Top flight
Alumnus named Air Force Surgeon General

Global health needs call alumni into action

T. Michael Bolger to retire as College President and CEO
DEAN’S MESSAGE

This issue of Alumni News showcases a number of alumni who have found a career or calling in international medicine. The Medical College of Wisconsin is further committed to fostering empathy for patients globally and enhancing physician competency in treating diverse populations. One of the College’s new “pathways” for medical education is the Global Health Pathway. Directed by Michael A. Kron, MD, MS, Professor of Medicine, its goal is to provide an academic enrichment alternative for students with international health interests.

Pathway activities will follow guidelines established by two longstanding U.S. organizations involved in global health – the Global Health Education Consortium and the American Society of Tropical Medicine and Hygiene. Activities will include an option to develop a mentored project focused on a country-based public health priority issue, didactic and small group teaching. Optimally, the students will also spend several months in an international health setting.

The first affiliated international site is the University of the Philippines College of Medicine in Manila. Dr. Kron, who has more than 17 years experience collaborating with health and governmental entities in the Philippines, established this program three years ago. Approximately 35 M3 and M4 students are registered to participate in the Philippines elective this year. Dr. Kron will accompany the groups to Manila and surrounding areas to provide on-site logistical and orientation support, and the students will spend one month at Philippines General Hospital (an 1,800-bed charity hospital) working on inpatient and outpatient services, including emergency medicine, family medicine, internal medicine and pediatrics.

As a physician and scientist who has devoted 30 years of my career to improving health globally, I assure you that our students will gain a broad-based understanding of Philippines educational systems, health care systems, the challenges of providing health care in a developing country/resource poor population, and approaches to global public health priorities. This knowledge will be invaluable to all physicians, but especially those who aspire to a career in global health.

Jonathan I. Ravdin, MD
Dean and Executive Vice President

PRESIDENT’S MESSAGE

The National Human Genome Research Institute, part of the National Institutes of Health, recently notified the Medical College of an $8 million, three-year grant to establish a Wisconsin Center of Excellence in Genomics Science. The new Center, coordinated by the Medical College, is a collaborative effort between the College, the University of Wisconsin-Madison and Marquette University.

Michael Olivier, PhD, Professor of Physiology at the College’s Biotechnology and Bioengineering Center and the Human and Molecular Genetics Center, will direct the new center with Lloyd M. Smith, PhD, from UW-Madison.

The Wisconsin Center is one of just 10 Centers of Excellence in Genomics Science in the nation. Our team will focus on developing novel technologies for the comprehensive analysis of proteins that bind to DNA. The ultimate goal is to develop a toolbox that can be used to better understand the relationship between changes in protein-DNA interactions and the underlying, complex machinery controlling genes during normal biological processes in response to physiological, pharmacological or environmental stressors, and in different disease states.

The work of the new Center builds on the ongoing success of the Medical College’s National Center for Proteomics Research and Development at the Biotechnology and Bioengineering Center, both of which are directed by Andrew Greene, PhD, Professor of Physiology. This includes a new mass spectrometry innovation center funded with a landmark, $10 million private gift from Drs. Robert D. and Patricia E. Kern (see page 4).

These new resources support the Medical College’s commitment to innovation in technology development, advancement of biomedical research and translation of research to patient care applications.

T. Michael Bolger, JD
President and CEO
Providing a brief look inside this issue of Alumni News

Stemming the tide

Alumna Sapna Bamrah travels the globe with the Centers for Disease Control and Prevention responding to tuberculosis outbreaks. Her team’s interventions and epidemiological research are aimed at reducing disease burden in vulnerable populations and impoverished nations.

Classes represented in this story: ’99

Worldview

Either as volunteers or for their careers, many alumni pursue projects and missions in global health. Several alumni active in international medical efforts describe their motivation, their work and their impressions.

Classes represented in this story: ’84, ’00, ’02, ’10

Coming of age

Physicians caring for teens face the unique challenges of a patient population where the leading causes of death are injuries, not illnesses, and mitigating risky behavior is an ongoing preventive medicine component. Success in adolescent medicine requires attention to communication, confidentiality and age-appropriate interventions.

Classes represented in this story: ’82, ’84, ’88

Top flight

Alumnus Lt. Gen. C. Bruce Green has risen to the highest office in the Air Force Medical Service. As the newest Air Force Surgeon General, Dr. Green oversees a $6 billion budget and more than 42,000 people engaged in caring for the men, women and families of the USAF.

Classes represented in this story: ’78

President Bolger to retire

After nearly 20 years as Medical College President and CEO, T. Michael Bolger has announced his upcoming retirement. As President, Bolger helped lead the College through an era of enormous growth. He is also known for uniting alumni and encouraging their engagement with the school.

Classes represented in this story: ’60, ’68, ’74, ’84
Landmark gift supports biomedical innovation

Drs. Robert D. and Patricia E. Kern have given The Medical College of Wisconsin a $10 million gift, the largest single private gift in the school’s history, to develop an innovation center that will advance biomedical research, education and collaboration for years to come.

The gift will enhance the College’s identity as a national leader in the field of mass spectrometry and advance its capabilities in mass spectrometry through acquisition of new technologies and talent to create a regional research and training resource that supports scientific innovation. It will, in part, create a mass spectrometry facility, housed in the College’s Translational and Biomedical Research Center, which will unite campus mass spectrometry technologies and resources for participating researchers. These vast resources will be used to advance biomedical research, promote innovation in technology development and train a new generation of talented engineering students to work in the life sciences.

Through the transformative gift, the College will build upon existing relationships with Marquette University and the Milwaukee School of Engineering for collaborative research and a comprehensive biomedical educational program.

Advances in mass spectrometry will help Medical College researchers improve diagnosis and monitoring of treatments in patients as well as understand the basic molecular and cellular mechanisms that are changed in diseases so that new therapeutic options can quickly become available.

The Kerns have been strong supporters of education in Milwaukee since 1959, when they founded the company that would grow to become Generac Power Systems, one of the world’s largest independent manufacturers of complete engine-driven generator systems. They also established the Kern Family Foundation, which promotes strong pastoral leadership, educational excellence and high quality, entrepreneurial engineering talent.

Researchers are first to use zinc finger nuclease technology to create genetically modified mammals

Scientists from The Medical College of Wisconsin, Sangamo Biosciences, Inc., Sigma-Aldrich Corporation, Open Monoclonal Technology, Inc. and INSERM have announced the creation of the first genetically modified mammals developed using zinc finger nuclease (ZFN) technology.

In a paper published in the July 24, 2009, issue of Science, researchers describe the novel application of ZFNs to generate rats with permanent, heritable gene mutations, paving the way for the development of novel genetically modified animal models of human disease. ZFN technology will make the generation of such animals faster and will create new opportunities in species other than mice.

ZFNs are engineered proteins that induce double strand breaks at specific sites in an organism’s DNA. Such double-strand breaks simulate the cell’s natural DNA-repair pathways and can result in site-specific changes in the DNA sequence. Howard Jacob, PhD, Warren P. Knowles Professor in Human and Molecular Genetics and Director of the Human and Molecular Genetics Center, and his colleagues at the College hope to use the modified rats to gain a better understanding of disease processes related to hypertension, heart disease, kidney failure and cancer.
Team will research generation of heart cells from stem cells

A Medical College investigative team has received a new five-year, $8.2 million Program Project Grant from the National Institutes of Health (NIH) to study how certain stem cells can be channeled to exclusively generate cardiac myocytes. Since these cells constitute the contractile tissue of the human heart, success would enable new cardiac myocytes to be transplanted to compensate for the loss of muscle tissue that results in heart disease.

John W. Lough, PhD, Professor of Cell Biology Neurobiology and Anatomy, is principal investigator for the grant. The research team includes John A. Auchampach, PhD ’92, Professor of Pharmacology and Toxicology; Stephen A. Duncan, DPhil, Marcus Professor in Human and Molecular Genetics and Professor of Cell Biology Neurobiology and Anatomy; Paula E. North, MD, PhD, Professor and Chief of Pediatric Pathology; and Stephen Dalton, PhD, Professor and Eminent Scholar at the University of Georgia.

The ability to obtain the program project grant was facilitated by local support from a number of private sources, and from the Medical College’s Advancing a Healthier Wisconsin endowment for public and community health, which provided grants to Drs. Duncan and Lough for preliminary aspects of the proposed work. Many of the team members are also part of the College’s Program in Regenerative Medicine and Stem Cell Biology, directed by Dr. Duncan.

College offering new MS degree in clinical, translational science

The Medical College’s Graduate School of Biomedical Sciences is offering a Master of Science degree in Clinical and Translational Science in a new program that begin this fall. Sponsored by the multi-institutional Clinical and Translational Science Institute, the program is broadly designed to provide the education and practical training necessary for planning and conducting clinical and translational research projects in an academic or commercial environment.

The degree is being offered with three concentrations to meet the diverse needs of trainees: 1) Epidemiology/Outcomes Research concentration, 2) Translational Research concentration, 3) Commercial Development concentration.

More information is available at www.mcw.edu/ctsi.

