addiction and uncontrolled eating are disorders stemming from "disregulated motivation," which primes the brain to follow a vicious circle of ingestion, pleasure, deprivation and craving—relieved only by more ingestion. Furthermore, only some foods and drugs seem to activate cravings. Knowing that common neural substances and pathways are involved in both drug use and food intake suggests that drug therapies that might be effective against one might also be useful for the other.

Eating, however, is a highly complex activity serving many purposes—physiological, social, cultural and emotional.

"The food intake system is so complicated. There are so many interacting molecules—from the opioid families and different receptors to hormones like leptin and insulin," Kelley notes. "And the body has no mechanism to defend against weight gain. The Industrial Revolution contributed to the increased availability of food, so we don't spend much energy getting it. As a result, the obesity statistics are extremely alarming."

It will take action on many fronts to reverse the trend toward obesity in developed countries, Kelley believes. Certainly, public education about the importance of exercising and making healthier choices plays a role, as does

the willingness of the food industry to respond to consumer desire for smaller servings and healthier food. But that won't be enough, in Kelley's view.

"Public education about obesity, by itself, won't cure addiction," she argues. "Many overweight people don't eat more than thinner people do, so to simply instruct them to eat less won't help a great deal. To be effective, we have to address the motivational piece and reduce people's cravings for these foods. All of these powerful forces have their origin in the brain."

The unanswered questions remain daunting. What accounts for the strong individual variation in people's ability to manage their weight? Why do certain populations, such as the Pima Indians of Arizona, have such staggering rates of obesity? The mysteries won't be solved easily, given the complexity of the body systems involved. Still, Kelley hopes that overweight people understand that it's not lack of willpower that is causing them to gain weight.

"We need to get that message to people through their physicians," she concludes. "If we learn more about the precise brain mechanisms, we may be able to design better pharmaceutical products to help. It's so important that we stop the upward trend in obesity."

The Neuroscience Training Program Kelley directs has garnered national attention.

Training others to conduct neuroscience research

In addition to conducting her own compelling research into the brain sources of food cravings and addiction, psychiatry professor Ann Kelley, PhD, is deeply involved in training others to carry out similar neuroscience research. Kelley heads the University of Wisconsin-Madison Neuroscience Training Program (NTP), one of the premier programs in the country.

Faculty from a dozen UW Medical School departments are members of the program. Representing an array of neuroscience research interests, the scientists offer PhD students training opportunities to investigate topics ranging from behavior, cognition and emotion to neurological development, plasticity and repair. The NTP also features the weekly Neuroscience Seminar Series, in which experts and students intensively review selected topics in neurobiological research.

The National Institute of General Medical Sciences (NIGMS), a division of the National Institutes of Health, recently highlighted the NTP as being among the top in the country for recruiting and retaining under-represented minority students—African Americans, Hispanic Americans, Native Americans, Alaskan Natives and Pacific Islanders.

The NIGMS-funded NTP enrolled 16 percent under-represented minority students this year. Kelley attributes much of this success to NTP faculty, many of whom are dedicated to teaching and mentoring. Few of the faculty themselves are minorities, she adds, but many of them attend national conferences for minority students or scientists, distribute program brochures at undergraduate career fairs or host minority summer research students—all in an effort to draw these students to UW-Madison.

Once the students are on campus, the program does its best to create a community in which the minority students feel that they belong, Kelley says. One way is by hosting a lecture series that invites neuroscientists from minority groups to campus, giving students a chance to interact with them during presentations, brown-bag discussions and dinners.

The NTP also was singled out last fall when it was named a "partner department" in the Carnegie Institution for the Advancement of Teaching's competitive, five-year "Initiative on the Doctorate." The institution began the initiative to evaluate the impact of successful doctoral programs representing a variety of disciplines, including the neurosciences.

"We want to learn if we are doing the best job possible in training doctoral students, especially since science and society today are changing so dramatically," says Kelley. "We want to feel confident that we are adequately preparing young people to be what the Carnegie Institution calls 'stewards of the discipline.'"

With help from Carnegie, participating programs will evaluate strategies they use to meet goals, develop changes that might make the programs better and assess the impact of the changes.

- Emily Carlson and Dian Land

Center of excellence to address the health of minority women and their children

"Wisconsin is consistently ranked among the healthiest states in the nation, but the statistics often do not reflect the health status of disenfranchised women and their children residing in the state's largest city."

by Dian Land

The National Center for Minority Health and Health Disparities, a division of the National Institutes of Health, has named University of Wisconsin Medical School's Center for the Study of Cultural Diversity in Healthcare (CDH) a comprehensive center of excellence in minority health and health disparities. The distinction carries an award of approximately $4 million.

The new center will concentrate specifically on health inequalities experienced by poor women of racial and ethnic minorities and their children living in Milwaukee. The high health risks and low health status of this group are serious, but often unrecognized, problems, says Gloria Johnson-Powell, MD, UW Medical School associate dean for faculty development and CDH director.

"Wisconsin is consistently ranked among the healthiest states in the nation, but the statistics often do not reflect the health status of disenfranchised women and their children residing in the state's largest city," she says. According to the Wisconsin Department of Health and Family Services and several other organizations, maternal-child health disparities in Milwaukee are among the worst in the nation, she notes.

Through research, education and community-based programs, the new center will address issues that may be contributing to the problem. "Many factors contribute to disparities in health, including race and ethnicity, gender, culture, socioeconomic status, lack of access to healthcare and discrimination," says Johnson-Powell. "We hope to learn how such factors may be affecting the health status of women and children in Milwaukee's inner city."

The research initiative will build on the well-known intellectual resources existing at UW-Madison. Several major research programs examining minority heath issues—such as asthma in inner-city children and tobacco use—already are under way at the Medical School. The center will promote research that is broadly focused—encompassing biomedical, public health, behavioral and social science studies examining the way that biology, environment, families, friends and communities affect minority women and their children.

"We want to encourage and facilitate many more investigations into minority health problems, particularly maternal and child health," says Johnson-Powell. "We're especially interested in helping young minority scientists develop novel research programs that translate broad findings to minority populations. We will provide training programs on how to conduct culturally competent research."

Cultural competency requires understanding, valuing and incorporating the cultural differences of diverse populations as well as examining one's own health-related values and beliefs, says Johnson-Powell.

The concept of cultural competency has resonated with Johnson-Powell since she lived in Ethiopia with her former husband immediately following medical school. Ethiopian society consists of some 200 different ethnic groups, most with distinct languages. "Interacting with so many different cultures challenged my belief system about how to approach each of my patients," she says.

Gloria Johnson-Powell, MD

Curriculum improvements will be another goal of the new center of excellence. "We want to institutionalize cultural competence into medical education and training to ensure that medical students, residents and other health professions students are informed about attitudes as well as the biomedical, socio-cultural and behavioral factors that contribute to a person's health," says Johnson-Powell. "This will help people move away from ethnocentric attitudes."

The Medical School will incorporate aspects of the curriculum Johnson-Powell has developed and taught in her 30 years as a child psychiatrist at University of California-Los Angeles and Harvard Medical School. She is an expert on the psychosocial development of minority children and their families, and trans-cultural communication and training. Among other things, her curriculum teaches people how to recognize and avoid ethnic and racial stereotyping that can lead to discrimination and inappropriate treatment.

"The Institute on Medicine recently released a major study, called 'Unequal Treatment,' which identified discrimination as the main reason underlying the health disparities that are becoming increasingly obvious among minorities in this country," she says. "To get to the cause of discrimination, we must help people examine assumptions and attitudes stemming from their own social, cultural, behavioral and economic backgrounds. We must address these fundamental issues early in the careers of all healthcare providers."

A third initiative will be the development of partnerships with community-based organizations and clinics in Milwaukee. "Through these relationships, we plan to sponsor health promotion, disease prevention and early intervention programs," she says. "We also envision the creation of an innovative system of 'family health agents,' who would work at the grassroots level with community organizations, as members of the primary healthcare team, identifying factors leading to health disparities. Our hope is that these agents will help eliminate the unequal treatment minority communities encounter in healthcare."

The work of the new center of excellence should have far ranging implications, says Johnson-Powell, particularly since the Badger state has the fastest growing Latino community and the second largest Hmong community in the nation. Wisconsin also is home to a sizable Native American population.

"These diverse populations, which are increasing significantly each year, make it even more crucial that healthcare providers and the healthcare system be prepared to interact effectively with these groups, each of which has unique health profiles and help-seeking behaviors," she says. "The lessons we learn from our work in Milwaukee should help us address disparities affecting all these groups of people."

The goals of the center are a natural extension of those of the Medical School's Center for the Study of Cultural Diversity in Healthcare, which Johnson-Powell has directed since 2000. The fundamental mission of the CDH is to "facilitate the design, implementation, evaluation and replication of culturally and linguistically competent healthcare programs to improve consumer satisfaction and health outcomes for all residents of Wisconsin."

The National Center for Minority Health and Health Disparities (NCMHD) was established by Congress in 2000 in response to growing concerns regarding minority health and health disparities in the United States. By funding several new comprehensive centers of excellence across the country, the NCMHD aims to promote participation and training in biomedical and behavioral research among health-disparities populations.

Co-investigators for the new UW center include Gloria Sarto, MD '58, PhD '71, who is director of the research core. A professor of obstetrics and gynecology, Sarto is also the co-director of the UW-Madison Center for Women's Health and Women's Health Research, also a national center of excellence. Susan Skochelak, MD, MPH, senior associate dean for academic affairs and a UW professor of family medicine, is the director of the training core.

Denise C. Carty, MA, MS, RN, minority health officer in the Wisconsin Department of Health and Family Services, and consultant Rodney M. Powell, MD, MPH, an authority on health planning and international community health, also will be involved in the training and community outreach elements of center programs.

Johnson-Powell stresses that many people are crucial to the success of the center. "This is not my center," she states. "Many people, starting with Dr. Philip Farrell, dean of the school, are providing support."

Cancer center research support reaches all-time high

by Kris Whitman

Researchers at the University of Wisconsin Comprehensive Cancer Center (UWCCC) clearly are doing something right. Under the guidance of UWCCC leaders, the investigators recently reached two noteworthy milestones. In the 12 months preceding fall 2003, they generated $30 million in new cancer research awards at UW-Madison to fund studies over the next three to five years. Also, at the start of fiscal year 2004, total annual cancer research funding on campus topped the $100 million mark for the first time.

"Awards to UWCCC members—who bridge several UW-Madison departments, centers, schools and colleges—constitute approximately half of UW Medical School's National Institutes of Health (NIH) funding," says UW Medical School's Vice Dean for Research Paul DeLuca, PhD. The entire university brings in slightly more than $600 million in total research funding per year, he adds, noting that approximately $200 million of the total is associated with the Medical School. "Thus, the cancer center represents a sizable fraction of the total research funding on this campus," he concludes.

DeLuca credits the center's leadership team for the recent significant boost in the cancer research budget.

George Wilding, MD

UWCCC administrators, in turn, attribute the center's success to a long-running strategy of encouraging collaboration among groups of investigators representing varied disciplines.

"We're seeing a clear trend toward large team collaboration in order to successfully attain grants," says George Wilding, MD, the center's acting director. In addition, he explains, center researchers in recent years have concentrated on applications for large project grants, which generally carry higher dollar amounts than classic hypotheses-driven grants.

Four such collaborative project grants, plus a construction grant, constitute the recently awarded $30 million (see details on page 12):

- Participation in a consortium to study biochemical prevention of cancer.
- Development of a program for multi-investigator study on the relationship between aging and cancer.
- Establishment of a urology research center focusing on prostate growth control.
- Creation of a center of excellence in cancer communication.
- Attainment of a grant to build 30,000 square feet of space in the Medical School's planned Interdisciplinary Research Complex (IRC).

"Achieving these kinds of project grants depends on identifying the right researchers at the right time in their careers. It requires people who can take ownership of an opportunity and instill excitement among potential participants," says Jane Wegenke, UWCCC associate director for administration. "For instance, we saw a great opportunity in a large grant related to aging and cancer. We knew we had a lot of expertise in this field on campus, and we were fortunate that Dr. Richard Weindruch and Dr. James Cleary took the lead. It was phenomenal to watch the enthusiasm grow when we got the investigators together, many of whom had never met before the grant planning."

With work proceeding in this pattern, the prospect of additional funding continues

to increase, says Wegenke. "Several cancer center members are developing program grants, including one focusing on breast cancer and another on new drug strategies," she explains.

"The power of teamwork" has been the mantra of UW Medical School cancer researchers from the very beginning, says Wilding. "The cancer center was built by two giants—Rusch and Carbone—who fostered an environment of bringing people together from several disciplines and supporting synergy to enable them to work as teams," he says, referring to Harold P. Rusch, MD, who established the McArdle Laboratory for Cancer Research, and Paul P. Carbone, MD, who directed the UWCCC for nearly two decades.

The vision of these two was to have the UWCCC combine the full spectrum of research—from laboratory to clinic—with the best possible patient care, and to make that combination as seamless as possible for patients and their families, explains Wilding. Today, McArdle and the UWCCC function even more synergistically than ever under one administrative umbrella. The center offers more than 14,000 patients per year an exceptional blend of clinician expertise, new treatments and technological advancements.

As a legacy to Carbone and his vision of teamwork, the UWCCC's administration and others are working toward the goal of raising $10 million to rename the center the Paul P. Carbone Comprehensive Cancer Center (see related article on page 32). The money will be allocated to construction of the IRC, where the cancer center will be a central component.

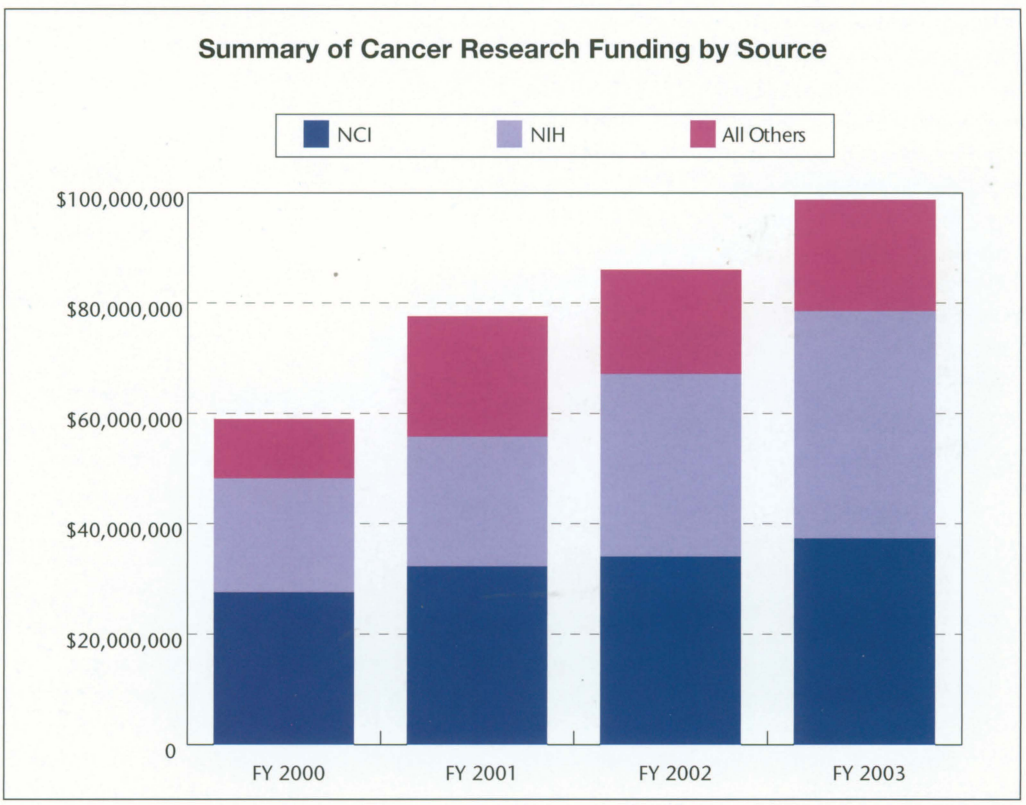
"Translational and integrative research—science that moves nimbly from bench to bedside—will be a hallmark of the IRC," says DeLuca, adding that this type of research has been—and always will be—integral to the UWCCC's success.