Transplant team leads nation in kidney transplant survival rates

According to data recently released by the Scientific Registry of Transplant Recipients, the Froedtert & The Medical College of Wisconsin Transplant Center has the highest one-year kidney transplant survival rate (99.1 percent), as well as the highest one-year graft survival rate (97.6 percent) in the nation among 91 programs that perform more than 70 transplants per year.

Froedtert & The Medical College transplant surgeons conduct about 120 kidney transplants each year. More than a dozen specialties comprise the multidisciplinary transplant teams that treat patients. Christopher Johnson, MD, Professor of Surgery and Chief of Transplant Surgery, directs the transplant center.

Paper chosen by journal as most significant of 2008

A paper on research conducted at The Medical College of Wisconsin was recently chosen by the journal Hypertension as the most significant original clinical science article of 2008. The paper, “Benefit of low fat over low carbohydrate diet on endothelial health on obesity,” says that despite improvements in blood pressure and weight on both diets, vascular function measurements suggested greater risk of cardiovascular events in those on the low carbohydrate diets.

The study, which was led by David D. Gutterman, MD, Northwestern Mutual Professor of Cardiology, Professor of Medicine and of Physiology, and Senior Associate Dean of Research at the Medical College, was published in the February 2008 issue of Hypertension.

Grant funds genetic study of heart’s response to ischemia

The Medical College of Wisconsin received a four-year, $2.4 million grant from the National Heart, Lung and Blood Institute to identify the genes and mechanisms involved in the heart’s response to an insufficient supply of oxygen. Howard J. Jacob, PhD, Warren P. Knowles Professor in Human and Molecular Genetics, Professor of Physiology and Director of the Human and Molecular Genetics Center, is principal investigator, and Jozef Lazar, MD, PhD, Associate Professor of Dermatology, is co-investigator.

Using rat models developed with specific genetic traits, the researchers will study the genes involved in resistance to insufficient supply of oxygen to the heart and validate the role of genes and pathways that are responsible.

JUST THE FACTS

In the last federal fiscal year, ended 2008, The Medical College of Wisconsin earned nearly $91.3 million in funding from the National Institutes of Health.
It’s a drought year in Ethiopia, and the dearth of hydroelectricity is causing power outages every other day. Clean water is scarce, and malnutrition is on the rise. Sapna Bamrah, MD ’99, is back in Africa. It had been almost a year, but when you travel as often as she, time compresses and the memories rush back with clarity.

Dr. Bamrah is working in Tigray, the northern region of a country that experiences more than 150,000 cases of tuberculosis a year, and that is what brings the infectious diseases specialist here this summer. She is a medical officer and epidemiologist on the Division of Tuberculosis Elimination Outbreak Investigations Team, within the Surveillance, Epidemiology and Outbreak Investigations Branch of the Centers for Disease Control and Prevention (CDC). Her primary responsibility is to respond to local and state TB control program requests for assistance.

In a full investigation such as this, Dr. Bamrah is challenged to identify active cases of TB and understand the transmission chain between patients using contact investigations, molecular epidemiology and social mapping. Managing the public health concerns can be difficult with complicated health systems, she said, and local staff tend to interpret the assistance of a federal agency like the CDC as evidence of their shortcomings. This is usually furthest from the truth, she said.

“The majority of local programs do a phenomenal job of case identification, prevention of further transmission and contact investigations,” Dr. Bamrah said. “It is often the resources that they are lacking to go a step further to understand the outbreak and work toward reducing and eventually eliminating TB in their area.”

A member of the TB outbreak team since July 2008, Dr. Bamrah first joined the CDC as an epidemic intelligence service officer with the International Emergency and Refugee Health Branch in the National Center for Environmental Health in 2006. It was in this role that she traveled to Swaziland in May 2007 to assist her branch and the United Nations Children’s Fund (UNICEF) with conducting a national survey on sexual violence. It turned out to be one of the most meaningful experiences of her career among many.

Swaziland has the second highest prevalence of HIV in the world, estimated between 27 and 35 percent. Experts predict that by 2010, there will be 100,000 orphans in the country due to HIV/AIDS. UNICEF set out to address the risks faced by young women and children as sexual violence against them increased as age-appropriate wives and partners were dying from the disease. “Unfortunately, laws against sexual violence have not been very well defined – although rape was illegal technically, punishments were rarely enforced if guilt could even be proven,” she said. “To allocate the funds and help the government advocate for these children and new laws to protect them, the problem had to be defined.”

Dr. Bamrah assisted with staff training and monitoring as well as data management for the survey team, which hired 40 Swazi women to work as team leaders and interviewers. They went from randomly selected house to house, talking with one randomly selected girl age 13-24 from each.

“I consider myself extremely fortu-
nate that I get to travel off the beaten path and see some of the realities of the countries I travel to, both beautiful and tragic,” Dr. Bamrah said. “In addition, I am given the opportunity to work with and often befriend such amazing individuals. In Swaziland, this was true more than any other trip on which I had been.”

The participation of the women resulted in the country passing new laws and bringing more attention to the problem of sexual violence, she said. Within a few months, programs were initiated to educate the population, provide services to victims and enforce punishment of offenders. Shortly after a regional meeting where the study was presented by Dr. Bamrah’s Swazi colleagues, three other countries asked for the study to begin designing their own.

Success stories in Dr. Bamrah’s line of work are not necessarily happy endings, but often positive beginnings. One locale in which she has spent considerable time is the island of Chuuk in the Federated States of Micronesia. Her visits have focused on an outbreak of multidrug-resistant tuberculosis. In its initial visit, the CDC team identified cases of multidrug-resistant TB as well as exposed individuals after four people died from the disease. They were able to quarantine and treat infected patients and administer preventive therapy for others.

Dr. Bamrah has returned twice to the island to follow the patients. Among them, no additional deaths have occurred from the disease, and no one receiving preventive therapy advanced to active TB.

“Without a doubt, the most important outcome in all of this was the absolute improvement of the Chuuk TB program,” she said. “They have gone from a struggling control program, without the resources to provide care up to standards, to one of the most efficient, successful TB programs.”

The daughter of physicians, Dr. Bamrah had early aspirations to follow her parents into medicine. While she did become a doctor, she followed her own path – majoring in social work, minoring in Spanish, and studying post-apartheid development in South Africa and Namibia her senior year of college. She came home from Africa wanting to volunteer for a year, but she was already accepted at The Medical College of Wisconsin, and her parents convinced her to matriculate.

“It was not an easy decision for me, but at the end of the day, I truly thought I could contribute more to addressing poverty, could affect more change as a physician,” said Dr. Bamrah, who completed her internal medicine residency at Case Western Reserve University and an infectious diseases fellowship at Cleveland Clinic.

At the Medical College, Dr. Bamrah found favor in strong mentors and in an institutional culture that supported her efforts to seek out and even create new experiences that coincided with her educational and professional goals.

“As I was never the best academic student, my success is in large part due to faculty and staff members valuing me for the things I did bring to medicine as opposed to constantly focusing on my shortcomings,” she said. “At the Medical College, the faculty and staff allowed me to define what being a good doctor meant to me – which included learning about the poverty-stricken, the abused, the underserved.”

Choosing a career or even an occasional experience in global health requires some self evaluation. It is important, Dr. Bamrah said, for interested students or young physicians to take every opportunity to discover if the work feeds their passion or drains it. One should also consider their potential role – clinical work, epidemiology, improving electronic medical records systems, disease eradication, for example. The work that is sustainable has the highest value.

“The goal is not necessarily to go and provide services that cannot be replaced by the capacity of those who live and work in that country,” Dr. Bamrah said. “The goal, I believe, is to contribute to what people are already doing or provide them the ability to do more.”

To address the largest scale problems, Dr. Bamrah engages in the most personal of interactions, and the people she encounters seldom leave her thoughts. In Ethiopia, she meets a Coptic priest with TB who walks three hours to the clinic, two times a week. He picks up medication not only for himself but patients in his congregation and helps distribute the medication at church.

Many in the country are still waiting for medication. Two years ago, Ethiopia identified 273 cases of multidrug-resistant TB in a pilot study and applied for World Health Organization drug support. They were approved one year ago and are still awaiting shipment of the meds, which, even then, will only be enough for 50 people.

With TB clinics overburdened, Dr. Bamrah sees so much work still unfinished, yet she has, at least, helped give people some tools to succeed. Of course, the outbreak investigations team is needed elsewhere. Sapna Bamrah is back in Africa, but by the time you read this, she’ll be gone.

ON THE MAP
Locations Dr. Bamrah’s work with the CDC has taken her:
International projects
Azerbaijan
Thailand (3)
Vietnam
Nepal
Geneva, Switzerland (UNHCR HQ, 2)
Swaziland
South Africa
Tanzania
Kenya
Federated States of Micronesia (3)
Guam
Japan
Ethiopia
Domestic projects
Las Vegas, Nev.
Detroit, Mich.
Atlanta, Ga.
Seattle, Wash.
Laurel Bear is Assistant Professor of Pediatrics (Special Needs) at The Medical College of Wisconsin. Brian Bear is an OB/GYN in private practice in the Milwaukee area. The Bear family has traveled to the mountain villages of Honduras to provide medical services as part of Global Medical Brigades for a week each January for the past four years.

“It has been an amazing and humbling experience caring for the poor of Honduras. We have been forced to go back to the basics of medicine being limited to a history and physical exam. We have learned how important it is to the people of Honduras that we take the time to listen to them, examine them and then try to provide basic and preventive health care. Our experiences have taught us the importance of taking time with each and every patient. We have learned that no matter where you practice in the world, people want you to listen to them and address their individual needs.

Our time in Honduras has taught us that there are a few very important universal truths. Perhaps most significant is the importance of family. Although very poor, the Hondurans find joy in their family, their community and their faith. What the Honduran people want is the chance to be healthy and provide for their family. Our patients in Honduras often walked a half a day to reach us and then would wait for hours for their turn to see us. We have learned how fortunate we are that we live where there is relatively easy access to state-of-the-art health care. We have also learned the importance of public health on the overall health of a country.

Access to clean water, appropriate sanitation and adequate nutrition goes a long way to improving the health of a country.”

mcw.edu EXTRA
Read about Dr. Drobac’s path to global health at mcw.edu/drobac.
Many Medical College of Wisconsin alumni have contributed time and talent to improve international health care. Several practicing and aspiring physicians recently offered insight into their experiences and influences in global health.

Ann Cappellari, MD ’00

Dr. Cappellari is an emergency medicine physician at St. Agnes Hospital in Fond du Lac, Wis. In addition to previously being a Peace Corps volunteer stationed in Burkina Faso, she was a volunteer for Médecins Sans Frontières (Doctors Without Borders) in Darfur, Sudan, from October 2005 to May 2006. She supervised a 40-bed pediatric and adult hospital, emergency services, malnutrition center and outpatient clinic.

“This agrarian culture of West Darfur was so isolated, people lived in grass and mud huts without running water or the concept of latrines. Kids would touch my skin and look at their hand to see if the white would rub off. Their practice of medicine was a craft passed down through the ages. Residents would invariably visit the local healer prior to seeing us: Pull the teeth to treat diarrhea in children, burn the scalp for headaches, cow dung for bee stings, and small fine scarring for abdominal pain. Diseases I’ll never see again were routine: neonatal and adult tetanus, rabies, hepatitis E epidemic, malaria, leprosy, some of which we could cure. For others, we were no more effective than traditional scarification.

Has this experience changed my medical practice? The diagnostic dilemmas challenged me, relying on an outdated Cecil’s text to tell me why one man is urinating milk (answer below). The death, war and poverty remain haunting. Little things now vex me, like the teenager who ‘just can’t swallow pills,’ when you can be sure the mother of the infant with malaria will get that child, by any means, to take the medicine. What I really hope is that my experience can change you. Think strongly about volunteering. Go now, before you have a family; go later, after your career is established. Take the incredible privilege of being a medical doctor and change a corner of the world. (Chyluria from filariasis)”

Patrick G. Cudahy, Class of 2010

Cudahy is an M4 at The Medical College of Wisconsin. From July 2008 to April 2009, he worked in Pietermaritzburg, South Africa, at a large district hospital with an American NGO on HIV and tuberculosis research. His first international health experience was in the summer of 2006 after his M1 year. He traveled to Bungoma, Kenya, for a month of work with mobile medical clinics. Cudahy plans to pursue medicine or medicine-pediatrics with a subspecialty in infectious diseases.

“One weekend while in South Africa, I once drove forty minutes to my friend Sandile’s house in a rural township. He lives in a mud hut with a grass roof and keeps a few cows, goats and chickens. It was totally different than anything I knew, and yet we spent that afternoon in his hut watching soccer and drinking a few beers. Hanging out with a Zulu tended to be a lot like hanging out in Milwaukee. People ask me what crazy diseases I saw over there but most of what I saw was troublingly ordinary: case after case of HIV and tuberculosis. The difference was how advanced the disease was when diagnosed and how little we could do. These were not exotic African diseases, but diseases of poverty. The burden is immense, and there are shockingly few people doing anything about it.

I literally dream of returning to Sandile and Bheki and Gugu and all the amazing people I met over there, in order to continue my work. My first question to residency directors during interviews will be, ‘how can you help me get back there?’”
Just as teenagers experience significant developmental changes as they mature, they also undertake a shift in how they receive health care. In many ways, the two are interwoven, the latter driven by the former and also through the expertise of physicians trained to navigate the complexities of adolescent medicine.

“You’re dealing with kids who are transitioning from pediatric to adult care, going from a pediatric focus where the parents are really in charge of health to, hopefully, the other end where the teen is prepared to take control of their own health,” said Wayne Sells, MD ‘88, MPH, Director of Adolescent Health at Oregon Health & Science University. “So you really have two patients, the child and parent. That’s a challenge – sometimes they have the same agenda, sometimes it’s very different.”

Many of the health issues in the teen population are sensitive, pertaining to reproductive health, sexual activity, substance use or abuse, risk-taking and mental health. The topics’ nature makes some adolescents wary of being forthcoming with their doctor, let alone their parents. Physicians find themselves needing to encourage and facilitate improved communication between child and parent while navigating and respecting confidentiality requirements.

Parents, Dr. Sells said, must be encouraged to provide structure, to be allies in monitoring their teen’s behavior and adherence to a treatment plan, and to talk to their kids about their own views and values. Patients, similarly, need to be given the tools and motivation to make good decisions and to discuss their activities and health questions with their parents, in addition to being open and honest with their doctor.

“The more you work with teenagers, the more you understand, a teen’s living environment plays a big role,” Dr. Sells said. “Youth who may be abusing substances may not be completely honest with their provider for fear of the consequences. Patients with eating disorders may not tell you because they are not sure they want to get better. I’m committed to taking care of teens, but it’s important we help families improve their parenting skills.”

Reconciling differences and trying to get the teen patient and parent on the same page is just one of the unique aspects of adolescent medicine. Although generally healthy, teens do face certain medical problems that are more prevalent in their age group than any other. Among them are growth and hormonal changes including menstrual problems, acne, anorexia, anemia and overuse injuries among athletes. The chief threat to adolescent health, however, is that which is largely within individual control – risky behavior.

“We can’t ignore that 75 percent of adolescent deaths are not really medical issues,” said James A. Meyer, MD ‘82, an adolescent medicine specialist at Marshfield Clinic. “They are behavioral...
issues – unintentional injuries, homicide, suicide – and we have to be working on behavioral issues that impact on risk-taking, which leads to those terrible statistics. I don’t think you go into adolescent medicine without believing you can help your patients make better choices.”

For some adolescents, risk-taking may involve tobacco, alcohol or drug use. It may mean lack of seat belt use or helmet use or unsafe driving. It could mean sexual activity or firearm access. Combinations of these compound the risk, as drinking or drug use impairs judgment, thus increasing the likelihood of intoxicated driving, unprotected sex or even suicide.

Providing health care for adolescents, specialists say, is challenging because their views on life are in constant flux. At the younger end of the spectrum, they have limited comprehension of how present activity affects their life in the future. As they age, they develop an awareness of the future and of the consequences of their actions, but they still need the guidance that physicians can provide.

“In general, this group of patients tends to be a healthy group of kids and a good group of patients,” said Wendi Ehrman, MD ’88, Assistant Professor of Pediatrics (Adolescent Medicine) at The Medical College of Wisconsin. “But this is adolescence, and puberty is going on and hormones are flaring, and they take risks. So we need to talk to them about risk prevention so they can continue to stay healthy.”

While most teens are guilty of engaging in risky behavior, at least occasionally, some are inherently at risk due to socioeconomic status, family history or living environment. Dr. Ehrman is Medical Director of a Medical College program specifically designed to care and advocate for patients in Milwaukee’s central city.

The Milwaukee Adolescent Health Program (part of the Division of Adolescent Medicine with a consultative clinic and inpatient services at Children’s Hospital of Wisconsin), consists of a primary care clinic, a specialized teen-tot clinic for adolescent parents and their children, and a school-based health center. Case managers provide substance abuse treatment, family planning services and assistance to adolescent job seekers and those with educational needs. They also provide health screens and acute care to detained juveniles at the Milwaukee County Juvenile Detention Center.

Early health screenings, particularly for substance abuse, sexual activity and depression, are a key component of the program so the most appropriate care can be provided on a medical and social level. Confidentiality is an ongoing challenge, Dr. Ehrman said, especially as clinic staff attempt to engage patients’ parents or guardians, since Wisconsin law requires confidentiality for patients’ reproductive health information, regardless of age. Confidence can only be broken if the patient is a danger to themselves or others.

Statutory rape cases and abuse from a family member are among the most difficult cases Dr. Ehrman faces, but more prevalent are teen pregnancies. Often, the teens are not cognitively age appropriate but romanticize pregnancy as a way to keep a boyfriend or a way out of their current environment.

“The developmental level of an adolescent doesn’t always measure up to their age,” she said. “We’re trying to change the behavior of someone who can be a very concrete thinker, especially for pregnancy prevention or STD prevention. They may not comprehend the challenges ahead if they don’t change behavior.”