Norman Drinkwater, PhD, UWCCC associate director for basic research and director of the McArdle Laboratory, stresses the importance of the new research facility, to be located adjacent to UW Hospital and Clinics.

"By bringing together investigators from diverse disciplines, the lines between disciplines have been steadily eroding over the years. Investigators working in very different areas now communicate better than ever before," he says. "Putting those investigators in close proximity to people who are actually on the front lines and treating patients makes it much more likely that we'll be able to take that next leap and bring new ideas, new direction to cancer care."

DeLuca says that the UWCCC, with its 240 members, is helping lead the Medical School to new levels of research excellence despite woefully inadequate facilities.

"UW Medical School has gone from total research expenditures of $80 million in 1998 to nearly $200 million today," DeLuca states. "We want that growth to continue, but the only way we can accomplish it is with radically improved facilities like the IRC. With the cancer center as its core, the new building will allow us to create a medical school of unprecedented excellence."



A good year for cancer research

Within the 12 months from fall 2002 to fall 2003, the University of Wisconsin Comprehensive Cancer Center (UWCCC) attained nearly $30 million in new funding for the following research and construction projects.

Clinical Trials of Cancer Chemopreventive Agents

The National Cancer Institute (NCI) funded a three-year, $5 million grant for phase-one and -two early clinical chemoprevention trials of agents sponsored by the NCI Division of Cancer Prevention. The grant will strengthen the infrastructure for multi-institutional chemoprevention trials. This research also will take potential preventive agents from the laboratory to first-time testing in humans.

A consortium consisting of the cancer centers at University of Wisconsin-Madison, University of Iowa, Emory University, Vanderbilt University and University of Rochester will conduct the project. The UWCCC will be the coordinating center under the leadership of Howard Bailey, MD, UW Medical School associate professor of medicine, and George Wilding, MD, UWCCC acting director and professor of oncology.

Integrating Aging and Cancer Research

This five-year, $3 million National Institutes of Health (NIH) grant establishes an aging and cancer program, which unites cancer biologists, gerontologists, oncologists, geriatricians and population health scientists. The cancer center is one of eight study centers in the United States participating in this grant.

"Our efforts will span a broad array of research ranging from the population to the molecular levels," says Richard Weindruch, PhD, professor of medicine and principal investigator on the project. James Cleary, MD, associate professor of human oncology, is the co-principal investigator.

The UW researchers will study palliative care; patterns of care, based on large population-based studies; the impact of cancer versus other health problems on older people; enhancement of quality of life for older cancer patients; and biology of aging and cancer. In conjunction with this grant, the UWCCC will establish a formal aging and cancer program to be directed by Weindruch.

Mechanisms for Acquired Changes in Prostate Growth Regulation

A five-year NIH grant of more than $4 million will fund a George M. O'Brien Urology Research Center. The O'Brien Center seeks to attract new scientists to investigate the mechanisms of urologic diseases and disorders, encourage multidisciplinary research focused on the causes of urologic diseases and generate developmental research that will lead to new approaches to studying urologic diseases.

The grant's unifying hypothesis is that aging and the environment produce acquired changes in prostate growth control that predispose to neoplasia, says Wade Bushman, MD, PhD, associate professor of surgery and principal investigator.

Some research projects at the center will examine new interventions for prostate cancer, he adds.

Center of Excellence in Cancer Communication Research

The NCI awarded a $10 million grant for a center of cancer communications research at UW-Madison. The new center strives to improve the quality of life for cancer patients and their families, particularly those from underserved populations.

Researchers from several UW-Madison schools and colleges, including UW Medical School, will work to enhance an interactive cancer communication system, focusing primarily on the Comprehensive Health Enhancement Support System (CHESS), a computer-based health resource designed to educate and equip people facing a health crisis. During the five-year funding period, investigators will enhance CHESS with new functions tailored to individual needs and with new modules. David Gustafson, PhD, professor of industrial engineering and population health sciences, is the principal investigator.

Extramural Facilities Improved Program Projects

Tommy G. Thomson, U.S. Secretary of Health and Human Services, presented a $7 million grant last fall to UW Medical School Dean Philip Farrell, MD, PhD, for construction of additional new space for the UWCCC in the Interdisciplinary Research Complex (IRC).

The grant is composed of $4 million from the National Center for Cancer Resources and $3 million from the NCI. It will provide funding to house interdisciplinary prostate cancer research on one of four new UWCCC floors planned for the IRC. The UWCCC recently submitted a second construction grant to request funding for breast cancer research space in the IRC.

- Kris Whitman

A new course examines the **Healer's Art**

Learning not to forget

by M. Van Eyck

For the first time this academic year, University of Wisconsin Medical School offered first- and second-year students a formal elective course that examines the art of healing. In doing so, it joined 27 other medical schools around the country that have integrated this innovative course, designed by Rachel Naomi Remen, MD, clinical professor at the University of California at San Francisco (UCSF), into their curricula.

Response to the new offering was overwhelmingly positive. While students aren't required to take any electives —and they are notoriously busy with a grueling course load in their first two years— nearly 50 of them signed up for the Healer's Art, many more than administrators had expected.

To Jen Alt, a second-year student at UW Medical School and student advisor for the course, her peers' enthusiasm highlights a glaring gap in medical education. Even after the first month of medical school, she says, students already yearn to study the broader, humanistic aspects of care. While most courses teach students "how to give people drugs and alleviate symptoms," she explains, "the actual healing process is something people never really talk about."

Alt's own desire to more deeply explore the healing process led her a year ago to connect with Lucille Marchand, MD, UW Medical School associate professor of family medicine, who was in the process of organizing the new course. With course director Marchand as her faculty mentor, Alt signed on to help with the organizing, making the work the focus of her LOCUS project (see related story on page 25).

Marchand, a family practice physician at UW Health Belleville Clinic, had attended medical school at UCSF before Remen introduced the course there. As a medical student, she sorely missed instruction that dealt with the healing art perspective of medicine. As a physician, she deeply appreciates this aspect of her work.

The Healer's Art course takes as its premise the belief that much of medicine has shut itself off from the emotional elements of healthcare. The clear corollary is that a disproportionate emphasis on technology and expertise has made for less rewarding work—and possibly less effective care. "If we're able to continue doing something

Medical student Jen Alt served as student advisor for the course.

The course encourages students to turn their focus inward.

[technical] for our patients, we feel good about ourselves," explains Marchand. "But when we can't do anything more, we often abandon them."

Perhaps understandably, many physicians have learned to turn away from the emotional side of medicine, which can seem so complex and, in the face of death, inadequate. "Yet, this is often when patients need us the most," Marchand says.

UW Medical School strives to touch on some of these issues in different ways. All students take Patient, Doctor, and Society, for example, a two-year-long course that exposes them to, among other things, social aspects of patient-centered care as well as comunication and other clinical skills. Other programs, such as LOCUS, also address social and ethical aspects of today's healthcare system.

But the Healer's Art course, above all, encourages students and faculty to turn their focus inward with the hope that by integrating their emotional depths with their technical expertise, physicians will apply their whole selves to healing others. The course is important, Marchand says, because doctors can forget this side of medicine early on in their careers, even though they may have entered medicine in search of its humanism—"wanting to make a difference, wanting to care." One of the objectives of the course, she explains, is to help faculty members remember what initially drew them to medicine—and to teach students not to forget.

The course, which meets for five three-hour sessions a semester, is designed as a discovery model in which students and faculty members explore what the practice of medicine means to them. During one class, for example, they compose and present their own Hippocratic oath based on what they want to accomplish in their practice. In other classes, they draw or work with imagery to remember times when they felt grief or awe—and either shared those experiences or felt isolated and detached. Both class lectures and faculty-led small group discussions then help students relate these personal experiences to the challenges that they will face as physicians.

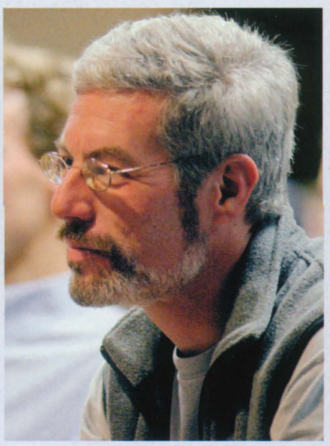
While out-of-class work for the course involves little more than keeping a journal and reading Remen's best-selling collection of essays, *Kitchen Table Wisdom: Stories that Heal* (and even that is optional), the course demands a significant time commitment, especially from the faculty. In total, 10 faculty members—from such varied specialties as psychiatry, family medicine and rheumatology—signed up to serve as small-group leaders and deliver short, didactic talks with titles such as "Tools of Self-Remembering," "What We Do Instead of Healing" and "Mystery and Awe."

Marchand says that, despite the commitment the course demands, the faculty brim with enthusiasm. "The faculty are at least as excited as the students," she laughs. "They know there is much for them to remember."

When faculty members talk about their own experiences of doctoring, she adds, they are given the opportunity to connect with their colleagues—sometimes for the first time—about the emotional aspects of their work. At the same time, by witnessing the faculty members explore and reclaim the human dimension of doctoring, students expand their sense of what it means to be a physician.

■ ■ ■

When Remen's own early practice in pediatrics left her feeling depleted, she began to explore the ways in which she and other physicians derive meaning and reward from their work. What she found—and shared in her book—is



Nearly 50 students signed up for the new course, many more than were expected. Faculty members, such as Daniel Muller, MD, associate professor of medicine (right), were as excited as the students about the course. Previous page, left: Course director Lucille Marchand, MD.

that physicians feel more fulfilled at work when they feel more connected to themselves, to each other and, consequently, to the patients they treat.

Remen developed the Healer's Art, first offered to UCSF medical students 12 years ago, to prepare doctors for this challenge. The course has received high acclaim, including an article in last year's *U.S. News and World Report,* which featured it as an example of excellence in medical education.

Now a clinical professor of family and community medicine at UCSF and a practitioner who deals almost exclusively with end-of-life patients, Remen encourages physicians to be "whole human beings" in their practices. By witnessing, sharing and even grieving with patients, she says, doctors can use themselves—and not just their expertise and knowledge—as therapeutic agents. In turn, these deep connections can reward, rejuvenate and even heal both patient *and* physician.

David Rakel, MD, UW Medical School assistant professor of family medicine and director of the UW Health Integrative Medicine Program, believes that the Healer's Art can help students in the same way. "Sometimes we don't give enough attention to students' emotional side," says Rakel, the assistant course director. "And it's that side that is so important to health and healing."

Both Rakel and Marchand attended a training retreat offered through Remen's Institute for the Study of Health and Illness, which is designed to train course directors. More than a year before the UW course began, they met with course faculty once a month for a year to prepare for the course. Over pot-luck dinners at one another's homes, they took the course together, discussing their own stories of grief, uncertainty and mystery.

During those meetings and in the course itself, faculty are encouraged to listen deeply to each person's story and to refrain from offering counsel, even when that means sitting in the discomfort of their own powerlessness. "Just telling your story is healing," says Rakel. "Bringing it from the unconscious to the conscious allows you to have a sense of control and understanding."

He insists that connecting deeply with patients does not necessarily have to take more time. However, it does require going "to a patient's bedside with the intent of really being present," he says.

Students listened intently during a session on mystery and awe.

The Healer's Art course helps students pay attention to the human dimensions of medicine, which are so important to health and healing, according to David Rakel, MD, director of the UW Health Integrative Medicine Program.

Patients often have a sense of what they need in order to heal, he continues, but they need to be heard first. "Humans don't generally make behavioral shifts if we just tell them the evidence," he says. "They make that shift if we connect deeply with them in some emotional way."

It can be hard to see the importance of approaches that are not analytical, observes Rakel. Yet, human connections are "particularly important for those diseases that we don't fix well with drugs or surgeries," he says. Moreover, with a rise in less "fixable" illnesses, such as chronic pain, metabolic syndromes and multifactoral autoimmune diseases, he says, studying the art of healing has become all the more essential.

In the end, courses like the Healer's Art are not only changing the face of medical education, but also the practice of medicine itself. "We have 48 students who are going to be doctors," says Marchand. "They're going to be a little different from other physicians. But they're going to be different in a way that may be very healing for other people to be around."

An integral community

This year's Healer's Art course was supported by the following outside donors:

South East Area Health Education Center, with a grant of $4,500.

Rachel Remen's ***Institute for the Study of Health and Illness***, a $1,000 gift raised by an anonymous donor.

RSVP of Dane County, a University of Wisconsin Hospital and Clinics volunteer group that sewed fabric hearts for course participants to carry in their coat pockets. The volunteers so enjoyed the task that they already are taking orders for next year.

Wisconsin Psychiatric Institute and Clinics (Department of Psychiatry) donated the course meeting room.

Readers interested in learning more about the course, or supporting it in any way, can contact course director Lu Marchand, MD, at (608) 424-3384 (lmarchan@fammed.wisc.edu) or assistant course director David Rakel, MD, 845-9531 (drakel@fammed.wisc.edu).

Class reunions timed to football weekend judged a hit!

by Dian Land

The Wisconsin Medical Alumni Association (WMAA) has traditionally organized class reunions to coincide with the university's Alumni Weekend in the spring. But this academic year, for the first time, the WMAA took advantage of the draw of a UW-Madison football game and held four class reunions in the fall.

Members of the classes of '83, '88, '93 and '98 came to campus on September 19 and 20, 2003, for a reunion featuring the Wisconsin versus North Carolina game. Enjoying a slight hint of fall in the air, the returning alumni met for reminiscing on Friday evening, gathered the next morning for a tailgate party at Union South and then reveled as the Badgers beat the Tar Heels, 38 to 27. The WMAA was able to guarantee tickets to the game.

"Feedback from members of our more recent classes has been that May can be a difficult time for them to come back for a reunion," explains Karen Peterson, WMAA executive director. "Many alums from these classes have younger children."

In addition, Alumni Weekend often falls on Mother's Day weekend, she says.

Last year, the WMAA Events Committee recommended that fall reunions could be a good alternative. Class representatives were offered the option, and some decided to try the idea.

"Coming back in the fall with school in session was great. The campus was calm and relaxed—as much as possible for a football weekend—and the stress of exams wasn't there," says Barry Lessin, MD '83, director of CT imaging at Elmhurst Memorial Hospital in suburban Chicago.

"Going to the game with my classmates was wonderful, even if we did party *a bit* the night before at the Edgewater Hotel. It was strange, in a way, to just hang with some of your best friends in the world, as if it were 20 years ago and no time had passed."

For Luke Channer, MD '93, a reunion timed to a UW football game couldn't get any better. "Having the reunion on a football Saturday was a great idea, and I hope the new tradition continues because I will be there every time," says Channer, chief of surgery at a 35-bed, 35-physician hospital in Hamilton, Montana, population 8,000. "Catching up with old classmates was fantastic. It was great to re-establish old friendships and exchange addresses."