In his rural, central Wisconsin setting, Dr. Meyer more frequently sees challenges of a different nature. In addition to his primary practice, he has a large referral practice. He finds that what is often overlooked in previous assessments is a successful effort to foster better health and behavior for the adolescent. Many times, there is a mental health component. Dr. Meyer recently saw an 18-year-old who said he had been feeling depressed for several years, but his parents did not want him pursuing mental health care. Now of age, he decided to seek it on his own to get on a path to health.

“What I do crosses the line between classical medical care and psychological support and care,” Dr. Meyer said. “I have to take on that role with there being very little access to psychological care in this rural setting.”

Mental health is an emphasis of adolescent medicine. Depression starts to peak near the end of adolescence and at least 20 percent of teens have had a depression episode by age 18, said Jeffrey Hunt, MD ’84, Associate Professor of Psychiatry & Human Behavior at Brown University. Dr. Hunt is also Director of Training in both the Child and Adolescent Psychiatry Fellowship and the Combined Program in Pediatrics, Psychiatry and Child and Adolescent Psychiatry (Triple Board) at Brown.

“The bigger issue for a child and adolescent psychiatrist is determining whether this is psychopathology or just a deviation from the norm,” said Dr. Hunt, who points to persistence of symptoms,
The summer of 1990 brought Lt. Gen. C. Bruce Green, MD ’78, MPH, to Baguio City, Philippines, where a massive earthquake had collapsed buildings and infrastructure, eventually killing more than 1,600 people. Then a lieutenant colonel in the Air Force and an expert in disaster relief operations, Dr. Green was assigned to lead rescue efforts in the battered region.

Aftershocks rocked the area as every building over three stories tall had fallen, and Dr. Green spent his first night coordinating rescues in several city hotels. The next morning, his team was called to a factory where numerous casualties were reported. As they scoured the rubble, they heard a small voice and realized someone was trapped beneath. For two hours they dug through mud and debris before pulling the man to safety, just before a gas leak ignited to cause an explosion that could have buried them all.

“There’s this little voice inside you that says ‘you are the one – you are the one who has to make a difference here,’ and when you hear that voice, you can’t walk away from it,” Dr. Green said. “So we did everything we could, regardless of risk, to get this individual out. You’ve got to step up to it and do the job.”

That sentiment could easily be Dr. Green’s mantra as he begins his first year as the top medical officer in the United States Air Force. After serving as Deputy Surgeon General of the Air Force for three years, Dr. Green was promoted in August to Air Force Surgeon General.

In his new role, Dr. Green oversees a budget in excess of $6 billion and a service of about 42,000 officers, enlisted and civilian personnel in a worldwide system of health care that operates 75 military treatment facilities, including 24 hospitals and medical centers. The Air Force Medical Service, which commemorated 60 years this summer, delivers medical care for more than 2.6 million people, including active duty, family members and retirees.

“My job is to make certain the service runs smoothly with the highest quality and best care that can be offered to military beneficiaries,” Dr. Green said. “I really set the agenda for Air Force Medicine. On a day-to-day basis, I represent Air Force Medicine in multiple national forums. In our vernacular, I carry the flag for the Air Force Medical Service.”

Strengthening resources

When he arrived in the surgeon general’s office in 2005, Dr. Green set his attention to revitalizing the Air Force’s hospital infrastructure and making improvements to the day-to-day care of patients. He had been commander at Wilford Hall Medical Center at Lackland Air Force Base in Texas, its largest medical center. Coming directly from a clinical assignment, he said he was attuned to the best way to rebuild hospital operations and to introduce resources and incentives to promote greater retention of talented clinicians.

As Deputy, his responsibilities were like those of a chief operator for his predecessor, Lt. Gen. James G. Roudebush, MD, so Dr. Green’s new role is largely an extension of the work he had been doing.

Since his assignment in the Philippines, Dr. Green has been heavily involved with the development of the Air Force’s expeditionary medical capabilities. Aeromedical evacuation (air-evac) transport to the U.S. is often needed in cases such as cardiac surgery, where the assets for proper care are not available in the field or even in the country. Dr. Green often accompanied very sick patients to the U.S. After a few weeks in the Philippines, he learned several neonates had died in the Pacific due to prolonged transport times. He followed up with an investigation on how to improve air-evac
for neonates and became the validating physician approving all patient transport in the Pacific.

Dr. Green has had special involvement in the evolution of the air transportable hospital and later helped build the Air Force’s first transportable trauma center. He put the current version of that unit, the EMEDS (Expeditionary Medical System), into design and testing. While at Scott Air Force Base, Ill., from 2001-2003, Dr. Green modified the air-evac program to ensure the equipment and training were in place to use any pressurized aircraft, not just military, to move casualties. He considers the enhancements made to the systems that safely transport patients from the field to logistics hubs and other sites where they can receive comprehensive treatment and recover among the most significant contributions he has helped make.

“Heather really hires military physicians to be able to deploy and take care of warriors in any environment,” he said. “We bring American standard care to very austere locations. To do that, we have to be current in medicine, and we have to find ways to get people home safely.”

**Scholarship paves way**

Through a decorated career of 32 years in the Air Force, Dr. Green can smile about how he almost didn’t qualify. He was a young medical student, starting at age 19, so when he investigated the Health Professions Scholarship Program – a full tuition military scholarship – at his father’s suggestion, he ran into an obstacle despite his academic standing.

He was told he was too young to be commissioned, the cutoff being 21 years, however his recruiter convinced the Air Force that Dr. Green wouldn’t actually be an officer until after his graduation, so they allowed his entry into the program. He was excited about a career in medicine, though hesitant at the time to even accept the scholarship, as it was the post-Vietnam era, and many were skeptical of the military. In the end, the opportunity for a medical education won out.

“In terms of career, I always had intended that I would essentially pay back my commitment and get out,” he said. “But by the time I went to the Philippines, I had extended about four years beyond. Some of that had to do with family and where they wanted to go, and some of it had to do with my ever-increasing knowledge of the mission of the Air Force.”

His initial decision to consider the Air Force as a long-term career came as he was nearing the end of his commitment in 1984. Having completed his family medicine residency in the military, he was strongly considering joining the family practice of friend John Capelli, MD ’78, GME ’81, in Kenosha, Wis. Ultimately, however, Dr. Green chose an Air Force assignment in Hawaii, a decision his friend jokingly told him he’d never forgive unless he became surgeon general. It seems Dr. Green will be granted a pardon.

In the ensuing years, Dr. Green earned a master’s in public health from Harvard University as part of an aerospace medicine residency program he completed at Brooks Air Force Base, Texas. In addition to Wilford Hall Medical Center, he has served as commander of three hospitals. As command surgeon for three major commands, he planned joint medical response for operations Desert Thunder and Desert Fox, and oversaw air-evac for operations Enduring Freedom and Iraqi Freedom.

Today, Dr. Green spends much more time looking to the future than the past from his headquarters at the Pentagon in Washington, D.C. He knows perhaps his greatest responsibility as Surgeon General will be to ensure the U.S. is prepared for whatever new challenges the country may face in the next five to 10 years. Air Force Medicine must protect Airmen, patients, systems and information from any attack – whether kinetic, chemical, biologic or cyber – that threatens the U.S. or compromises our ability to care for America’s heroes, he said.

“That’s the biggest burden, and that’s my job,” Dr. Green said. “I must try and identify future threats and make certain we’re equipped and prepared to deal with every contingency.”
Bolger to retire as Medical College president

T. Michael Bolger, JD, President and CEO of the Medical College of Wisconsin for the past 19 years, has announced his plans to retire. Bolger will continue to serve as president and CEO until June 30, 2010, or until his successor is appointed, whichever comes later. At that time, he will assume the title and office of President Emeritus.

“The practices of medicine and medical discovery are among the most noble callings to which a human being can aspire and achieve,” Bolger said. “I’ve been honored to help The Medical College of Wisconsin’s faculty, staff and students realize their potential for greatness and collectively to engage in creating an atmosphere and culture in which real learning and scholarly pursuit can occur. I am indebted to my many colleagues at the College and in the community for their leadership and support that advanced the stature of The Medical College of Wisconsin.”

As President, Bolger initiated the Medical College’s strategic planning process to identify institutional goals and priorities. Measurements of the College’s growth since 1990 are:

- 594% increase in the operating budget, from $143 million to over $850 million;
- 382% increase in externally funded research and training grants, from $38.1 million to $145.7 million;
- 400% increase in federally-designated research centers, from two to eight;
- 433% increase in endowed professorships, from nine to 39;
- 275% increase in faculty physicians, from 400 to 1,100 physicians;
- 1,482% increase in endowment, from $25.6 million to $379.5 million.

Under Bolger’s leadership, the Medical College constructed approximately $200 million in new facilities that added more than 500,000 square feet of research and teaching space, notably the College’s Health Research Center, Translational and Biomedical Research Center, and Cardiovascular Center / Anesthesiology research laboratories.

He has led two capital campaigns, the first, a $50 million campaign ending in 2001 that raised about $75 million. The current $125 million campaign has raised more than $122 to date and will be completed before he leaves office.

Bolger guided the College’s receipt of more than $300 million from the 1999 conversion of Blue Cross & Blue Shield of Wisconsin from a non-profit company to a for-profit stock corporation. Funds from the conversion were donated to The Medical College of Wisconsin and University of Wisconsin School of Medicine and Public Health to create permanent endowments to fund statewide public and community health programs.

The contribution to The Medical College of Wisconsin created the College’s Advancing a Healthier Wisconsin program. More than $73 million has been committed from the program to support education, research and academic/community partnership projects. To date, 109 academic/community partnership projects have engaged 267 community organizations throughout Wisconsin. More than 20 other community outreach projects were initiated by Medical College students and academic departments under Bolger’s leadership.

As president, Bolger was instrumental in creating the Medical College’s Graduate School of Biomedical Sciences. Three doctoral programs were added and four Master of Science or Master of Arts degrees were established. Joint degree programs were developed with both Marquette University and the Milwaukee School of Engineering. Graduate School enrollment increased from 95 students in 1990 to more than 400 students today.

With more than 800 medical students, the Medical College is one of the nation’s largest providers of physicians. It is the nation’s third largest private medical school in terms of the number of physicians trained.

During Bolger’s presidency, the Medical College expanded its affiliations with Froedtert Hospital, Children’s Hospital of Wisconsin and the Clement J. Zablocki VA Medical Center. In 2005, Bolger served as national chairman of the Association of Academic Health Centers, a national organization of CEOs of more than 100 medical schools and academic medical centers throughout the United States.

Recognized as a national authority on health care law, Bolger was a partner in the law firm of Quarles & Brady before being named president of the Medical College. He served as general counsel to the Medical College and provided the legal guidance that helped create the Milwaukee Regional Medical Center in the 1970s.

Medical College students gave Bolger the Student Affairs Committee’s first “Standing Ovation Award” for service to students in 1991. In 1995, he was named an Honorary Alumnus by The Medical College of Wisconsin/Marquette Medical Alumni Association. In April 2009, Bolger received the Wisconsin Medical Society’s Presidential Citation Award.

A search for his successor has begun.
Throughout nearly 20 years as President and CEO of the Medical College of Wisconsin, T. Michael Bolger, JD, has been known by many as a friend and advocate for the school’s alumni. It did not take him long to establish this reputation.

When he was inaugurated in 1990, the Alumni Association was a dues paying organization with outside leadership and only 15 percent alumni participation. Bolger saw the opportunity to create an Office of Alumni Relations with a College-employed Executive Director, who would also direct The Medical College of Wisconsin/Marquette Medical Alumni Association. This would increase outreach to alumni, eliminate dues and make every graduate an automatic member of the Alumni Association. Bolger also made sure the Alumni Relations Office was placed right near the entrance of the school when the Health Research Center was built in 1998.

“My focus has always been on making the alumni feel a connection to the institution and a pride in being an alumnus of this institution,” said Bolger, who recently announced his upcoming retirement. “It was a priority to make the alumni feel they were highly valued and honored, and that they had a home.”

William G. Weber, MD ’60, was President of the Alumni Association during its transition, and he looks back on the change not only as the right thing to do, but as a great success. His first encounters with Bolger left Dr. Weber with a favorable opinion of the College’s new leader.

“I was very impressed by what he said when he addressed the Alumni board prior to his becoming president of our school,” said Dr. Weber, who later served on the Board of Trustees. “I was a little concerned about having an attorney as our president, but this concern didn’t last long. He was initially and always has been concerned for the complete involvement of the alumni with the school.”

Despite an impressive professional background, Bolger, too, felt some early trepidation about not being a physician. He remains grateful for the warm welcome he did receive from alumni, a memory he expects to endure.

“I take great pride in the graduates of this medical school,” he said. “I think they, by and large and for the most part, are wonderful physicians and wonderful human beings. I’ve gotten to know many of them as I’ve traveled around the country, and I think one of the most heartening things is the way I’ve been accepted by the alumni as president of this medical school, not being an MD myself. I was concerned about that, but I’ve been pleasantly surprised how well I’ve been accepted and received.”

It is Bolger’s commitment that has endeared him to many alumni, said William J. Listwan, MD ’68, GME ’74, also a former association president. Bolger understands the importance of alumni supporting the school financially and as ambassadors. As a result, alumni participation in annual giving – a measure of institutional strength – has increased significantly during his tenure, Dr. Listwan said.

“He has dedicated his life to the Medical College for nearly 20 years and is so good at what he does in terms of meeting people and describing what the Medical College does for all of us – not just alumni but people in the community,” Dr. Listwan said. “He was the right person at the right time.”

Bolger has made it a point to reach out and connect with current students and former students to build this strong foundation of alumni activity within the school. One of his skills is inspiring people to get involved or reconnected, said Cynthia A. Bauer, MD ’74, GME ’75, a past association president currently representing alumni on the Board of Trustees.

“What the Medical College is today reflects Mike’s ambition for the school, his vision for the school,” she said. “I’m totally in awe of everything he’s accomplished. If you want to see his legacy, just stand in front of the medical school and rotate to the left and then to the right. He’s an incredibly positive presence. In today’s world, what a refreshing kind of leadership to have.”

Thomas G. Wittmann, MD ’84, GME ’87, began his term as association president this summer, and attests to the ongoing work Bolger shoulders on behalf of alumni.

“Mr. Bolger has been a wonderful ambassador for The Medical College of Wisconsin,” Dr. Wittmann said. “He has traveled tirelessly across the country in an effort to stay connected with the alumni and has been a great advocate for us. He has affirmed and celebrated the worthiness of our profession as physicians. As alumni, that has given us a real sense of pride and purpose. He will be greatly missed.”

In fashion befitting a successful leader, Bolger looks to the future when assessing his presidency and the College’s relationship with alumni.

“There are many things left to do, and the new president, I think, will have a good launching pad to do them,” he said. “I feel pretty good about the way I’m leaving the office of the president. The alumni are a very important part of the mission of the school, and we need to acknowledge that, nurture that, and continue to grow that connection.”
As a physician who receives frequent pages and cellular calls, Wallace M. Curry, Jr., MD ’98, admits he has answered the phone a fair number of times while driving. After observing a teen girl texting while driving one day, however, he not only re-evaluated his own behavior but crafted an idea to curb a dangerous practice among teens and adults.

Dr. Curry, a urologist in Hays, Kan., approached his undergraduate alma mater, University of Utah, with his concept – using technology to prevent the use of a cell phone by the driver of a vehicle. Through the collaboration, Dr. Curry and Xuesong Zhou, Assistant Professor of Civil and Environmental Engineering at University of Utah, co-invented the Key2SafeDriving, a wireless ignition key device that disables certain functions of a driver’s cell phone when activated.

“Everybody’s on their cell phone while driving,” said Dr. Curry, who, while developing the device, often thought of his two daughters who will soon be driving age. “This was prompted by everyday experience.”

Primarily intended for teen drivers, the system features a device that encloses the car key and is linked wirelessly (through Bluetooth for example) to a designated cell phone. When the key is extended, necessary to start the car, the device sends a signal to the phone, placing it in “driving mode.” In this mode, users cannot use their phones to talk or send text messages except for calling 911 or numbers pre-approved by parents. Incoming calls and texts are automatically answered with the message: “I am driving now. I will call you later when I arrive at the destination safely.” Since the device does not jam signals, passengers can still use their phones.

Knowing that some teens may try to thwart the device, Dr. Curry and his team built in a number of backup elements, including parental locks. Much of the system and its associated software package, in fact, is structured around parental monitoring. Attempts to circumvent the system by draining the battery, copying the key or switching phones with a friend, for example, can be discovered through the software system that not only alerts a parent if a child disables the connection or uses their phone improperly, but also notices discrepancies in amounts of driving time logged by the user.

Talking while driving is motivated by convenience. Key2SafeDriving subtracts the convenience. Dr. Curry believes such deterrents are more effective than government intervention.

“I think, ultimately, if you legislate that it’s illegal to text or use the phone while driving, it’s not going to stop people,” he said. “Incidence of cell phone use in states that enacted these laws is no different than before. People think they’re invincible, and people take risks. I don’t think a law itself will solve the problem.”

Stephen W. Hargarten, MD ’75, MPH, is Professor and Chairman of Emergency Medicine and Director of the Injury Research Center at The Medical College of Wisconsin, which is very active in policy related to teen driving, such as graduated licensures. Teen driving is an extremely high-risk activity, due to their limited experience, and the teen crash rate is very high, he said.

“Technologies that reduce risk of death and reduce distraction while driving in this high-risk population are encouraged to be explored,” Dr. Hargarten said.

An added function of the Key2SafeDriving system may appeal to adults. The software is capable of compiling data to create a safety score for enrolled drivers. Dr. Curry envisions this score being automatically sent each month to the user’s insurance company, which would, in turn, provide a correlating discount to those who abstained from cell use while driving.

Although the device is still in development, the inventors are contemplating how best to market it – to cellular providers who could offer it as a feature, or direct to consumers. Either way, challenging steps still remain.