Channer may be the biggest Wisconsin fan in the state of Montana. "My license plate is WI BADGR, but no one there knows what it stands for. I even have a daughter named Madison," he says. He watches all UW football games via satellite from his home, which is situated on 20 acres only a few hours from both Glacier and Yellowstone national parks.

The diehard Badger fan made it to the 2000 Rose Bowl and traveled 300

"Having a reunion on a football Saturday was a great idea," says Luke Channer, MD '93, who relished connecting with Bucky as well as his former classmates during the special September weekend. He now lives and works in Montana—and may be the biggest Badger fan in that state.

Class of 1993. Kneeling (from left): Jan Brekke, Luke Channer, Janet Johnson, Sara Rybarczyk, Nick Armstrong, Tracy Hoffman, Gail Carels, Michael Hoffman, Robert Kim, Steve Vandenberg. Standing: Dave Roelke, David Johnson, Ivan Ireland, Doug Stafford, June De Simone, Roxanne Kane, Marty Balish, Jennifer Brumm, Eric Miller, Mark Brumm, Dave Lucke, Lonnie Simmons, Timm Missbach.

Class of 1998. Seated (from left): Steven Wagner, Tara Colaizy, Jason Estes. Standing: Laurie Hogden, Ann Liebeskind, Suzanne Davidowitz, Alison Craig-Shasko, Kari Lathrop Capaul, Heather Wells-Holtey.

Class of 1988. Front row (left to right): Catherine Best, Sandra Chu Damiani. Back row: Jerry Lang, Brian Bachhuber, Keith Thomas.

Class of 1983. Front row (from left): Eric Berg, Joann Loehr, Hope Rice, Susan Isensee, Bruce Stoehr, Rosemary Schroeder, Jim Runke. Standing: Andrew Braun, Dean Kresge, Os Sanyer, Brian Smith, John Carlson, Steve Umhoeffer, Barry Lessin, Dan Mueller, Jeff Oswald, Pete Stamas, David Hoeft, Jim Schlais, Pete Meyer, Glen Gutzke, Tim Rentmeester.

miles—through the dead of night, across some of the most desolate roads in the country, dodging elk and deer—to reach the 2001 NCAA basketball tournament in Boise, Idaho. He proudly wore his cheesehead gear as he cheered Wisconsin in the 2003 NCAA first-round game in Spokane, Washington.

Lessin also is a big Badgers fan—and an even bigger Green Bay Packers fan. He too tunes into Wisconsin football and basketball games on satellite TV, and he says that his kids—Jakob and Ava—are following closely in his footsteps in this regard.

Lessin seriously focused on helping make the reunion weekend a success."Our class is known to be fun, smart and full of life," he asserts, "but our poor turnout at our 15-year reunion made us determined to do better at our 20th." He and his class representatives, Susan Isensee and Brian Smith, worked together with Peterson and her staff, polling the class on what they wanted to do and then reminding them frequently of the coming events.

Organizing parties apparently comes naturally for Lessin. In 1978, as a UW-Madison undergraduate, he planned the first "Toga Party" on campus. After that, he was invited to be the master of ceremonies at many parties attended by thousands of students.

"In 1983, the Wisconsin Student Association wanted to throw another Toga Party right before graduation and asked me to emcee it," he recalls. "I had done a fourth-year radiology rotation in Hawaii that winter, so I was billed as 'Dr. Toga, from Hawaii.' Since then, my nickname has always been Dr. Toga."

The WMAA may be calling Dr. Toga for help on future fall reunions. "In any case, we expect our fall reunions will get better and better," says Peterson.

Combining psychiatry and diplomacy in Africa

William Swift, MD '70

The great game parks of South Africa, Namibia and Botswana are located within the vast territory psychiatrist William Swift covers as a regional medical officer for the U. S. State Department.

by Dian Land

Just over a year and a half ago, William Swift, MD '70, closed his busy office at the University of Wisconsin Medical School Department of Psychiatry, ending his 24-year tenure in academic medicine. Swift, who headed the Division of Child and Adolescent Psychiatry for 14 years, no longer spends most of his clinical time with young people suffering acute and chronic psychiatric disorders. Gone are the hours of teaching and mentoring medical students, residents and fellows—an activity he particularly loved. And writing journal articles on eating disorders, psychotherapy and the mind-brain interface is virtually non-existent for him now.

In summer 2002, Swift began a dramatically different life. He joined the U. S. State Department as a Regional Medical Officer—a psychiatrist assigned to an area encompassing the southern third of the African continent. He and his wife, Edie, rented their Madison home, stored many of their belongings and moved with their two dogs to Pretoria, South Africa, nearly 11,000 miles and a cultural universe away.

What would motivate a successful physician firmly rooted in Wisconsin to make such a radical change? "I wanted to see more of the world and take on a new and different challenge in my late 50s," says Swift, admitting that the "ticking of the clock" has become louder of late. "This was also an opportunity to do public service, which I believe in. I think all Americans should try to do it at some point in their lives."

In fact, the idea of working abroad was germinating in Swift's mind even before he became a first-year student at UW Medical School in 1966. "I went to Georgetown University as an undergraduate, and that school puts a heavy emphasis on diplomatic service," he recounts. "Lots of people became interested in international service at that time because President John Kennedy had just formed the Peace Corps. That probably stuck in the back of my mind."

During medical school, Swift had no time for entertaining thoughts of distant travels. As had his father, a radiologist, and his grandfather, an orthopedic surgeon, he made medicine his priority

for years. But in his psychiatry training at the University of Colorado, Swift came in contact with a faculty member who had been a consultant in the State Department's medical program, which has since become an important federal initiative aimed at helping keep Americans healthy as they live and work overseas.

Swift stored the sketchy, but intriguing, information for years until 2000, when he finally began to feel somewhat liberated with his two sons well situated on their own. He then started exploring the program in earnest. "The chance to combine psychiatry and diplomatic work was irresistible," he says.

After nearly 18 months, the Swifts have settled comfortably in Pretoria, the European-flavored South African capital of more than one million people. "It's a very interesting place. It's very 'first-world'—with many amenities, such as freeways, hospitals, fine restaurants, stores and theaters. Yet, it also has a distinct 'third-world' feel, with some alarming unemployment, poverty and crime," reports Swift, adding that HIV/AIDS is a huge social and medical problem in South Africa. "Remarkably, the new post-apartheid government is relatively stable. The country functions quite well."

Swift tends to the mental health of approximately 1,000 U.S. embassy personnel and their dependents living in Pretoria. All American embassies have at least one nurse on staff, but the embassy at Pretoria is large enough to warrant two family practitioners in addition to a psychiatrist. Since the city offers such good medical services, it is the evacuation center to which State Department employees from all other African countries are sent when serious medical and psychiatric problems arise.

Swift also spends every third week traveling via local airlines throughout the vast territory he covers. He visits expatriated Americans at large, medium and small diplomatic missions in South Africa, Lesotho, Swaziland, Angola, Zambia, Malawi, Mozambique, Zimbabwe, Botswana, Namibia, Madagascar and Mauritius. Due to the sheer size of the territory, the doctor handles some problems by telephone and computer. "I'm becoming a good 'E-shrink,'" he quips, "which is really ironic since I used to be inept with computers."

Serious mental illnesses are uncommon, Swift has found. "Since American foreign-service employees are screened for major mental illnesses before they are commissioned, they rarely develop severe disorders," he says. "In my adult patients, I commonly treat depression, anxiety, adjustment disorders and marital conflict. In children, I see a lot of attention-deficit hyperactivity disorder."

The rare suicidal patient presents the greatest challenge overseas, he says. "We emphasize safety, so if there is any doubt, we will evacuate an officer or family member to a Washington, DC-area hospital," Swift says. When indicated, he will accompany the patient on the long flight home.

Dealing with stress is probably the biggest mental-health issue for Americans living away from home, Swift says. "The sources of stress are obvious—moving frequently, living far from families and friends, the 'culture shock' of residing in a foreign country, the absence of everyday amenities we Americans take for granted," he lists. He helps many people deal with the resulting adjustment disorder and is working on a journal article describing the psychological challenges of living overseas.

A less obvious stressor can occur when people are thrown together at small, geographically remote posts, where public and private lives can be hard to separate. "When interpersonal relations go badly in these situations, it's painful to

Swift says that morning glories entwining razor wire symbolize the extremes of South Africa: "the beauty, the terrible history and the hope for a better tomorrow."

In addition to a tall fence and an electronic gate, the Swift's Pretoria home includes a constantly blooming garden, a swimming pool and ample room for the dogs.

behold," says Swift. "My background in marital and family therapy helps, but I'd like to know more about the motivations, organizations and behaviors of people at work."

Crime and terrorism are additional challenges for Americans living in Africa—a predicament that has led to a fair amount of post-traumatic stress disorder. "Some of my patients still experience effects from the 1998 bombings in Nairobi and other terrorist actions; others have been victims of carjackings or other gun-point robberies," he says. And a number of his patients exhibit pre-traumatic stress symptoms, constricting their lives inordinately to avoid crime and terrorism.

The Swifts have learned to live with the threat of crime, which occurs in varying degrees across Africa. "Around Pretoria, where carjacking is a big problem, you need to be quite cautious, driving with the doors locked and windows closed," he notes, adding that he doesn't wear clothes on the street that could identify him as an American.

"The houses also are well guarded, with all kinds of devices to keep people out," he says. In addition to a tall fence and an electronic gate, the Swift's home in suburban Pretoria includes a constantly blooming garden, a swimming pool and ample running room for the dogs.

Edie Swift is not a stay-at-home "trailing spouse," as spouses of foreign-service officers are sometimes called. In fact, the speech pathologist has traveled the world more extensively than her psychiatrist husband. A long-time volunteer with Operation Smile, an international organization that treats people with cleft palates and lips, she has been a member of surgical teams that have worked in Thailand, the Philippines, China and Kenya.

In South Africa, Edie co-directs the American Ambassador's Self-Help Program. Most of the projects currently funded by the program—which was created to assist small, grassroots, community-run projects—pertain to AIDS education and prevention. As a member of the embassy staff, Edie was able to meet former U. S. President Bill Clinton when he was in South Africa last summer.

When time permits, the Swifts try to get off the beaten track together to sightsee in places where tribal customs and art still flourish. They like learning as much as they can about African culture and are adding to the collection of African masks that they began years ago. They've especially enjoyed visiting the great game parks of South Africa, Namibia and Botswana. "Cape Town, one of the world's most beautiful cities, is a pleasing diversion, too," Swift adds.

Despite the cost and hassle of traveling to South Africa, the Swifts encourage their sons and other family members and friends to visit them as often as possible. The travel books don't exaggerate, they say. "South Africa is an extraordinarily beautiful country," says Swift, offering that the weather is so temperate that he can play golf 350 days of the year. The country's diversity is staggering, he adds.

The Swifts haven't decided whether they will return to Madison in 2004. A third year in Pretoria is a distinct possibility. In any case, they will count their experiences with diplomatic work in Africa as one of the high points of their lives. "I feel so fortunate to have had the chance to do something so personally and professionally rewarding," he says. "But I do look forward to returning home to Wisconsin when the time comes."

Swift can be reached via e-mail at wjswift@wisc.edu.

Swift travels every third week to diplomatic missions in a dozen African nations, but he spends most workdays at the U.S Embassy in Pretoria, far left. An armored truck parked outside the embassy compound stands ready for action, if needed. Bill and Edie Swift encourage family members—such as son, Daniel—and friends to visit them often.

Moving forward with *the Wisconsin Partnership Fund for a Healthy Future*

QUESTIONS AND ANSWERS

Steps must still be taken in the final approval process, but early this year University of Wisconsin Medical School will begin developing community-academic partnerships, according to Dean Philip Farrell, MD, PhD. Resulting from the Blue Cross and Blue Shield endowment, the partnerships are expected to be the first in an array of creative public health, educational and research programs designed to significantly improve the health of Wisconsin residents.

In a recent interview with the *Quarterly*, Farrell answered some of the most pressing questions people have been asking him recently.

What is the status of the five-year plan for the Blue Cross funds, also known as *the Wisconsin Partnership Fund for a Healthy Future?*

The plan, *the Wisconsin Partnership Fund for a Healthy Future,* is still under review by the Wisconsin United for Health Foundation, Inc. (WUHF), which was created by the Insurance Commissioner's Order approving the conversion of Blue Cross and Blue Shield United of Wisconsin. WUHF's charge is to sell the stock and to approve the initial five-year expenditure plan developed by each medical school. As a result of discussions with the WUHF board, the Medical School and the Oversight and Advisory Committee (OAC)—the decision-making body for the public health initiatives—prepared an addendum to the plan. Approved by the UW System Board of Regents in December 2003, the addendum provides additional information and clarification on the funding priorities and the implementation and administration of the plan.

What does the addendum cover?

The addendum provides information on: benchmarks to measure progress on realizing the plan's goals; community-academic partnerships; membership and charge of the Medical Education and Research Committee, which is responsible for the distribution and allocations of the 65 percent component; annual reporting of expenditures and assessment of the 65 percent-35 percent allocation; start-up funding; and the review process to ensure that supplanting of existing resources does not occur. The addendum is posted on the *Wisconsin Partnership* Web site, www.med.wisc.edu/BlueCross.

When will the plan be implemented?

There are two components of the plan. The *public health initiatives* (35 percent of the funds) consist of: the Community-Academic Partnership Fund; support for programs developed by the Center for Urban Population Health on the Milwaukee Clinical Campus and for Native American health research; and community-based public health education and training programs. The *medical education and research initiatives* (65 percent of the funds) are aimed at: innovations in medical education, the Wisconsin Population Health Research Network, emerging opportunities in biomedicine and population health, disease genomics and regenerative medicine, and molecular medicine and bioinformatics.

For the public health initiatives, it is expected that the Community-Academic Partnership Fund will be launched first. A request for partnership (RFP) is on the Web site. Statewide training sessions on the RFP are being scheduled beginning in mid-January through the end of February. A call for proposals will likely occur in late February. If all goes well, the first awards will be made in early summer.

For the medical education and research initiatives, a committee will soon be appointed to oversee the funding. To be known as the Medical Education and Research Committee (MERC) and to be chaired by UW Medical School Vice Dean Paul DeLuca, PhD, the committee will include senior associate deans, leaders of the five focus areas, faculty, academic staff and representation from the OAC. The committee initially will design its operating policies and procedures, which will include a competitive process for the awarding of grants.

How can we learn when and where the training sessions for the RFP for the Community-Academic Partnership Fund will occur?

An announcement will be sent to community organizations, faculty and the general public as soon as the information is available. In addition, the Web site will provide information on the training sessions, the final version of the RFP and other information related to the launch of the program. We expect to hold training sessions in Wausau, Madison, LaCrosse, Eau Claire, Spooner, Green Bay and Milwaukee.

How much money will be available to support the two initiatives?

The total value of UW Medical School's asset is approximately $300 million. This will be placed into two endowments to be managed

and invested by the University of Wisconsin Foundation: one for public health initiatives and one for medical education and research.

Income from both endowments will be used to support the initiatives outlined in the plan. Although it is difficult to predict with certainty, it is expected that approximately $5 million will be available from the public health endowment and approximately $10 million from the medical education and research endowment. These estimates may change over time, depending upon the return on investments.

When will the Wisconsin United for Health Foundation, Inc., transfer the assets to the UW Foundation?