“It’s very difficult from where we are now to getting it to market,” Dr. Curry said. “There are a lot of obstacles, more than people think, but it’s a step in the right direction. It raises awareness of a problem and that it’s solvable, whether or not it’s our product in the end. Just like seatbelt use has become the norm, we may look back one day and say, ‘remember when we used to talk on the phone while driving?’”
The City That Never Sleeps can rest a little easier knowing its public health care system is overseen by a Medical College of Wisconsin alumnus who never quits. After retiring from his 40-year career as a health care executive, health policy advisor and family practice physician, Michael Stocker, MD ’68, GME ’69, MPH, is tackling the responsibilities of Chairman of the Board of Directors of New York City’s Health and Hospitals Corporation (HHC).

HHC was created by the state of New York in 1970 to oversee the largest public health care system for the most densely populated city in the country. It is a public benefit corporation serving New Yorkers in all five boroughs of the city through 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 80 community-based clinics.

Persistence, which Dr. Stocker claims wasn’t easy for him in his early years, is what he learned at Marquette Medical School and what prepared him for the challenges of his current position. “The ability to chip away at this mountain of stuff you have to learn was a good lesson,” he said.

Providing oversight for HHC when national health care reform under debate, the threat of an H1N1 pandemic is looming and bio-terrorism is in the back of every emergency medical worker’s mind, is not a task most retired physicians would relish. Dr. Stocker, however, embraced the daunting responsibility. “I’ve always liked working with people to solve problems,” he said. “When you have a challenge, and you’re working together, it’s exciting to figure out a way to respond and make things come out in a satisfactory way. It sounds corny, but it isn’t much more complicated than that.”

Nearly 450,000 of HHC’s patients are uninsured, and that’s what makes it a “public benefit” corporation. The book No One Was Ever Turned Away by Sandra Opdycke, which chronicles New York City hospitals through the 20th century, is told mainly through the history of Bellevue Hospital, an HHC facility that adapted to the needs of its New York City population to remain in service today.

“In a scenario where everyone has the same insurance, Health and Hospitals needs to be a system where people choose to go rather than a hospital where they have to go because they’re uninsured,” said Dr. Stocker when discussing national health care as a HHC challenge.

After medical school, residency and a stint in the U.S. Army Medical Corps, Dr. Stocker worked at Cook County Hospital in Chicago where he was program director of the family practice residency. He later became medical director at Anchor, a staff model HMO at Rush-Presbyterian-St. Luke’s Medical Center in Chicago.

In 1985, he fulfilled his ambition to live in New York City when he became regional medical director and, later, executive vice president and general manager for US Healthcare. Following that, he was president of CIGNA Health Plans before joining Empire Blue Cross Blue Shield as president and chief executive officer. While at Empire, Dr. Stocker oversaw the company’s successful conversion to a publicly traded company in 2002. When Empire’s parent company merged with WellPoint, Dr. Stocker remained as regional president and CEO, then consultant before retiring in 2007.

Dr. Stocker points to his experience with classmates at Marquette Medical School as an influence on his career: “They were enormously supportive. I learned huge amounts from them, particularly in the clinical years.” Specifically, he remembers great learning experiences with Professor of Medicine Jim Cerletty, MD, ’58, Fel ’64, while Dr. Stocker was an intern at Milwaukee County General Hospital.

“I was always nostalgic for the aura of the public hospital system,” Dr. Stocker said, referencing Milwaukee County General and Cook County hospitals. “So when I had the opportunity to go back to it, I did.”

Dr. Stocker lives in Manhattan with his wife, Louise, and son Luke. He is also the proud father of Molly Stocker and John Stocker, and has six grandchildren.
intensity and duration as indicators of pathology. “Those not mentally ill can snap back quickly from a mood swing. Those with disorders do not snap back as readily and continue to have substantial problems with family, friends and school work.”

In younger teens, anxiety is common, and Dr. Hunt said his goal when meeting with these patients is to decipher that particular patient’s mindset, uncover the underlying fear, and get those issues out in the open. Successful communication is essential.

“With adolescents, you frequently have to deal with your relationship with the teen and establishing rapport is critical,” Dr. Hunt said. “You do that with adults as well, but with adults, usually they choose to come to you, but with adolescents, it’s more common that the parents are bringing the kids. More often you have an unwilling person in front of you, often distrustful of why you’re asking questions.”

Clinicians can best interact with teens by showing genuine interest in their activities and demonstrating that it is safe to talk to you and that you are there to help, Dr. Hunt said. Dr. Meyer added that being a good listener and a good refleator are also key to successful communication. The patient must sense that their physician has time for them and values their opinions, he said.

For Robert J. Stevens, MD ’84, GME ’87, communicating with teens is the next stage in caring for patients he may have known since birth. As a family practitioner in Green Bay, Dr. Stevens said he often has an established relationship with an adolescent’s parents or guardians, so he can educate them to encourage personal responsibility in their children’s health care. He also typically has well-defined at-risk behavior knowledge on long-time patients, allowing the implementation of some interventions prior to teenage years.

As valuable as that relationship history may be, the relative well-being of adolescents coupled with stressed family budgets creates a unique obstacle for keeping teens healthy.

“In the time of recession that we live in, families frequently have high deductible insurance policies,” he said. “Preventive care for all family members is viewed as costly. Many families ration health care for acute illness visits, and adolescents typically present only for acute problems.”

Of course, preventive medicine remains perhaps the best way to ensure the risks to which so many teens are predisposed are neutralized or eluded.

“I feel the best cases are those you never hear of,” Dr. Stevens said. “That means preventive measures from myself and parents have been successful in avoiding and reducing adolescent morbidity and mortality.”
ALUMNI NEWS wants to publish news of your professional and personal accomplishments and activities. Please send updates (including graduation year and current position) to: Medical College of Wisconsin Office of Alumni Relations 8701 Watertown Plank Road Milwaukee, WI 53226, fax at (414) 955-6699 or e-mail alumni@mcw.edu

1940s

Eli A. Ramirez, MD '42, GME '49, served as Chief of Cardiology-Medical Service at San Juan VA Hospital from 1949-74; Chief of Staff from 1974-87; and University of Puerto Rico School of Medicine Professor of Medicine from 1952-1996. He retired from practice in 1987. Dr. Ramirez is an American College of Physicians Life Member, Fellow, and was Governor of the Puerto Rico chapter in 1970. He is a Fellow of the American College of Cardiology and was Governor of the Puerto Rico chapter in 1968. He is Fellow, Emeritus President and Chairman of the Board of the Puerto Rico Heart Association from 1965-68. He authored more than 125 professional articles and was principal investigator for a Veterans Administration Cooperative Studies Group on anti-hypertensive drugs. He is married to Elizabeth Henk, RN, in 1943 and has four children, 11 grandchildren and 17 great grandchildren.

1960s

George M. Bohigian, MD, GME '66, was elected President of the Cogan Ophthalmic History Society for 2010-2012. The society is established to foster communication, scholarship and fellowship among individuals interested in ophthalmic history.

James G. Fleming, MD '66, recently retired from full time OB/GYN practice and returned to California to work part time after living on Guam for the last 11 years.

1970s

Irwin I. Rosenfeld, MD '76, in January became the first psychiatrist in southern California to receive a Neurostar Transcranial Magnetic Stimulation system, an FDA-approved treatment for treatment-resistant depression. Through August, Dr. Rosenfeld has successfully put four out of four patients into complete remission using the device. In July, Dr. Rosenfeld took an 18-day trip to the British Isles. On Aug. 3, his daughter Elayna gave birth to his first grandchild, a girl named Siena Bay.

Robert M. Schwager, MD '76, has accepted a new position as the in-house otolaryngologist for Rocky Mountain Urgent Care and Family Practice, with nine centers in the Denver area. He was also remarried in September and honeymooned in the Mediterranean on a cruise.

Eric M. Wilner, MD '76, has had two professional articles published of note: “Are we really practicing medicine today,” published in Radiology in 2007; and “The myriad faces of imaging today (and implications for tomorrow),” published in the Journal of the American College of Radiology in July 2009. Dr. Wilner is a partner with Northeast Radiology Associates in Newburyport, Mass. He is married with two daughters, one stepdaughter and one stepson.

Sridhar V. Vasudevan, MD, GME '77, was installed as President of the Waukesha Medical Society in June. Dr. Vasudevan is a specialist in physical medicine and rehabilitation and practices pain rehabilitation at Community Memorial Hospital, the new Froedert & The Medical College of Wisconsin physical medicine and rehabilitation clinic at Community Memorial Medical Commons in Menomonee Falls, and at St. Nicholas Hospital in Sheboygan. He is Clinical Professor of Physical Medicine and Rehabilitation at the Medical College. He is a member of the board of directors of the Wisconsin Medical Society and a trustee of the Wisconsin Medical Society Foundation.

1980s

Mary E. Cronin, MD, GME '84, received the Arthritis Foundation of Southeastern Wisconsin’s 2009 Health Professional Award. The award is presented annually to honor an individual who has a personal commitment to the mission of the foundation and who has outstanding professional performance in professional education, public education and patient services programs. Dr. Cronin is Associate Professor of Medicine (Rheumatology) at The Medical College of Wisconsin. She directs the Medical College’s rheumatology fellowship program and has maintained a partnership with the Arthritis Foundation for 12 years.