The assets were transferred by the end of 2003. They were placed in a revocable trust fund for management and investment by the UW Foundation. In accordance with the provisions of the trust, the assets will not be made available to the Medical School for funding initiatives until WUHF has approved the plan. It is expected that WUHF will meet in late January to approve the plan.

How do I keep informed?

In addition to checking the Web site, www.med.wisc.edu/BlueCross, please contact Program Director Eileen Smith at emsmith2@wisc-mail.wisc.edu.

Goelzer appointed to Oversight and Advisory Committee

by Linda Dietrich

When University of Wisconsin Medical School Associate Professor of Pediatrics Patricia Kokotailo, MD, MPH, left recently for a year's sabbatical in England, she also relinquished her seat on the Oversight and Advisory Committee (OAC).

But with the guidance of UW System Regent Emeritus Patrick Boyle, PhD, the Board of Regents selected Susan L. Goelzer, MD '81, MS, CPE, chair of the UW Department of Anesthesiology, as the perfect replacement.

"Dr. Goelzer is ideally prepared for this vital role," says UW Medical School Dean and Chair of the OAC, Philip M. Farrell, MD, PhD.

Goelzer, professor of anesthesiology and internal medicine, recently completed a year-long Robert Wood Johnson health policy fellowship in Washington, D.C. As a 2002-2003 fellow, she served in the office of Senate Majority Leader William H. Frist, MD, where she quickly became immersed in the intricacies of forming and advancing national healthcare policy.

The fellowships provide established healthcare professionals an opportunity to learn more about the federal health policy process, to help formulate new policies and programs, and to evolve as academic health and healthcare leaders.

According to Goelzer, working with Frist, who serves on the Health, Education, Labor and Pensions Committee, offered an unprecedented chance to observe how legislative agendas are set, and to view federal leadership activities and strategy-building. As a fellow, Goelzer acted as a health policy advisor to Frist in the first session of the 108th Congress. Her legislative responsibilities included input on biodefense, patient safety, minority health disparities, national healthcare information infrastructure, medical liability reform, global AIDS, vaccination policy and Medicare reform legislation.

Goelzer's interest in health policy began in 1996 as she pursued a master's degree in public health at the UW-Madison. The experience inspired her to learn more. Initially driven by a concern for physician shortages, particularly in anesthesiology, Goelzer focused on studying and developing models to predict healthcare workforce issues. It became obvious to Goelzer that national policy decisions have a dramatic effect on how healthcare evolves.

Clearly, she says, federal funding influences the way physicians practice medicine. "But, there is limited input to policy makers from the medical community," explains Goelzer, "particularly from academic medicine. Not a lot of information is transferred from physicians to the federal level, so very important health issues are being decided by people with no frame of reference."

One step in solving this problem, suggests Goelzer, is to teach medical professionals more about healthcare policy issues. "Medicine,

Susan Goelzer, MD '81

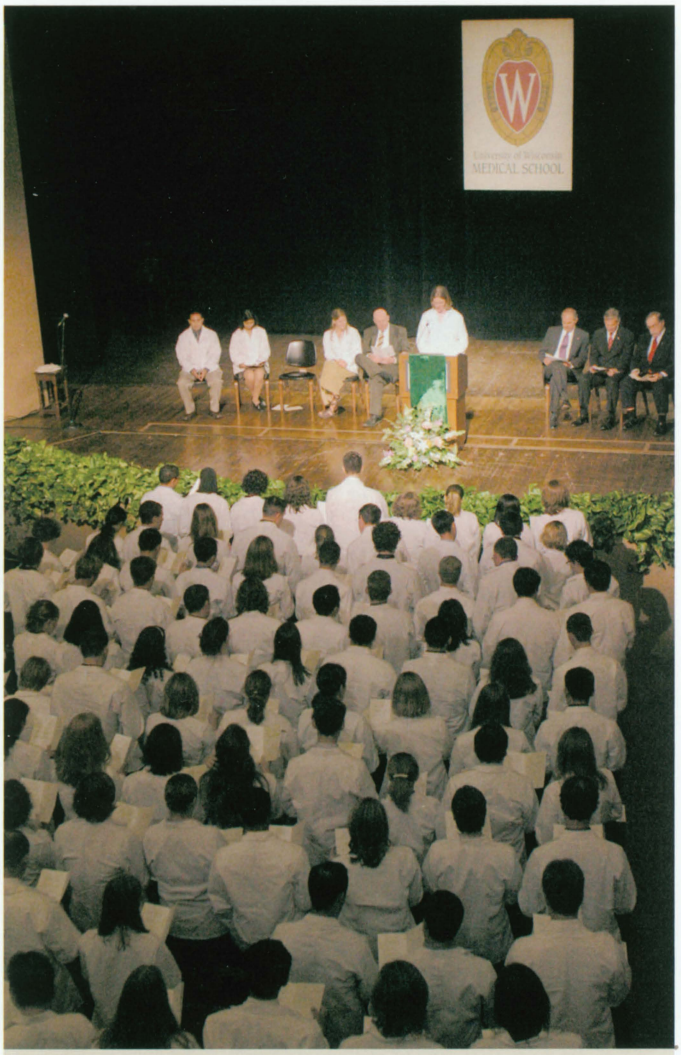
often referred to as a three-legged stool of teaching, research and patient care, needs to add public policy as a fourth leg." She advocates integrating health policy in residency training and medical school curricula.

As part of her fellowship, Goelzer committed to spending 20 percent of her time on health policy issues. She says her role on the OAC, "will be a wonderful application of all I've learned."

Goelzer says that the population-based activities proposed by UW Medical School's plan for the Blue Cross/Blue Shield money, now known as the *Wisconsin Partnership Fund for a Healthy Future*, will help transform the Medical School. "It will give us the opportunity to think about how financial resources can best be used to move health policy ahead for long-term benefits," she says, adding that more outcomes research will be needed to determine whether new healthcare policies will work.

The Medical School can help set the healthcare agenda by changing the way it educates future doctors and the way they care for patients, she says. "The OAC's five-year plan will be the spark that helps focus the vision that will drive these changes."

Class of 2007 welcomed at White Coat Ceremony



University of Wisconsin Medical School Student Code of Medical Ethics

We, the Class of 2007, recognize the duties associated with caring for others and will accept such responsibilities with a commitment to providing scientifically sound, thoughtful and compassionate care to our patients.

Our professional decisions will be governed not only by our knowledge, but also by our sense of responsibility to our patients and to our community.

We pledge that we shall uphold the principles of honesty, integrity and humility as we continue our journey in the field of medicine.

by Dian Land

In a symbolic rite of passage, members of University of Wisconsin Medical School Class of 2007 were officially welcomed into the medical profession on Sunday, September 28, 2003, at the White Coat Ceremony. With family members, guests, Medical School faculty and students, and others in the medical community looking on, each new student was "cloaked" with a white coat, the physician's traditional garb and a symbol of medical professionalism.

Sponsored jointly each year by the Medical School and the Wisconsin Medical Alumni Association (WMAA), the ceremony highlights that responsibilities begin for each student with the first days of medical school. The garment is meant to signify the obligations inherent in medicine: good science, sound ethics and compassionate care.

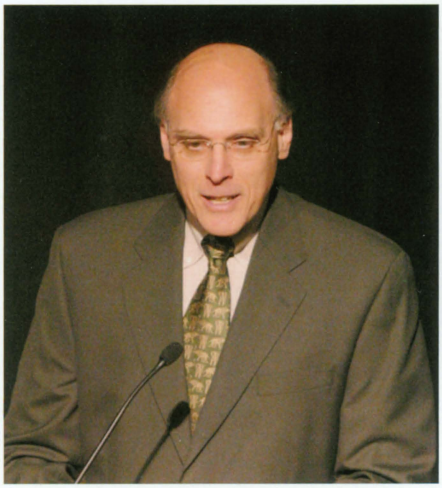
Before coats were presented, Jeffrey Glassroth, MD, chair of the UW Medical School Department of Medicine, welcomed the students in a keynote address. Noting that the Class of 2007 is the centennial class of the school, Glassroth focused on the progress that has been made in medicine in the past century. He listed numerous advances that have combined to greatly improve health and lengthen life expectancy by more than 25 years since 1903.

Glassroth said there has never been a better time to be a physician or physician-scientist, but he also noted that there are many significant challenges. These include issues such as convincing patients to modify harmful behaviors and helping society come to grips with limited access to healthcare. He urged students to balance the art and science of medicine.

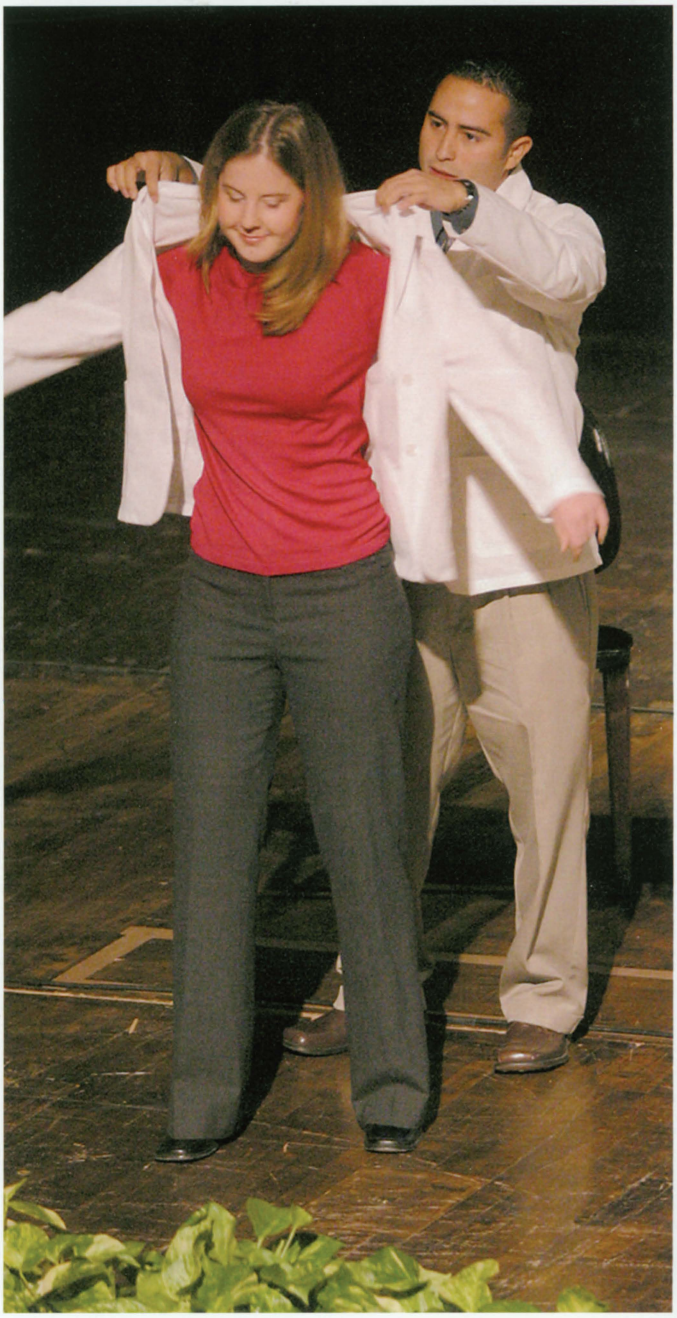
"We build with advances in technology and research—our science—but we must be careful not to lose sight of things like caring, compassion and listening that are part of the art of medicine," he said. "Science and art are medicine at its best."

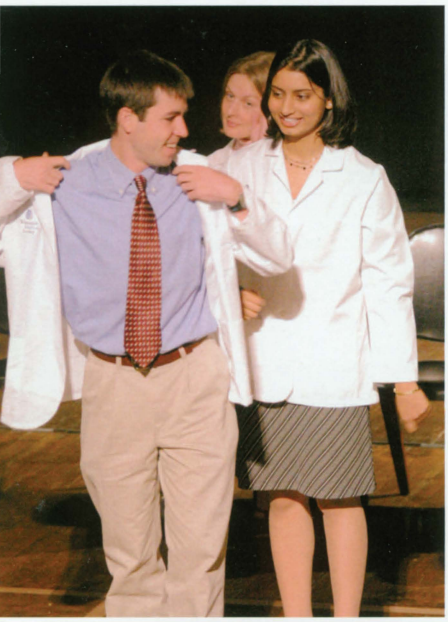
Following welcoming comments from Christopher Larson, MD '75, president of the WMAA, and Paul Werstsch, MD '70, president of the State Medical Society of Wisconsin, students recited a student code of medical ethics written by members of the Class of 2006. Each year, members of the first-year class draft a new code, which is then recited at the White Coat Ceremony the following fall and printed in the student handbook.

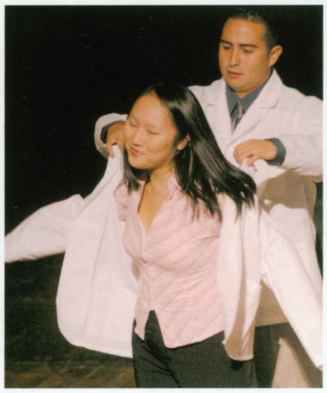
Student *Life*



Following a keynote address by Jeffrey Glassroth, MD, chair of the UW Department of Medicine (above), second-year students "cloaked" new students with white coats symbolizing the profession. Chris Larson, MD '75, WMAA president (below), also welcomed the students and introduced them to their alumni association for the first time.







Students learn through social medicine projects

Making a difference in the community

LOCUS fellow Marisa Holubar, left, created the Mentorship Achievement Program, now an official student organization. She says the time she spends with the Madison middle school student she mentors benefits them both.

by Dian Land

Despite being immersed in clinical rotations, Marisa Holubar, a third-year student at University of Wisconsin Medical School, still makes time at least once a month to meet with the Madison middle school student she began mentoring two years ago. In their many visits together, the two have cooked dinners, walked dogs, played scrabble, talked about troubling issues and simply hung out.

Holubar hopes to know her young friend for a long time. She also hopes that the program she created, the Mentorship Achievement Program (MAP), will be sustained by other students for a long time. All parties involved deem MAP—which pairs UW Medical School students with local adolescents who may be finding the transition to young adulthood especially difficult—a success.

Creating the program and seeing it come to fruition has been a personally rewarding, expanding learning experience for Holubar. It was the project she developed and implemented as a participant in the LOCUS (Leadership Opportunities with Communities, the Underserved and Special Populations) program. Offered through the UW Department of Family Medicine, LOCUS prepares selected students to become caring doctors who are also effective community health members and leaders.

"I applied to LOCUS because it looked like a great way to explore community service work while I was in medical school," says Holubar. "It was important to me to find one thing I could dedicate my extra-curricular time to."

Focusing on her long-time interest in adolescents, Holubar imagined a program in which supportive relationships could help youngsters improve their self-images, overcome limitations and broaden expectations of their lives.

At the end of her first year of medical school, after attending several LOCUS workshops and retreats, Holubar began telephoning, emailing and meeting in person with counselors, nurses, psychologists and administrators at local middle schools, all of whom quickly bought into the idea she was formulating.

"I didn't have all the details ironed out at that point, but they were interested in the concept," she says, adding that her LOCUS faculty mentor, pediatrician Ann Behrmann, MD, and LOCUS director, Sharon Younkin, PhD, both greatly helped her crystallize her plan. The medical student narrowed her focus to two schools, where small teams of people identified students who might benefit most from mentoring.