Paul S. Pagel, MD '86, PhD '94, GME '90, Fel '93, has been appointed to the editorial board of Anesthesia & Analgesia for a three-year term that began in April. Anesthesia & Analgesia is published monthly by the International Anesthesia Research Society and includes peer-reviewed, original clinical and research articles. It has been published for 88 years and was the first scholarly publication dedicated to anesthesiology. Dr. Pagel is Professor of Anesthesiology at The Medical College of Wisconsin.

Kurt Hegmann, MD '87, MPH, is the first person to hold the newly created Dr. Paul S. Richards Endowed Chair in Occupational an Environmental Health and Safety at the Rocky Mountain Center (RMC) for Occupational and Environmental Health at the University of Utah. Dr. Hegmann has served as Director of the RMC for five years. The RMC is one of 17 National Institute for Occupational Safety and Health (NIOSH) Education and Research Centers and the first to have an endowed chair for its director. Dr. Richards was a pioneer in occupational medicine and national advocate for workplace safety reform.

Joseph O’Grady Jr., MD, GME '89, was recently elected President of the Wisconsin chapter of the American Association for Intellectual and Developmental Disabilities (AAIDD) for
a two-year term. Dr. O’Grady is Associate Professor of Clinical Psychiatry at The Medical College of Wisconsin. AAIDD promotes effective practices, sound research, progressive policies and universal human rights for persons with intellectual or developmental disabilities.

**1990s**

Ramesh Sachdeva, MD, PhD, MS ’93, Fel ’93, has been named Corporate Vice President and Chief quality Officer of Children’s Hospital and Health System. In this newly created position, he will lead quality improvement efforts at Children’s Hospital and throughout the health system’s 14 entities. In addition, he will represent the organization in national venues and in the national health care reform debate and implementation. Dr. Sachdeva is Professor of Pediatrics (Critical Care) at The Medical College of Wisconsin. He also serves as medical director of quality initiatives for the American Academy of Pediatrics.

Mahadevappa Mahesh, PhD, MS ’94, recently published “MDCT Physics, The Basics: Technology, Image Quality and Radiation Dose” (Wolters Kluwer Health / Lippincott Williams & Wilkins), a textbook that explains the physics behind multiple row detector computed tomography technology. Dr. Mahesh is an internationally recognized expert in CT technology and applications. He is Associate Professor of Radiology and Medicine at Johns Hopkins University School of Medicine and Chief Physicist at The Johns Hopkins Hospital.

Deborah M. Costakos, MD ’98, MS, has been appointed Assistant Professor of Ophthalmology at The Medical College of Wisconsin and to the medical staff at Children’s Hospital of Wisconsin. Her clinical focus is on eye diseases in children and premature babies, and genetic eye disorders. She previously was in private ophthalmology practice in Mequon, Wis., and also was a genetic counselor in Fairfax, Va.

**2000s**

David C. Moe, MD ’00, has been appointed Assistant Professor of Radiology at The Medical College of Wisconsin and an interventional and pediatric radiologist at Children’s Hospital of Wisconsin. Dr. Moe has special expertise in vascular malformations, radiofrequency ablation and malignant pediatric neoplasms and pulmonary interventions. He was previously a staff radiologist at Seattle Children’s Hospital and a consulting radiologist in general practice at Hawkes Bay Hospital in Hastings, New Zealand.

Kevin D. Walter, MD, GME ’01, has been appointed to the National Federation of State High School Associations Sports Medicine Advisory Committee. The appointment is for four years. The advisory committee helps create rules and addresses safety issues in high school sports. Dr. Walter is also a member of the Wisconsin Interscholastic Athletic Association Sports Medicine Advisory Committee. He is Assistant Professor of Orthopaedic Surgery and of Pediatrics at The Medical College of Wisconsin and Director of the Children’s Hospital of Wisconsin Primary Care Sports Medicine Program.

Barbra Fisher, MD ’02, recently began a maternal-fetal medicine fellowship at the University of Colorado in Denver. Her family, which now includes three children – Hannah, Abigail and Theodor – moved to Colorado from Salt Lake City, where Dr. Fisher completed an OB/GYN residency in 2007.

James Gill II, MD ’03, and his wife, Misty, an eighth-grade English teacher, announce the birth of their first child, a baby boy, Porter James on July 21. Dr. Gill is practicing with the largest private practice anesthesia group in northern California, in the San Francisco Bay area.

Amanda M. Brandow, DO, GME ’04, MS ’08, has been selected to participate in a year-long education and mentoring program as part of the American Society of Hematology Clinical Research Training Institute. The program provides aspiring hematologists with the tools to begin careers in clinical research. Dr. Brandow’s project will explore the neurobiology of pain in children with sickle cell disease. Dr. Brandow is Assistant Professor of Pediatrics (Hematology/Oncology) at The Medical College of Wisconsin.

Peter Cham, MD ’04, completed his dermatology residency at University of Minnesota in 2009 and has joined a dermatology practice with Kaiser Permanente in San Jose, Calif.

Matthias L. Riess, MD, PhD ’04, GME ’08, was named the first recipient of the Roizen Anesthesia Research Foundation New Investigator grant from the Society of Cardiovascular Anesthesiologists Foundation. Dr. Riess received the award for his study “Free radicals and mitochondrial function – how does genetic predisposition affect cardioprotection by volatile anesthetics?” which aims to investigate why some hearts can handle myocardial ischemia during and after general anesthesia better than others. Through this research, he hopes to discover how different genes influence intraoperative protection against myocardial infarction. Dr. Riess is Assistant Professor of Anesthesiology and of Physiology at The Medical College of Wisconsin.

Jonathan M. Fritz, Esq., MS ’05, was elected President-elect of the Wisconsin Intellectual Property Law Association and to the Madison Symphony Orchestra’s Board of Directors. Dr. Fritz is a patent attorney focusing on intellectual property law in the Madison, Wis., office of Whyte Hirschboeck Dudek S.C.
Mohammad O. Almoujahed, MD, MS ’08, has been appointed Assistant Professor of Medicine (General Internal Medicine) at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. Dr. Almoujahed’s clinical interests include drug-resistant bacteria, methicillin resistant staphylococcus aureus, emerging infectious diseases, bloodstream infections, infectious disease epidemiology, systemic fungal infections and antimicrobials. He was previously at St. Michael’s Hospital in Stevens Point and St. Luke’s Medical Center in Milwaukee.

Kawaljeet Kaur, MD, GME ’06, Fel ’08, MS, has been appointed Assistant Professor of Medicine (Endocrinology, Metabolism and Clinical Nutrition) at The Medical College of Wisconsin and to the medical staff at Froedtert Hospital. She specializes in the treatment of endocrine disorders with a focus on pituitary disorders.

Ben Ellingson, PhD ’08, won a poster award at the International Society of Magnetic Resonance in medicine meeting in Honolulu in May. Dr. Ellingson’s paper, “Cytotoxic and anti-angiogenic treatment responses in gliomas using functional diffusion maps in FLAIR abnormal regions,” won first place in the cancer imaging category. He is a postdoctoral fellow in radiology at The Medical College of Wisconsin.

Christopher Pavela, PhD ’08, has been appointed Assistant Professor of Plastic Surgery and of Biophysics at The Medical College of Wisconsin. His research, conducted in the College’s MACC Fund Research Center, is focused on the development of new treatments and rehabilitation methods for peripheral nerve injuries based on how the brain responds to the injuries.

ALUMNI NEWS accepts and publishes obituaries of Medical College of Wisconsin, Marquette School of Medicine, and Marquette University School of Medicine alumni.

Henry John Kurtin, MD ’38, died July 18, 2009, at home in Tucson, Ariz. He was 96 years old. Following his medical education, Dr. Kurtin practiced general medicine in southern Minnesota until 1952. He then proceeded to complete an ophthalmology residency in 1954 and moved to Tucson, where he joined a downtown practice and stayed through 1979. He then was a medical consultant for the Disability Determination Service for 15 years. Dr. Kurtin was also very active in his local Catholic church. His survivors include his wife of 68 years, Isabelle; three sons; one daughter; eight grandchildren; and 11 great-grandchildren.

John R. Petersen, MD ’40, a native of Stoughton, Wis., died at home on June 4, 2009. He was 79 years old. Dr. Petersen was Director of Medical Services for the Milwaukee County Medical Complex from 1966-93 and Associate Dean at The Medical College of Wisconsin from 1980-93. He was a faculty member in general internal medicine at Marquette University School of Medicine and then The Medical College of Wisconsin for more than 30 years. He was named Associate Professor of Medicine - Emeritus in 1994. Dr. Petersen became an advocate for international health as part of USAID and served in many capacities to advance public health through the Milwaukee County and Wisconsin Medical societies. He and his wife were also founding members of the Unitarian Church West in Brookfield. His survivors include his wife, Yvonne; four sons; one daughter; and eight grandchildren.

George J. Twogih, MD ’41, of Kiel, Wis., died July 28, 2009. A former family medicine physician, he was 98 years old. Dr. Twogih’s survivors include six sons; two daughters; 23 grandchildren; and 20 great-grandchildren.