At the beginning of her second year, Holubar connected with her 12-year-old mentee for the first time. They spent several hours together every Thursday evening. "I tried to make the time educational, enlightening and fun," Holubar says, adding that she herself benefited greatly from exposure to a young person's perspective, often so remote from the world of medical education.

Seeing that the project was going well, Holubar contacted

Many more students apply to the LOCUS program than the 18 who can be accepted each year.

Before he arrived in Guatemala to help take primary care to local residents, Adam Marks wrote grants and made contacts with many people.

all Med 1s and Med 2s to inquire who else might be interested. "I was very surprised at the positive response. The program really took off," she says. "At the end of last year we had 25 pairs—and MAP became a recognized student organization last summer."

In many ways, the LOCUS projects of Adam Marks, April Herlache and Maryalyse Adams seem quite different from Holubar's. Yet their diverse experiences focused them all on the same LOCUS goals: working with groups of people in medically underserved communities to improve health and healthcare delivery.

LOCUS projects took second-year students Adams, Herlache and Marks to the Guatemalan highlands last summer, where they participated in the San Lucas Health Project, a U.S.-based volunteer effort associated with a local church mission.

From San Lucas, the three students traveled with health workers—sometimes on foot—to surrounding villages, bringing primary healthcare to poor people with few other medical options. "We shadowed doctors, often carrying boxes of medicines," says Marks. "Since most of the village men were away working, the patients we saw were mainly women and their children."

The preceding fall Marks had begun to plan for the project, which he had heard about from his physician father. "Through LOCUS, I learned how to write grants and how to make contacts with many people," he says. "It was fun to think about the details of the trip. It was an important part of my life as a medical student."

Adams' project in San Lucas consisted of doing fieldwork in a medicinal plant garden. As she weeded and transplanted yarrow, mint, basil and many other herbs less familiar to North Americans, Adams learned from the man who runs the garden about medicinal uses of the plants. She believes that it's important for all doctors to be aware of complementary

At retreats, in workshops and through exposure to faculty members and community leaders, LOCUS fellows discover the leadership styles that suit them best.

Giving students the skills and support to

FOLLOW THEIR DREAMS

Many students come to medical school with the motivation and desire to make a difference in their communities. But dreams of helping improve society can fall by the wayside if students focus exclusively on mastering the technology needed to become a good doctor.

Cynthia Haq, MD, University of Wisconsin Medical School professor of family medicine, never forgot this frustration from her own medical school days 20 years ago, when precious few opportunities existed to explore extra-curricular activities relating to social medicine.

As a result, six years ago Haq worked with motivated students to create a program that supports their interests. With the encouragement of UW Department of Family Medicine Chair John Frey, MD, and with support from a Health Resources and Services Administration training grant, she galvanized a group of colleagues and created UW Medical School's LOCUS program. The acronym stands for Leadership Opportunities with Communities, the Underserved and Special Populations.

"Through LOCUS, we try to teach students that their

Maryalyse Adams says that her fieldwork in a medicinal plant garden helped her polish her Spanish, expand her cultural skills and improve her knowledge of alternative medicine.

LOCUS projects took students Adam Marks, Maryalyse Adams and April Herlache to the Guatemalan highlands last summer.

medicine as more and more patients seek it out. What's more, it often is the only option available for people living in poverty.

Herlache, Marks and Adams are hoping that they paved the way for many future Wisconsin medical students to travel to San Lucas each summer. "You bring back so much to the Madison community," says Adams, "like great language and cultural skills that can be used right here, where the Latino community is growing so fast."

LOCUS projects appear to fulfill a desire shared by many medical students.

"It's easy to lose track of why you're doing the whole medical school thing," says Marks. "But when we get together at our LOCUS meetings, it's so inspiring to hear what all the others are saying about their projects. I sit there and take a deep breath—and remember why I'm here."

inherent motivations are important," she says. "We encourage them to hold on to those dreams. We show them that there are things they can do, beyond the walls of the ivory tower of medical education, to make a difference."

LOCUS strives to help students become effective leaders who can contribute to community health services. LOCUS fellows are introduced to leadership concepts and styles, and then are encouraged to discover through self-reflection the leadership mode that best suits each of them. Through a core curriculum, students learn about leadership by observing and working with faculty members and community leaders who are deeply involved in community service programs. Mentoring of fellows by community physician leaders is a critical element in the program.

Haq explains that the program stresses learning by doing and self-reflection. "Student projects are the laboratories in which most learning occurs," she says, noting that projects range from prenatal classes for underserved multi-national graduate students, to programs to support women in abusive relationships, to reducing the incidence of tuberculosis in Wisconsin immigrants. In the projects, students may network with community service organizers, serve as members of healthcare teams, write grants and learn to become effective leaders and team members.

The program carries no credit, and students receive no salary. But many more of them apply than the 18 who are accepted each year. LOCUS' popularity and importance prompted the Medical School to make an institutional commitment to the program by allowing the family medicine department to hire a full-time director.

LOCUS epitomizes what primary care, particularly family medicine, is all about, says Frey. Studies have shown that the majority of people who choose family medicine careers have extensive experience in leadership roles as well as community service, he says. However, a commitment to community should define medicine as a whole, he adds. "Medicine itself is about service as much as science."

Law School triumphs in 9th annual Dean's Cup competition

Thousands of dollars donated to local charities

by Jackie Busse '06
Dean's Cup co-chair

Students cheered at the women's arm-wrestling contest—one event the Medical School won.

Once again, University of Wisconsin Medical School students started the fall semester with thoughts of gross anatomy, immunology and, of course, the Dean's Cup competition—the annual event pitting UW law students against medical students. Almost every night for three weeks in September, the students faced each other in some form of competition. From ping-pong to soccer to trivial pursuit, students from both schools came out to win, have fun and maybe even make some new friends.

With the Medical School trying to avenge last year's loss and the Law School wanting to hold on to the coveted trophy, competition was fierce right from the beginning. The Medical School came out strong, winning ultimate frisbee and softball, but the Law School answered with a win in bowling and a sweep in the euchre tournament. Tennis, flag football and kickball were all split down the middle. While the Medical School was up for a while, a few big losses and the many tie games kept the Law School just out of reach for most of the competition.

With the help of the med school ladies, who dominated the arm wrestling and tug-of-war contests (as always), as well as a med school sweep in the basketball tournament and a great showing in the five kilometer run, we finished strong...but not quite strong enough. So, for only the third time in nine years, but unfortunately the second year in a row, the Law School won with a final score of 196-164.

A new event this year was a huge success, thanks to our many faculty volunteers: the Law School hosted the first annual Dean's Cup Bake-Off. Students brought in their prized baked goods to be judged by both med and law professors. Special thanks go to Drs. Harting, Bersu, Strang, Sievert and Bertics from the Medical School for lending their taste buds (and company) for the evening. A chocolate chip cheesecake from the Law School took the blue ribbon.

In addition to the competitive events, over 300 students from both schools—as well as their friends and families—took time out from their busy schedules to get together for a picnic at Rennebohm Park. The Wisconsin Medical

Organizers of this year's Dean's Cup included, front row: Law School students Chin Choi, Lance Franke, Tony Sanke. Back row: Law student Mike Hall and Medical School students Sarah Olson, Jackie Busse and Lynn Malec.

Alumni Association and the Wisconsin Law Alumni Association provided the food and our in-house band, the "Arrhythmias," provided the entertainment. Fun was had by all until well after dark.

As always, the Dean's Cup was held in the spirit of charity, and our biggest charitable profit came from T-shirt sales. Both alumni associations funded the design and production of the Dean's Cup T-shirts, allowing us to donate every dollar made directly to charity. Another new event this year, Penny Wars, was also initiated with fund raising in mind. The two efforts combined raised almost $3,500. The benefactors this year were the Ronald McDonald House and the Dane County Domestic Abuse Shelter. In addition, over 1,000 items of imperishable food were donated to the Salvation Army and 90 units of blood to the Red Cross. Thank you to everyone who gave time, money, food or blood to this year's efforts.

Despite our talent, great participation and good sportsmanship, the Dean's Cup trophy must, sadly, remain in captivity at the Law School for one more year.

A broken leg for the team

Second-year student Marshall Mazepa knew from his participation in the 2002 Dean's Cup soccer game that the competition could get fierce. But he never expected to end up with a broken leg. On a rainy September afternoon in this year's game, Mazepa's leg collided with the foot of a kicking law student.

It was "fluky, a total accident," insists Mazepa, who had played soccer during high school in Green Bay. In a great deal of pain, he instantly realized that his tibia—the larger of the two bones below the knee—had been broken. "I could feel the pieces of bone rubbing together," he recalls.

The game was immediately terminated, and Mazepa was taken by ambulance the short distance from the soccer field to the emergency room at UW Hospital and Clinics. X-rays showed that both the tibia and smaller fibula had been broken. Mazepa's leg was fixed in a hip-to-toes cast, and he was admitted to the orthopedic unit for two days, under observation for compartment syndrome —a serious problem that can result when swelling occurs in a casted limb.

Marshall Mazepa sustained a low-trauma "tib-fib" fracture in a fierce Dean's Cup soccer game.

Although the break was ruled a rare, low-trauma "tib-fib" fracture, Mazepa begged to differ. "It didn't seem low trauma to me!" he laughs. He was relieved to learn that the injury wouldn't require that he have major surgery to insert pins in his leg. On the other hand, letting the bones heal naturally meant that recovery would take eight to 12 weeks.

Mazepa attended the Malpractive Ball, the traditional Medical School-Law School dance held each year at the end of the Dean's Cup competition, in his full-leg cast. "The law student tracked me down and told me again it was an accident," he says.

The medical student is healed now, after three months of using crutches and then wearing a brace. During his recuperation, Mazepa circulated his X-rays to his classmates and liked to kid with them about how he hates lawyers. "Taking one for the team gets you through roughly an hour and a half until you get angry again," he wrote in an e-mail. "And unfortunately, the Law School had already scored when the accident happened—at the very end of the game—so sadly enough, the sacrifice for the team didn't even pay off in the end!"

The best thing about the incident, he says, is that, for the first time, he got to see what treatment is like from the patient's point of view. He is considering a career in sports medicine.

- Dian Land

Institute on Aging, Waisman Center both mark 30 years

Researchers are now studying the complex combination of social, psychological and biological factors that influence the ways in which people grow old.

by Emily Carlson and Terry Devitt

Two University of Wisconsin-Madison institutions with close links to the Medical School—the Waisman Center and the Institute on Aging—celebrated 30th anniversaries in 2003.

"Both of these organizations have been extraordinary resources for UW Medical School over the years. We have experienced highly productive, mutually beneficial relationships," says Dean Philip M. Farrell, MD, PhD, noting that many Medical School faculty members have appointments in each organization. "The Waisman Center and the Institute on Aging are outstanding examples of entities that foster the truly interdisciplinary research that is critical to solving so many of society's most challenging health problems."

The Institute on Aging was created in 1973 in response to the growing interest in gerontology among campus scholars and to the increasing needs of an aging population. In its early years, under the umbrella of the School of Social Work, its focus was primarily on serving the needs of older people in the community.

When the UW Graduate School assumed administrative oversight in 1980, the institute's mission shifted toward research, rooted mainly in the behavioral and social sciences. But in 1989, when the institute became aligned with UW Medical School, its research budded into new disciplines, including the biomedical sciences.

Bringing the research interests of the two schools together enabled researchers to investigate the intricacies of the aging process, according to Carol Ryff, PhD, institute director.

"There are many and varied influences on the ways in which people grow old. Social, psychological and biological factors all play a role," explains Ryff, also a UW-Madison psychology professor. "To understand the aging process, we must embrace all the complexity that it entails."

This integrative approach requires researchers to do more than identify separate psychological and biomedical factors involved in the aging process, says Ryff. It demands developing new knowledge about how these factors come together and interact to determine why some people age well and others age poorly.

Two key projects exemplify this new approach:

- The Mind-Body Center, funded by the National Institute of Mental Health, strives to understand how life's challenges relating to work and family, as well as the psychological factors surrounding them, influence biological processes, such as neural circuitry, stress hormones and immune function.
- MIDUS II ("Midlife in the U.S."), a $26 million, multi-institutional project led by UW-Madison, follows the behavioral, sociological, psychological and biological well-being of more than 7,000 people between the ages of 35 and 85 living across the United States. The project is one of the largest studies ever funded by the National Institute of Aging and one of the first to link psychosocial and behavioral factors to a wide array of biological factors implicated in health outcomes.

"These projects represent a new era for research that puts social and biomedical sciences together," says Ryff. "I'm proud to say we are leading the country in this kind of integrated work."

Carol Ryff, PhD, Institute on Aging director

Marsha M. Seltzer, PhD, Waisman Center director

In 2001, the Waisman Center opened new research and child development facilities housing state-of-the art laboratory space for gene therapy and stem cell research; a clinical bio-manufacturing facility; the Waisman Early Childhood Program, a preschool for 85 children, one-third of whom have disabilities; and the W.M. Keck Laboratory for Functional Brain Imaging and Behavior.

The Waisman Center was officially established on the UW-Madison campus in 1973. It was named to honor UW Medical School professor Harry Waisman, MD, a pioneering scientist and clinician whose work led to mandatory phenylketonuria, or PKU, testing for newborns.

When the Waisman Center first opened, its research and clinical services focused on mental retardation and early childhood development.

"This is still our core mission, although today we also have expanded our mission to include Parkinson's disease and amyotrophic lateral sclerosis (ALS)—diseases that generally manifest themselves when people are older," says Marsha M. Seltzer, PhD, who was appointed Waisman Center director following the retirement of Terrence R. Dolan, PhD, who had held the position for 20 years.

Today, the center is internationally known for its research in the genetic basis of developmental disabilities and neuro-degenerative diseases; the development of the nervous system; early childhood cognitive, language, behavioral and social development; gene therapy; and stem cell research.

The center, Seltzer adds, is also internationally known for its clinical services for individuals and their families and as a center for training and educating current and future researchers and practitioners. The center's clinics and support programs provide services for more than 2,500 people each year.

"We're committed to research, clinical service and training the next generation of scientists and practitioners," says Seltzer, who is also a UW-Madison professor of social work. "We're also committed to changing public policy. Harry Waisman did all of those things."

In 2001, the center opened new research and child development facilities housing state-of-the art laboratory space for gene therapy and stem cell research; a clinical bio-manufacturing facility; the Waisman Early Childhood Program, a preschool for 85 children, one-third of whom have disabilities; and the W.M. Keck Laboratory for Functional Brain Imaging and Behavior.

Seltzer says that, while the mission of the Waisman Center has evolved over time, there has been one important constant: The center remains a focal point of hope for people with many types of disabilities and their families.

Harry Waisman, MD

SELECTED WAISMAN CENTER MILESTONES

1965
UW-Madison selected as one of the first two sites in the United States for a multidisciplinary center devoted to the study of human development and mental retardation.

1973
Waisman Center dedicated and named for pioneering biochemist and pediatrician Harry Waisman of UW Medical School.

1979
Opening of the Waisman Early Childhood Program, a model school for children with diverse developmental needs.

1989
Discovery of a highly successful strategy for gene therapy in conditions such as muscular dystrophy.

1996
Opening of the Family Village, an award-winning Internet site and one of the first online resources designed for families and people affected by disability.

1997
Provided new evidence that, in individuals with Down syndrome, language skills once thought to plateau in childhood continue to develop into adulthood.