George C. Kreuter, MD ’43, died May 12, 2009, in Madison, Wis. He was 91 years old. The majority of Dr. Kreuter’s career was spent as Chief of Anesthesiology at Milwaukee Children’s Hospital (now Children’s Hospital of Wisconsin). He served as a consultant at the VA Medical Center in Milwaukee from 1957-75 and as a clinical professor at The Medical College of Wisconsin. He was president of both the Wisconsin Society of Anesthesiologists and the Milwaukee Society of Anesthesiologists.

He left private practice in 1976 to become chief of staff for the VA Medical Center in Shreveport, La., and then chief of staff for the VA Medical Center in Iron Mountain, Mich., until his retirement in 1983. Dr. Kreuter raised his family in Wauwatosa, Wis. He was a captain in the U.S. Army Medical Corps from 1944-47, serving in Italy. He loved to sail and plant trees on his farm, and was an avid birdwatcher. His survivors include his wife of 65 years, Dorothy; two sons; two daughters; and eight grandchildren. One son preceded him in death.

Norbert A. Mikolajczak, MD ’45, of Milwaukee and Pewaukee Lake, Wis., died Aug. 5, 2009. He was 87 years old. Dr. Mikolajczak provided medical care to the Sisters of St. Francis of Assisi, was a life member of the Wisconsin Medical Society, a Fellow of the American College of Surgeons and on the medical staff of St. Joseph’s Hospital in Milwaukee throughout his entire medical career. He served in the U.S. Navy. His interests included tennis, racquetball, sailing, hunting, fishing, snow and water skiing, traveling and bird watching. His
survivors include his wife, Audrey; two sons; three daughters; 12 grandchildren; and four great-grandchildren.

**Peter Anthony Tucci, MD '47,** of Conway, S.C., died at National Healthcare Corporation Feb. 2, 2009. He was 87 years old. Dr. Tucci practiced anesthesiology at St. Joseph Hospital in Paterson, N.J., St. James Hospital in Newark, N.J., and then at St. Barnabas Medical Center in Livingston, N.J., as a faculty member of the University of Medicine and Dentistry of New Jersey. In 1976, he and his family moved to Georgetown, where he founded and was president of the Georgetown Anesthesia Group at Georgetown Memorial Hospital until 1987. In 1989, Dr. Tucci was appointed to the Medical University of South Carolina faculty as clinical assistant professor. He also served as president of South Carolina Anesthesiologists from 1986-87. Dr. Tucci served in the Naval Reserves during World War II and as a captain in the Army Medical Corps during the Korean Conflict. He was active in his Catholic church and with Knights of Columbus. His survivors include three sons, six daughters, 15 grandchildren and eight great-grandchildren. His wife of 50 years, Ann, preceded him in death.

**Bob Kascht, MD, MS '49,** died May 28, 2009, in Waterloo Iowa. He was 87 years old. Dr. Kascht was a pathologist who retired with “honorary doctor” status from Waukesha Memorial Hospital. His survivors include his wife, Mary Ann; three sons; one daughter; and five grandchildren.

**Robert G. Dimler, MD '51,** died Jan. 29, 2009, at the Tacoma Lutheran Home in Tacoma, Wash. He was 92 years old. Dr. Dimler trained in pediatrics in Hawaii and joined the Kailua Medical Group on Oahu in 1957. He opened a private practice in 1965 and cared for several generations of families for nearly 30 years. Among his career highlights, Dr. Dimler traveled with his wife to India in 1963, taking medical supplies and immunizations to dozens of children. He also practiced at a welfare clinic in Honolulu prior to retiring completely. Dr. Dimler was a violinist and loved gardening and writing. He served in the Army as a surgeon during World War II. He moved to Tacoma in 1998 to be close to family. His survivors include his second wife, Shirley; two sons; one daughter; seven grandchildren; and one great-grandchild. His first wife of 54 years, Joan, preceded him in death.

**Mark L. Norman, Jr., MD '52,** died March 27, 2009, of complications after cardiac surgery in Naples, Fla. He was 84 years old. Dr. Norman practiced ophthalmology and spent summers at Whitefish Lake, Minn., and winters in Naples. He was an active volunteer in church and civic causes in both areas. Dr. Norman served in the Navy during World War II in the Pacific Theatre. His survivors include his wife of 56 years, Mary Liz; three sons; four grandchildren; and one great-grandchild.

**Gregory Lundmark, MD '65,** died May 5, 2009, of mesothelioma in Salem, Ore. He practiced otolaryngology.

**James W. Hare, MD, GME '79,** of Mequon, Wis., died unexpectedly Aug. 10, 2009. He was 63 years old. After completing his residency, Dr. Hare was in private family practice in Mequon through 1988. He then joined the Family Health Plan Cooperative, where he became Clinic Director and served on the organization’s board. After receiving further training through the American Academy of Physician Executives, he continued his career as a medical director for several nationwide health insurers. Most recently, he was Clinic Director and physician at the Milwaukee clinic of Concentra Occupational Health. Dr. Hare’s personal interests included civic service with his local library and the Boy Scouts, as he was himself a former Eagle Scout. He also was an active member of his local Presbyterian church, through which he traveled to Honduras on a medical mission in 1995, where he treated thousands of underserved people with major medical needs. Originally from New York, Dr. Hare was drafted into the U.S. Army after his college graduation in 1968. He was granted official status as a non-combatant conscientious objector and served nine months under fire in Vietnam as a medic with an infantry company. His survivors include his wife of 37 years, Karla; two sons; and one daughter.

---

**Olivia Grubbs** receives her national award for her speech on alumnus Dr. Jerry Galloway. The late Dr. Galloway was a friend of Olivia’s family.

**Alumnus inspires winning speech for grade-schooler**

Olivia Grubbs of Davenport, Iowa, knew the late Jerry Galloway, MD '65, GME '70, through her grandmother, who was his nurse when he became a brother in the Missionhurst Congregation in 1980. As a sixth-grader at John F. Kennedy School, she learned of the national Modern Woodman Oratory Contest to deliver a speech about “someone who inspired you.”

Olivia chose Dr. Galloway as the subject of her speech, which she wrote independently after researching the Medical College alumnus and African missionary. Out of 100,000 contestants, Olivia placed second in the nation for her speech and was notified of her award in August.

Dr. Galloway served the Pygmy and Bantu people of the Democratic Republic of the Congo for 28 years. He set up numerous health centers in the Pendjua sector of the Congo, and he trained physicians, nurses and community leaders with new techniques for medical diagnoses and therapy for sustainable health care.

He previously developed a rural health program in Africa through the Peace Corps and directed two comprehensive health care projects serving poor residents in South Carolina and Iowa.

Dr. Galloway received a Humanitarian Award from the Alumni Association in 2005. He died from complications of cancer July 31, 2007, at age 68.
ALUMNI EVENTS

Specialty receptions
American Academy of Dermatology
Miami, Fla.
March 6, 2010
American Academy of Orthopaedic Surgeons
New Orleans, La.
March 12, 2010
American College of Physicians
Toronto, Ontario.
April 22, 2010

Alumni Association Board meetings
Feb. 3, 2010
April 30, 2010

Symposium for Senior Physicians
TBD, May 2010

2010 REUNIONS

ALUMNI WEEKEND
April 30 - May 1
Events will include the Alumni Banquet at the Pfister Hotel, presentation of awards, tours, CME and special class dinners.

50-YEAR REUNION
May 21-22
Class of 1960 reunion will be held in conjunction with the Medical College’s 2010 Commencement weekend.

CLINICAL CONFERENCE ’10
Feb. 15-19, 2010
The Alumni Association is sponsoring a 2010 Clinical Conference at the Hyatt Regency Coconut Point Resort & Spa in Bonita Springs, Fla.
Educational sessions for CME credit are scheduled, and a variety of activities including golf, tennis, swimming, watersports, boating and spa services are available. Social receptions are also planned.

For registration information
Call: (414) 955-4781
E-mail: alumni@mcw.edu

NOMINATIONS SOUGHT

2010 Alumnus/Alumna of the Year
The person selected for this award will have achieved professional success leading to peer recognition. Areas may include, but are not limited to, clinical teaching, academic medicine, research or leadership in professional societies. Volunteer work and financial support of the Medical College are not criteria for this award.

2010 Humanitarian Award
Eligible for nomination are alumni who have, throughout their careers, demonstrated a significant humanitarian commitment in their medical practice or volunteer activities.

Send your nominations
Fax: (414) 955-6633
E-mail: alumni@mcw.edu
Mail: Medical College of Wisconsin Alumni Association Office
8701 Watertown Plank Road
Milwaukee, WI 53226

For more information about alumni events:
Call: (414) 955-4781; E-mail: alumni@mcw.edu
Visit: www.mcw.edu/alumni, click Alumni Programs
The **Sunshine State** awaits

**2010 Clinical Conference**

Feb. 15-19, 2010
Hyatt Regency Coconut Point Resort & Spa
Bonita Springs, Fla.

*Sponsored by the Medical College of Wisconsin / Marquette Medical Alumni Association*

Turn to page 23 for more information