2001
Discovery of the gene responsible for Alexander disease.

2003
Development of new stem cell approaches for treating conditions such as Parkinson's disease and ALS.

Moving our cancer center to the next level of preeminence

by Patty Porter and Kathleen O'Toole Smith

Imagine our world without cancer—the "c" word we all fear hitting too close to home. Whether we have cancer, care about someone who has it or worry about getting the disease in the future, it is reassuring to know that in Madison—literally in our own back yard—we have one of the best comprehensive cancer centers in the nation.

The National Cancer Institute (NCI) has designated some 40 cancer centers worthy of the title "comprehensive." And UW Comprehensive Cancer Center (UWCCC) is proud to have been one of the early centers to receive this distinction.

The UWCCC's rich history resulted from the vision and exemplary leadership of two key figures: Harold Rusch, MD, and Paul Carbone, MD. When Rusch started UW Medical School's McArdle Laboratory for Cancer Research in the 1930s, it was one of the first basic research facilities dedicated solely to cancer in the country. In the 1970s, Rusch also created the Clinical Cancer Center at University of Wisconsin Hospital and Clinics. Rusch recruited Carbone, who headed the UWCCC until his retirement in 1997, from the NCI.

Terry Bryan, MD, UW Medical School professor emeritus of medicine with more than 40 years experience at the UWCCC, tells us that when the cancer center was conceptualized, it was in the spirit of creating a campus-wide team: researchers, physicians, nurses, pharmacists, social workers and others. They were charged with using their professional expertise to treat patients with the best, most advanced care available and to unravel the scientific mysteries of the more than 200 different forms of cancer. Such teamwork is the hallmark of the UWCCC.

George Wilding, MD, the acting director, is now focused on taking the UWCCC to the next level of preeminence. Under his leadership, the cancer center is working toward two main goals:

- Creating a better patient experience by remodeling existing clinical space
- Stimulating cancer breakthroughs with construction of new research laboratories

Featuring a dramatic, three-story atrium, the new Breast Center combines a number of services in one place, all aimed at making the patient's total experience as convenient as possible.

The UWCCC will have a prominent place in the new Interdisciplinary Research Complex (shown here as a computer rendering). The new building will be the final construction project in the HealthStar campaign, which aims to improve health sciences education and research facilities on the west end of the UW-Madison campus.

New Clinics

Last fall, the UWCCC opened newly expanded cancer clinics and the new Breast Center. The expansion, which focused on being as "patient friendly" as possible, nearly doubled the outpatient chemotherapy treatment area. The number of examination rooms also increased. And the new waiting area allows for more privacy and provides a serene, calming atmosphere.

The Breast Center combines a number of services in one place, all aimed at making the patient's total experience as convenient as possible. The blood laboratory, patient education room and all equipment for screening, diagnostic and treatment purposes—mammography, X-ray, ultrasound, biopsy—are located within the new center.

A dramatic three-story atrium, featuring a waterfall and comfortable seating, connects the clinic to the radiology department, the Care Wear Store and the cafeteria. With future construction in the works, soon the UWCCC will have its own private entrance located outside the J-3 module of UW Hospital.

The clinics expansion and the Breast Center were made possible through funding provided by the hospital. Gifts from individuals are now naming key areas and providing support for outreach and education programs and services for women and families.

The hospital remains committed to future expansion to further improve the experience for patients with cancer. Radiation oncology expansion and space for our multidisciplinary clinics are among the next steps planned.

Interdisciplinary Research Complex

The UWCCC will have a prominent place in the new Interdisciplinary Research Complex (IRC), the final facility on the UW health sciences campus that has been the focus of the highly successful HealthStar campaign. The largest single component of the new research facility will be the Cancer Research Tower, to be located adjacent to UW Hospital and Clinics.

Two simultaneous fundraising campaigns are supporting the IRC.

The Carbone Legacy Campaign

Members of the UWCCC Advisory Board and other community volunteers have joined together with the Carbone family to form the Carbone Legacy Committee. The committee is leading the effort to name the UWCCC for Dr. Paul P. Carbone. By raising $10 million in private gifts, we have a unique opportunity to leverage additional grant funding over the next two years. This is a special window of opportunity to honor Carbone's memory and fulfill his dreams for the UWCCC. It is our hope that those who received the gift of his exceptional care, teaching, guidance and friendship will now join together to contribute in his name.

Paul Carbone, MD

"The UW Cancer Center is more than just a building or a floor or a laboratory. It represents a concept—caring for others," Wilding says. "This is the way in which my former colleague, Paul Carbone, approached his work and each of his patients. That's why naming the UWCCC for him is so fitting."

The Cancer Research Tower

The IRC is "by no means a luxury; it is a necessity for us to stay competitive as one of the nation's leading cancer centers," says Wilding. "There literally is no space in our existing facilities for new recruits and investigators."

The new cancer space in the IRC will encompass four floors, with 80,000 square feet for laboratory and office space. The project presents opportunities for donors to name the cancer research tower itself, the laboratory floors within it either individually or collectively, and various other research support and office spaces.

Most importantly, the tower will facilitate the daily collaborations among researchers and clinicians that lead to breakthrough discoveries. It also will bring together key shared services and equipment vital to the research process, providing the space and technology for discovery to flourish.

This vision and the promise it holds are dependent on private support. The campaigns for the Carbone legacy and the cancer research tower are central priorities for UW Medical School and UW Foundation. We look forward to working with our alumni, friends and all others hoping to achieve a world in which cancer is no longer feared.

Please contact us any time. Patty Porter: (608) 265-2922 or patty.porter@uwfoundation.wisc.edu

Kathleen O'Toole Smith: (608) 262-9409 or kathleen.otoole@uwfoundation.wisc.edu.

Engebretson joins development team

Andrea "Annie" Engebretson

by Dian Land

Over the last seven years, many University of Wisconsin Medical School alumni have gotten to know Kathleen O'Toole Smith, a UW Foundation director of development for the school. This past summer, Andrea "Annie" Engebretson joined O'Toole as a new director of development focused on enhancing relationships with medical alumni.

"Kathleen has established a wonderful rapport with Medical School alumni, and I'm privileged to join the team as an additional contact person," Engebretson says.

Engebretson, who earned bachelor's and master's degrees from the UW-Madison College of Agricultural and Life Sciences (CALS), supported development for CALS at the foundation before moving over to the Medical School team last July.

In the past several months, she has been traveling across Wisconsin visiting alumni throughout the state. Soon she will head for other parts of the country.

Building a solid relationship with alumni is essential before any discussions regarding philanthropy can begin. "Much of what I do is act as a resource for our alumni who have questions relating to campus," she says. "As alumni talk about their interests in giving back to the Medical School, I can assist in connecting them with the projects that relate best to their interests."

At almost every visit, Engebretson shows people floor plans for the new Health Sciences Learning Center, which will open by summer 2004. "This is an exciting time in the history of the school," she says. "Since alumni do not always have opportunities to return to campus, the floor plans are an excellent visual aid to help describe the evolving health sciences campus."

She's also been telling people about existing and planned scholarships (to be described in greater detail in a future *Quarterly*). This kind of student support is becoming increasingly critical, as tuition at UW Medical School continues to be among the highest for public schools.

Engebretson has met with Wisconsin Medical Alumni Association board members and has been introducing herself to class representatives. An important part of her job is helping alumni with class campaigns. "When classes begin to organize big anniversaries—20th, 25th, 45th or 50th—they often start thinking about establishing a class gift," she says. "I can help them decide on a project to support, assist in crafting language for their class letter and even help contact classmates."

"Having Annie join our team allows us to expand our personal contact and communication with Medical School alumni, and we know her energy and passion for the work of the school will be contagious," says Mark Lefebvre, vice president for health sciences at the foundation. "Annie will be an important source of information on school activities and priorities. She will help us share the story as we continue to transform UW Medical School into the finest emerging health enterprise in the country through the HealthStar campaign."

Engebretson welcomes calls and e-mails from all UW Medical School alumni. She can be reached at (608) 263-0852 or andrea.engebretson@uwfoundation.wisc.edu.

Three alumnae are among those recognized

National exhibition honors women physicians

by Dian Land

An expansive exhibition recognizing American women physicians past and present recently opened at the National Institutes of Health in Bethesda, Maryland. Organized by the National Library of Medicine (NLM), "Changing the Face of Medicine" will be on display until April 2, 2005.

Three University of Wisconsin Medical School alumnae are among the women honored in the exhibit: Helen Dickie, MD '37, Gloria E. Sarto, MD '58, PhD '71, and Elizabeth Karlin, MD '78. UW Medical School's Ruth Bleier, MD, a former neurophysiology professor, is also included, as is Vanessa Northington Gamble, MD, former associate professor of medical history and director of the Medical School's Center for the Study of Race and Ethnicity.

In addition to celebrating the important contributions women physicians have made, the exhibition describes in great detail how women have overcome obstacles and helped focus national attention on women's health issues, says Judith Leavitt, PhD, UW Medical School professor of medical history and bioethics.

More than two years ago, Leavitt was asked to participate in the NLM *Ad Hoc* advisory group that helped plan the exhibition. Many additional people were involved in executing the plans, she notes.

With words, photographs, historical artifacts and personal belongings, the interactive exhibition highlights the lives of more than 300 women representing different medical schools, specialties, ethnicities and areas of the country. Much of the exhibit can be experienced online at http: www.nlm.nih.gov/changing thefaceofmedicine/exhibition.

"The exhibit is also meant to be a research tool as well as a teaching tool," says Leavitt, the author of books on, among other things, Typhoid Mary and the history of childbearing in America. Exhibit resources include bibliographies, lesson plans and steps people can take to enter the field of medicine and enhance medical careers.

Members of the public are also encouraged to tell their own stories about the women physicians they admire, those who are or were family members, provided memorable medical care or made a difference in the community, she adds.

Leavitt says the exhibit impressively illustrates the range of activities in which women physicians have been involved. "We often think that women physicians may be restricted to one niche—caring for women and children—but the exhibit proves this is not the case," she says.

Sarto, currently the co-director of the UW Center for Women's Health Research, a national center of excellence for women's health, has played a pivotal role in the evolution of national policy to improve women's health. She was a founding member of the Society for Women's Health

Gloria Sarto, MD '58, PhD '71

Elizabeth Karlin, MD '78

Helen Dickie, MD '37

Research, which has helped bring national attention to the fact that many diseases affect women differently than men, and that women largely have been excluded from clinical trials.

An obstetrician-gynecologist, Sarto has held many other national leadership positions. She recently became the first woman elected president of the American Gynecological and Obstetrical Society.

She also has received numerous awards, including the American Medical Women's Association's Lila A. Wallis Women's Health Award for lifetime achievement in women's health and research. In 2001, the Wisconsin Medical Alumni Association (WMAA) gave her its highest recognition—the Medical Alumni Citation Award.

Karlin was a tireless advocate for women's reproductive rights and health. In 1992, she was named Feminist of the Year by the Wisconsin chapter of the National Organization of Women. As director of the Women's Medical Center in Madison for eight years, she provided abortions and offered women a full range of medical care. Her pro-choice stance earned her both friends and foes.

Karlin died in 1998 at age 54, a few months after being diagnosed with a brain tumor. In her memory, the Elizabeth Karlin Fellowship in Women's Health was created to train women to become leaders in women's health and women's health research.

Dickie, who joined UW Medical School as a faculty member in 1943, was a pioneer in the detection and treatment of tuberculosis. She also helped identify another crippling disease then existing in Wisconsin: "farmer's lung." She played a central role in distinguishing its characteristics from similar ailments, identifying its causes and devising means for its prevention. Winning wide acclaim for her work, Dickie became a mentor for a generation of specialists in pulmonary medicine.

Dickie received numerous professional honors, and in 1983 became one of the first two women to receive the WMAA Medical Alumni Citation Award.

Research reveals the many health benefits of green tea

by Jon Sender

Nearly 15 years ago, Hasan Mukhtar, PhD, Helfaer Professor of Cancer Research, director and vice chair for research in the University of Wisconsin Medical School Department of Dermatology, asked himself why Asians suffered from certain cancers in far fewer numbers than Westerners. He observed, for example, that the rates of skin cancer are far fewer among Japanese people, and he noted that their culture included large consumption of green tea.

Beginning in 1988, Mukhtar, then based at Case Western Reserve University,

examined the role of green tea in skin cancer prevention. His investigations led to the discovery that substances in green tea called polyphenols can kill tumor cells and may starve cancerous growths by limiting blood vessel development around them.

According to Mukhtar, green tea's most effective polyphenol is epigallocatechin gallate (EGCG). Mukhtar led research to study mice that were exposed to ultraviolet light and fed green tea or had EGCG applied to their skin. The study showed that the mice were protected from the reddening, blistering and cell division associated with the early stages of skin cancer.

"Our research proved that the antioxidant properties of green tea, contained in the EGCG polyphenol, have the ability to interfere with the mutagenesis that is related to initiating the event of skin cancer," Mukhtar says. "Initially, there was great skepticism regarding our research, but many subsequent studies have confirmed our findings."

Gary S.Wood, MD, chair of the dermatology department, recruited Mukhtar to UW Medical School in 2001. "The vision of the newly formed dermatology department," says Wood, "includes attracting world class researchers to our campus. I knew Dr. Mukhtar from my time at Case Western Reserve and wanted him here. He is a highly gifted and productive scientist. He's very aggressive, very creative and takes a team approach to things. We're very fortunate to have him here."

According to Mukhtar, the difference between green tea and other kinds of tea is that green tea is not fermented, thus it retains powerful antioxidants that are partially destroyed during the fermenting process. "Virtually all tea is made from the dried leaves of the camellia sinensis plant. Green tea is air- or steamed-dried immediately after harvesting, which leaves it with larger amounts of polyphenols," he notes.

Starting in 1995, Mukhtar began to look into the role that green tea might play in preventing prostate cancer. "Japanese men, who drink four to 16 cups of green tea daily, have a significantly lower mortality rate from prostate cancer than Westerners. And the incidence of prostate cancer in China, whose population consumes green tea regularly, is virtually non-existent," Mukhtar says.

Prostate cancer is the most common cancer among U.S. males, he adds. It is the second leading cause of cancer death —trailing only lung cancer— in that group.

Hasan Mukhtar, PhD

"One of the challenges was to find a mouse model that genetically mimics the human form of prostate cancer. The TRAMP model (transgenic adenocarcinoma of the mouse prostate) spontaneously develops metastatic prostate cancer and is one such model that mimics progressive forms of the human disease," says Mukhtar. "Employing male TRAMP mice, we gave them the equivalent of up to six cups of green tea per day. Our research showed that the polyphenols in green tea significantly inhibited prostate cancer development and increased survival in these mice."

Exactly how the tea ingredient works against cancer remains unclear, says Mukhtar. But he notes that the compound leads to the programmed cell death, or apoptosis, of cancer cells.

"It seems that somehow, through a cell-cell signaling pathway, it is communicated to the cancer cells that they must commit suicide—or they'll be murdered," Mukhtar says. "So cells make a decision and undergo apoptosis. We're beginning to understand the signaling pathways."

Mukhtar says evidence of apoptosis showed up as "very distinct, clear-cut features in the shape of the cells" and in the breakdown of their molecular structure. At the highest dose of the green tea ingredient, nearly all cells were found to be in stages of apoptosis.

Mukhtar believes that the study of green tea will lead to fuller understanding of the process of apoptosis. He has received National Institutes of Health grants to further decipher the molecular mechanism of green tea's protective effects. He and his team will try to find out how to interfere with cancer development by administering purified polyphenolic derivatives.

Does he drink green tea? "Yes, based on our studies and others, it seems consumption of four cups of green tea per day should be sufficient," he says.

But he warns consumers to beware of products like bottled drinks and salves and potions that advertise green tea as a beneficial ingredient. "It is unlikely that these products have been tested in controlled clinical trials. Furthermore, the concentration of polyphenolic compounds is not uniform, nor do we know what the impact is of the other ingredients," he says.

The key is to keep drinking green tea, he says. "Or, if you take capsules, make sure polyphenols are among the ingredients."

Homecoming '03 features distinguished professor, dedicated alumni

John Harting, PhD, distinguished teaching professor and chair of the anatomy department, inspired much alumni laughter at the President's Dinner during Homecoming Weekend. Despite the levity, Harting also spoke seriously about teaching.

by Susan Pigorsch

Socrates said it first some 24 centuries ago. But leave it to the first distinguished teaching professor named by the Wisconsin Medical Alumni Association (WMAA) to bring alive the wisdom of the ancients and inspire a dining room full of alumni laughter.

"The best approach for adult learning is the Socratic method," says John Harting, PhD, the recipient of the Medical School/WMAA new professorship and guest presenter at the President's Dinner on Homecoming Weekend. The method entails teaching by asking questions—an approach that fosters active learning.

Dean Philip Farrell introduced Harting as a superb teacher who combines excellence and excitement, a great leader who has chaired the Department of Anatomy for the last 21 years, a donor who, with his spouse, Maureen Mullins, MD '79, has given $100,000 to name a board room in the new Health Sciences Learning Center and "the winner of more teaching awards than any two faculty put together in the history of the Medical School." What he didn't say is that Harting is also a renowned jokester.

"I got a big raise to cover the $100,000 donation, which I really appreciated," Harting began, eliciting peals of laughter. His often-comedic monologue went on to involve the audience in everything from the definition of hemiplegia (weakness of an arm or leg on the same side), to his first day in the Big Apple as a very green post-doc who didn't know that great-looking women don't speak to strangers on the bus, to his memories of former students—including astronaut Laurel Clark, MD '87, who died in the Columbia space shuttle, and Michele Tracy, '02, who was killed in Africa in a train-bus accident while traveling with other U.S. medical students.

"Teaching is about people," says Harting. "A good professor gets to know his students. A good professor interacts with students. A good professor is a good friend for life." One of the best ways to gauge a teacher's effectiveness, he says, is to count how many students are asleep in class, talking or doing crossword puzzles. "You've got to get the class involved, and you can't do that with PowerPoint." Harting embraces the Socratic concept of "learning as the kindling of a flame, not the filling of a vessel," and he practices what he preaches.

"Even if he calls on you and you don't know the answer, he makes you feel comfortable about not knowing," says Angela Gatzke, '05, president of the Medical Student Association (MSA). "I've had Harting as a professor, and he's passionate about his work. Students idolize his ability to make everything in his neuroscience class real." The distinguished professorship recognizes Harting as one of those who has dedicated his career to the education of medical students and has led a successful Medical School course that creates a stimulating learning environment.

A hallmark of Harting's classes is that everyone leaves feeling positive and empow-

WMAA President Chris Larson, MD '75, addressed the breakfast crowd before the game.

Members of the Class of '67 gathered at Homecoming. Seated from left: John Jaeger, Jim Kuplic, Mary Ellen Peters and Tom Winch. Standing: Lee Tyne, Pierce Meier, Tom Jackson and Bob Lederer.

Med III Malika Siker and Dean Philip Farrell join Med IV Peter Falk, who with face painted red showed his usual spirit.

ered. At the President's Dinner, his talk was the perfect set-up to Dean Farrell's one-of-a-kind contest: to name the eight-piece medical student strings group that had entertained them all evening. With applause and cheers, diners voted for their favorite names, toying with "Heart Strings," "Coda Blue" and "High Strung" before settling on the winning name, the "Benign Tuners."

At the WMAA Board of Directors meeting, also held during Homecoming Weekend, members learned more about the WMAA's important role in supporting students and involving alumni in the Medical School. The board celebrated the fact that alumni were instrumental in bringing about a Medical School tuition freeze, and in moving forward a mentorship program that will match alumni volunteers in Dane County with students interested in learning more about a medical specialty. The Alumni Host Program is also being revitalized, allowing UW graduates to help current students explore new communities as they interview for residencies across the country.

Alumni also were excited to learn how the WMAA is involving members in interviewing prospective medical students. Cardiothoracic surgeon and clinical professor of surgery Louis Bernhardt, MD '63, described his role in representing alumni on the Medical School's official admissions committee.

"Every weekend I review three to five applications," reports Bernhardt, who serves a three-year term. Along with other Medical School department representatives, he ranks the applications given to the committee according to a range of criteria, from grade-point averages and test scores to special talents, involvement with the medical community and other social services, and work history.

"If I give an applicant the highest ranking, then I serve as that person's advocate on the committee," says Bernhardt, who can feel strongly about accepting a candidate who exhibits a strong interest in medicine, even years out of college. "We don't give points to applicants based on their family's alumni legacy," he adds. "But we definitely do note that this is a part of the background of the applicant in a similar fashion to which we note that someone has life experience past college." Any graduate of the Medical School can call Bernhardt for advice on the admissions process. However, committee members cannot exert personal influence and must recuse themselves if they know a candidate.

"On a committee of 25, I'm one more voice for alumni," Bernhardt says. "The Medical School has given me a great run to follow my passion, and I'm interested in giving back time and money and heart and soul. That's what good alumni do."

Adds MSA president Gatzke, "When alumni get involved, it solidifies that alumni really care about students. They're so positive—they help us see the light at the end of the tunnel, and that life will be good someday."

Profiling those UW grads who give back to others will be a focus of the *Quarterly* editorial board in the year ahead. Discussions at the board's Homecoming meeting were lively, resolving in a common theme: The magazine should publish more alumni profiles, and needs its readers to help identify those alumni. Do you have a classmate whose clinical practice, research or dedication to community service may inspire others? Have you taken on a personal project that fellow alumni would be interested in hearing about? If so, write to Karen Peterson, WMAA executive director, 4245 Medical Sciences Center, 1300 University Ave., Madison, WI 53706. Only with alumni input will this magazine truly tell the Wisconsin story.

One more thing: Mark your calendar for Homecoming 2004, October 22-23, which will feature a showcase of the soon-to-be-completed Health Sciences Learning Center.

The new student strings group entertained guests at the President's Dinner. During dinner, Dean Farrell conducted a contest to name the group. The winning name: "Benign Tuners."

■ Alumni *Notebook*

Bruce Stoehr, '57, was happy to see an old acquaintance at the Homecoming festivities.

Roger Laubenheimer, '50, shared a laugh with Dean Farrell.

First-year student leaders Sara Wisniewski and Amber Shada joined the tailgate.

WMAA President Chris Larson, '75, and wife Randi visited with Bob Jeager, '71.

Walter Schwartz, '55, reconnected with fellow alumni.

Bucky Badger entertained guests.

Who could resist having their picture taken with Bucky?

Class Notes *compiled by Kathleen Freimuth*

1933

Elmer Shabart, now residing in Berkeley, CA, was instrumental during the 1950s in modifying cultural perspective related to cigarette smoking. He, along with Evart Graham, MD, and Ernest Wynder, MD, published the first paper on the probable connection between cigarette smoking and lung cancer, titled "Cigarette Smoking as a Possible Etiological Factor in Bronchogenic Carcinoma." The article later was selected by the American Medical Association as a "landmark article." He also authored "Memoirs of a Barbed Wire Surgeon," which recounts his days as a surgeon-prisoner of the Japanese during World War II.

1948

At its annual meeting in La Crosse, WI, the American Legion/Department of Wisconsin recognized Lake Mills resident **Roland Liebenow** by awarding him the Martha Marlowe Post Chaplain Award for serving his post with distinction as well as demonstrating involvement in both church and community activities.

1955

Theodore Roberts, professor emeritus in the Department of Neurological Surgery, University of Washington in Seattle, continues to teach residents as he enjoys his retirement. He also maintains his interest in farming.

1956

Gundersen Lutheran Medical Center in La Crosse, WI, has named a conference room in the newly consolidated Cancer Center Building in honor of **Robert Edland**, who served as the founder and chair of its Department of Radiation Oncology and the director of its Western Wisconsin Radiotherapy Center for nearly 30 years. Retiring in 1998 after almost 20 years of service at the Medical College of Wisconsin in Milwaukee as clinical professor of both human and radiation oncology, he now enjoys restoring classic automobiles and keeping in touch with veterans and confreres who served with him during his 11 years of active duty with the U.S. Army Medical Corps. He and his wife, Carole, have four children and five grandchildren.

1957

E. Richard Stiehm is the chief editor of *Immunologic Disorders in Infants and Children.* The fifth edition of the text will be published this spring by W.B. Saunders Co. First published in 1972, the book is considered the "bible" of the specialty. Stiehm is professor of pediatrics at the University of California at Los Angeles School of Medicine and was the 1998 recipient of the WMAA Alumni Citation Award. He will be a visiting professor at UW Medical School from April to July 2004. He also serves on the Los Angeles Committee of the UW Foundation.

1959

On October 21, 2003, the Milwaukee Academy of Medicine presented the 2003 Distinguished Achievement Award to **Jordan Fink** in recognition of outstanding contributions to the advancement of knowledge and practice of medicine by a Wisconsin physician.

1960

In a paper authored by Dr. John A. Talbott—past chair of the psychiatry department at the University of Maryland Medical School and past president of the American Psychiatric Association—and printed in the September 2002 issue of *L'information Psychiatrique,* **Leonard Stein** was identified as one of the 10 public figures who changed the face of American psychiatry. Cited as the "father of community treatment" for work done in developing specific care for long-term mental pathologies, he revolutionized services for people suffering from severe psychiatric disabilities so that they could live in their own homes in relative comfort and dignity.

1962

Ronald E. Burmeister has been given the 2003 Faculty Recognition Award by the University of Illinois College of Medicine for 32 years of teaching and mentoring medical students. After ending his obstetrics, gynecology and reproductive medicine practice at the Rockford Clinic in 1999, he joined the Reproductive Health and Fertility Center, where he continues to teach and provide infertility care to patients in Peoria, Rockford and Madison. Working with two reproductive endocrinologists, he has achieved excellent pregnancy statistics in all phases of infertility treatment. He is an assistant organist at Our Savior Lutheran Church and enjoys fly fishing and cooking.

1978

The Class of 2003 at Mercer University School of Medicine in Macon, GA, selected **Richard Elliott**, professor of psychiatry and internal medicine, as the recipient of the 2003 Faculty Humanism in Medicine Award. He was cited by students for dedication to teaching and mentoring and recognized by colleagues for his commitment to treating patients with respect, dignity and integrity. He is a four-time recipient of the National Alliance for the Mentally Ill—Exemplary Psychiatrist Award.

1980

Ruth Etzel is the editor of *Pediatric Environmental Health—2nd edition*, a 700-page book published by the American Academy of Pediatrics in November 2003 to help pediatricians recognize, diagnose and treat illnesses linked to environmental contaminants.

Patrick McBride, director of UW preventive cardiology and professor of medicine (cardiovascular medicine) and family medicine, was given the 2003 Distinguished Physician Alumnus Award from the University of South Carolina School of Medicine in Columbia, where he completed a master's program in public health and a residency in family practice. He also was named to three expert panels for national guideline development: the National Cholesterol Education Program Adult Treatment III Panel, the Robert Wood Johnson Expert Panel on Obesity and the American Heart Association Expert Panel on Preventive Cardiology in Women.

1983

After beginning his professional medical career in the Air Force, **Eric Berg** returned to Madison, where he practiced for eight years in a private practice setting. He then joined the faculty at UW Medical School, where he currently serves as vice chair of clinical affairs in the Department of Dermatology. He and his wife, Susan, have two sons: Andrew and Jack.

Although **Barry Lessin** lives in Chicago, he remains a huge Green Bay Packer fan. He is section chief of CT imaging and chief information officer in diagnostic radiology in the Department of Radiology at Elmhurst Memorial Hospital. When finding time to engage in a little relaxation, he and his wife, Elena, take their two children on vacations that run the gamut from beaches in Hawaii to dude ranches in Colorado and Montana.

Dean Sienko, his wife, Mary Jean, and their three children—Carolyn, Peter and Michael—live in Williamston, MI, where he practices preventive medicine while specializing in public health. He currently is a brigadier general in Operation Iraqi Freedom and serves as senior medical officer in theater. His one-year tour of duty expires in February 2004.

1987

Jonathan Fain and his wife, Erin, live with their four children—Robert, Ben, Susan and Danny—and two dogs in Mansfield, OH, where he practices community pathology at Medcontrol Health System. He takes great interest in coaching his children's sports teams, swimming and running. He divulges that, in addition to these activities, he and his family have become avid UW basketball fans. It's no wonder, considering that Erin's uncle is UW men's basketball head coach Bo Ryan.

Christopher Harris of Nashville, TN, is a faculty member at Vanderbilt University, where he teaches pediatric pulmonary medicine. He reports that he has expanded his scope of activities from running and working out to diaper changing and 3:00 a.m. feedings. In 2002, he adopted Maria Camilla Nicole, who is "loads of fun and makes life really busy."

Recently opening a new practice in Edina, MN, **Noël Radcliffe** and her two partners combine family practice, sports medicine and holistic medicine at Edina Sports, Health & Wellness. She reports that her husband, David, an inventor, has sought new beginnings as well with the start of his second business—producing four-wheeled recumbent bikes (http://www.pedalcoupe.com). Pursuing a multitude of hobbies, she raises horses, maintains organic gardens, camps, bikes, canoes, rock climbs and hikes. The couple has two sons: Sterling and Griffin.

Agnes Wong lives in Edmonds, WA, where she practices pediatrics at the Children's Clinic. She and her husband, Jon, are thrilled to announce the adoption of their son, Owen, from Taiwan and look forward to introducing him to the beautiful Pacific Northwest.

1988

Steven Armus of Franksville, WI, recently accepted the presidency and medical directorship of Great Lakes Dermatology in Racine.

As residency program director for general surgery, **David Farley** was awarded the Distinguished Educator Award 2002 at Mayo Clinic in Rochester, MN. He and his wife, Cathy, have three children: Thomas, Ben and Samantha. Family activities include fishing, swimming and Little League—which David coaches.

Living in Wausau, WI, with her husband, Tim, and children Calla and Isaac, **Kay Gruling** serves as section head of the Department of Family Medicine at the Marshfield Clinic/Wausau Center. Active in community events, she chairs the education and library service at Wausau Hospital and also coordinates the hospital's annual primary care symposium.

Patrick Sankovitz, director of a residency program in Denver, CO, tested his mettle in 2003 by finishing the Triple Bypass: a 120-mile bike ride over three mountain passes.

1989

Recently relocating to Vail, CO, **Kay Skaggs** is director of Women's and Children's Services at the Vail Valley Medical Center. She reports that she is having fun while meeting new challenges and

welcoming opportunities to interact with such world-class orthopedic clinics as Steadman-Hawkins, which has centers in Vail, Breckenridge and Denver.

1993

Savita Prakash Collins of Gainesville, FL, is assistant professor at the University of Florida and medical director of otolaryngology clinics. She and her husband, Michael, report that their most important news these days centers on their son, Alexander, who is 16 months old and loves playing in the park. The Collins' four-legged member of the family—not to be overlooked—is Jeeves, the cat.

David Coy and his wife, Mary, are both practicing physicians in Corrales, NM. He is a critical care anesthesiologist striving to develop multidisciplinary critical care services, a critical care fellowship, and perioperative critical care and echocardiography services within the community. Both are ecstatic to be back in the Southwest and enjoying their favorite hobbies: tandem mountain biking and Telemark skiing. They also are thrilled to announce and to welcome their new baby.

Tracy and Michael Hoffman live in Manitowoc, WI, with children—Nathaniel, Nicholas, McKayla and Natasha. Both practice at Park Medical Center—she in geriatrics and he in family practice. She is medical director of Holy Family Memorial Memory Assessment Center and a member of the Manitowoc County Dementia Care Network-Elder Abuse team. He is vice chair of the Department of Medicine at the center, March of Dimes team leader and charter member of the National D-Day Museum. Tracy, Michael and their children constitute "Team Hoffman," volunteering for charitable activities in the community such as Walk America and Memory Walk.

Alexander Scharko recently joined the faculty of Johns Hopkins School of Medicine in the Division of Child and Adolescent Psychiatry as an assistant professor after recently completing a two-year clinical post-doctoral research fellowship at the school. He is the proud father of three daughters and enjoys playing the guitar, listening to the Beatles, collecting Lionel trains and—Oh, yes!—watching the Green Bay Packers.

1996

Michelle (Ellenbolt) Mielke and her husband, Matthew, live in Nashotah, WI, where she practices pediatrics at the Wilkinson Medical Clinic in Oconomowoc. Aside from her clinic role, she relishes "practicing" pediatrics at home, where she cares for little Anna Marie and her two older brothers, Adam and Alex *(shown below).*

1998

After completing a term as chief resident in pediatrics at UW Hospital and Clinics, where he created a Web site titled "PedsPalm.com" (see www.pedspalm.com), **Mark Halstead** moved to Nashville, TN, with wife Nicole and their son, Owen. Currently, he is a sports medicine fellow at Vanderbilt University and serves as team physician for Vanderbilt and Belmont universities. He is an American College of Sports Medicine mentor and a fellow of the American Academy of Pediatrics. His interests are collecting sports memorabilia, gardening and his much-loved role of being a dad.

Edwin Hong, a family practitioner in Minneapolis, MN, won the 2003 "Concours National de Français de l'Alliance Française" French essay competition. He will study in Paris in March 2004.

Residing in Atlanta, GA, **Raymond Kotwicki** is a fellow at the Rollins School of Public Health at Emory University School of Medicine. He is president of the board of directors of Positive Impact (an HIV/AIDS organization) and has been responsible for the establishment of a clinic at Atlanta's largest homeless shelter.

2001

Xiushui (Mike) Ren currently is finishing his residency in internal medicine at the University of California at San Francisco. He is engaged to be married in May 2004 and will remain in the Bay Area to work as a hospitalist before applying for a fellowship.

Heather Toth of Wauwatosa, WI, recently became president-elect of the National Medicine-Pediatrics Residency Association. She notes that she would welcome any questions that students or others may have about training in the combined internal medicine-pediatrics area.

Post-Graduate

Martin Grabois has garnered numerous honors for his clinical, administrative and scholarly accomplishments. He was recently honored at the Baylor College of Medicine/University of Texas Health Science Center-Houston Physical Medicine and Rehabilitation (PM&R) Alliance Annual Banquet for his 30-year service at Baylor and his 25-year term as chairman of Baylor College of Medicine, Department of PM&R. He also was honored by the American Academy of Physical Medicine and Rehabilitation with the Frank H. Krusen Award, which represents the highest honor the field can bestow on a member. Additionally, he will be inducted as a fellow of the American Congress of Rehabilitation Medicine, which recognizes his contributions to the field.

Class Representatives

Larry H. Hogan

Class: 1944

Type of practice: Anesthesiology

Fondest medical school memory: The social contacts with classmates.

Hobbies/interests: Watercolor sketching, wood carving, travel. Recent trips have been to Austria, Greece and Tuscany. Occasional "kitchen duty."

Other news: I enjoyed recent visits with Ted Beutler, John Buesseler and Dorothy Betlach.

Faculty member remembered the most and why: Dr. R. M. Waters provided a few of us externs at Madison General Hospital with special pre-class instruction so that we could administer ether analgesia in the delivery rooms. I was one of "Aqua-alumni" at last year's celebration honoring this inspirational teacher.

Plans for a reunion: Our 60th reunion will be held in conjunction with Alumni Weekend, May 6-8, 2004. We will have a class reunion dinner on Thursday, May 6th at the Edgewater Hotel.

Message to classmates: Please try to muster in Madison next May, since there may not be many more opportunities like this.

Frank Henry "Hank" Urban

Class: 1954

Type of practice: Dermatology—retired.

Fondest medical school memory: Derby Days.

Hobbies/interests: Model trains, photography, travel.

Other news: I am a Wisconsin State Representative (retired).

Faculty member remembered the most and why: Otto Mortensen. He was a great and gentle teacher.

Message to classmates: You must see the new look of medicine on the west campus.

Plans for a reunion: We will celebrate our 50th class reunion in conjunction with Alumni Weekend, May 6-8, 2004. Our class dinner will be held at the Edgewater Hotel on Thursday, May 6th. The Wisconsin Medical Alumni Association will honor our class at a luncheon on May 7th. I hope you can attend!

Gordon A. Tuffli

Class: 1964

Type of practice: I spent two-thirds of my time in private practice of pediatrics for 30 years, which was combined with one-third time in academic pediatric endocrinology for 35 years. All in the wonderful city of Madison. My career came together (poetically) in 1997. I was named UW Medical School Class Mentor to the graduating Class of 2001. In brief, the job involves going back to medical school for four years, without having to take tests or pay tuition! Rest easy, all you who are retiring; the students of today are good people. Finally, upon my second retirement in 2003, my pediatric colleagues saw fit to fund a named study room in the new Health Sciences Learning Center after me. I am still overwhelmed.

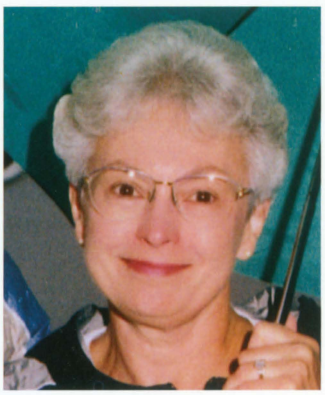
Fondest medical school memory: My marriage to Karen and the birth of our daughter during the Med 1 year clearly rates first. My friendships with classmates and the memory of four years of stimulating study is second. The earning of a Master's Degree in Anatomy and MD degree simultaneously in 1964 is third. Finally, the realization that I received a superb education must be mentioned. That "fondness" provided a basis for everything that followed.

Hobbies/interests: I have to list many, even at the risk of omission. This includes interest in kids, grandkids and other family. Next would come world travel with Karen. Other hobbies: hunting morel mushrooms in May, growing Shiitake mushrooms in my back yard, nut gathering in the fall, wild black raspberry gathering in July, fishing (anytime), cooking, woodworking, photography, church work, church choir singing, and last is playing poker and bridge with friends. In emeritus status, I continue to do various tasks for the Department of Pediatrics and the Medical School.

Faculty member remembered the most and why: There have to be three names. Harland Mossman, PhD, my mentor in anatomy and histology during my master's degree study while in Medical School. Charles Lobeck, MD, who gave me my first job in pediatrics. Robert Schilling, MD '43, who introduced me to world travel.

Message to classmates: Enjoy and savor what you have.

Plans for a reunion: I hope to see as many of you as possible in May 2004. Our 40th class reunion will be held on Thursday, May 6th at the Edgewater Hotel. Details will be mailed in early spring.



Kathe Budzak

Class: 1969

Type of practice: Retired—had practiced urgent care at Dean Medical Center in Madison.

Fondest medical school memories: The camaraderie of "the girls," as there were only nine of us in our class of 100 students. We met daily and ate our lunches together in "our john" in the basement of Bardeen. The progressiveness of our class in distributing old exams and negotiating better timing of exams. Delicious 25-cent Babcock ice cream cones, going to the "HT" after exams, and junior skits.

Hobbies/interests: WMAA, Elderhostels, knitting, scrapbooking, our Door County home and travel, especially with grandkids—to Banff, Denali, the Caribbean and the Amazon.

Faculty member remembered the most and why: On the positive side, Isabelle Peterson, registrar, was tremendously supportive to me, the mother of daughters aged three and six. I wouldn't have made it without her encouragement. On the negative side, Helen Dickie gave me a particularly hard time because I had a husband and children.

Message to classmates: Co-reps Wally, Carl and I have pooled our ideas to make this our best reunion ever, with many opportunities to chat, catch-up and reminisce. Please return your questionnaires and plan to be in Madison, May 6-9, 2004 for a great time!

Plans for a reunion: Our 35th reunion weekend will kick-off on Thursday, May 6, with the Dean's Reception. Friday, May 7, is Medical Alumni Day, with morning programs, luncheon and banquet, where we'll be seated together. On Saturday, May 8, we'll tour the International Crane Foundation in Baraboo during the day and enjoy a scenic appetizer cruise on Lake Mendota in the evening. We'll tie up the weekend on Sunday morning, May 9, with brunch at the Lakefront Café at the Memorial Union.

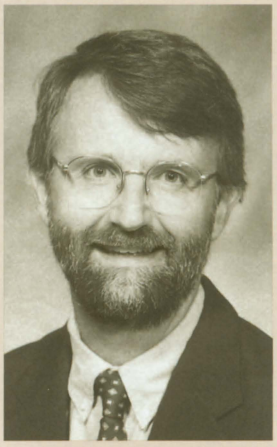
Remington to speak at Milwaukee Winter Event

Patrick Remington, MD '81, MPH, will be the featured speaker at the annual Winter Event, to be held Thursday, February 26, 2004, at the Wisconsin Club in Milwaukee.

A UW Medical School professor of population health sciences and co-director of the Wisconsin Public Health and Health Policy Institute, Remington will present the results of a recently published report that ranks the health of Wisconsin's 72 counties.

The rankings include not only traditional measures of health, such as mortality rates, but also determinants of health, such as behavioral, socioeconomic, healthcare and environmental factors. The health reports provide an opportunity for healthcare providers and public health professionals to develop community health improvement strategies to become Wisconsin's healthiest county.

Remington's talk is titled: "Wisconsin County Health Rankings: An Opportunity for Medicine-Public Health Collaboration."



Patrick Remington, MD '81, MPH

In Memoriam: James M. Berner, MD '80

James M. Berner, MD '80

James M. Berner, former long-time medical director of the emergency department at St. Vincent's Hospital in Green Bay, Wisconsin, died in a traffic accident on July 21, 2003, in Plankinton, South Dakota. His wife, the former Barbara Denis, also died in the accident. Both were 48 years old.

"Jim touched many lives in many ways," says Berner's niece, Cynthia Berner Lasecki, MD '93, a family physician with Bellin Health Systems in De Pere, Wisconsin. "His impact on the community is a legacy not readily captured in words. He provided inspiration to myself, both personally and professionally. I will always be grateful. Our family is incredibly saddened by the loss of Jim and Barb."

Berner was a stellar student at University of Wisconsin Medical School; he earned a place in Alpha Omega Alpha, the medical honor society. Upon graduating, he became chief resident in emergency medicine at Denver General Hospital.

Peter Rosen, MD, former chair of the emergency department (ED) at the Denver hospital and a national leader in emergency medicine, said in the eulogy he delivered at the Berner memorial service that he had hoped Berner would join his department. He found that the young physician "had enormous endurance, fantastic courage and a degree of self discipline that was simply unique. He was as good a chief [resident] as I have ever had the pleasure to work with."

But Berner believed he could make a better contribution in Green Bay than in Denver; and by all accounts, he did. In 1983, he became a partner in Emergency Physicians Limited, with Robert Zimmerman, MD '77. The practice later joined Bay Care Clinic, and subsequently moved to Auroroa BayCare Medical Center. Berner served as ED medical director as well as chief of staff at the medical center.

"Jim was the ideal emergency physician—comprehensive in knowledge, flawless in technique, compassionate to his patients and their families," says Zimmerman. "Jim and Barb were part of the nucleus that made our practice more like a family than a business."

Berner served on the staff of numerous local hospitals, as well as the NEW Community Clinic. He also was a member of the American Academy of Emergency Medicine, the American College of Emergency Physicians, the Physicians Advisory committee to the Wisconsin Emergency Medical Service (EMS) Council and the State Medical Society of Wisconsin. As medical director of Brown County EMS Council, he wrote most of the protocols for EMS care in Brown County.

Berner, his wife, and their two children, Eric and Heidi, were avid Green Bay Packer fans—they were in the stands at Lambeau Field for most home games. The family also loved participating in outdoor sports, and cherished time spent in the Teton Mountains, where, among other things, they enjoyed river floating in the summer and downhill skiing in the winter. Jim and Barb were on the way to their home-away-from-home in Teton Village, Wyoming, when they died.

IN MEMORIAM

Todd Van Blaricom '92
January 3, 2004
Fond du Lac, Wisconsin

Sidney Hulbert '41
Palos Verdes Estates, California

Mary E. Kohl '47
July 18, 2003
Des Moines, Iowa

Jack J. Levin '34
June 29, 2003
Pompano Beach, Florida

Richard H. Retter '43
October 19, 2003
Columbus, Ohio

David Woodard '93
November 1, 2002
West Monroe, Louisana

Reminder

Visit http://www.med.wisc.edu/alumni to keep current on all WMAA events and happenings. From here, you can update your records, join our association, nominate your colleagues or classmates for awards and sign up for events.

Why leave home for CME?

by Sarah Aslakson

Did you know that you can take a continuing medical education course from the University of Wisconsin Medical School on the beach, in your office, in your home—that's what the Office of Continuing Medical Education's home study program series is all about!

You can study a wide variety of topics carrying 10 to 76 credits AMA Category 1 in the comfort of your own surroundings, and have up to two years to complete your studies. The advantages?

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Fluid and Electrolyte Therapy - 24 credits
Hypertension Essentials - 26 credits
Infectious Diseases:
  Basic Science Perspective,
    Parts 1 and 2 - 38 credits each
  Infectious Disease Update II -
    54 credits
Knee Rehabilitation - 14 credits
Low Back Pain - 23 credits
Oncology Essentials - 48 credits
Orthopedic Essentials - 13 credits
Practical Therapeutics - 44 credits
Preventive Cardiology - 27 credits
Psychiatric Diagnosis - 41 credits
Respiratory Essentials - 38 credits
Smart Solutions in Primary Care - 29 credits
Sports Medicine III - 27 credits

CME Conferences

February 21
Acute Coronary Syndrome and Dyslipidemias
Milwaukee

February 26-28
Infectious Diseases Update
Madison

March 6
Headache Symposium
Appleton

March 11-12
Geriatric Medicine, Madison

March 19-20
Psychiatric Update, Madison

March 20
New Developments in Cardiology, Milwaukee

March 26-27
CT Conference, Madison

April 2
Cardiology Conference
Madison

April 3
Headache Symposium
Eau Claire

April 22-24
Integrative Medicine
Madison

April 22-24
Electrophysiologic Basics/Cardiac Arrhythmias
Milwaukee

April 24
Gastroenterology and Hepatology, Madison

May 14-15
The Heart of Cardiology is (Still) Echocardiography
Milwaukee

May 20-22
Sports Medicine Symposium
Madison

May 21
Antibiotic Conference
Madison

Observations

Bascom Hall, Winter 1995

PHOTO: Jeff Miller/UW-Madison University Communications

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