Adaptive optics redefines what is possible in ocular imaging

Global Health Program establishes new partnership in Belize

locum MOTIVATED
Alumni physicians fill voids in practices across the globe
President’s Message

Regardless of the era in which you graduated or the region of the country in which you practice, we all have experienced the negative consequences of the rising cost of health care. These costs not only place hardships on patients and families, but they also affect the vitality of the people and organizations providing care.

The Medical College of Wisconsin continues to engage in collaborations as a means of developing innovative answers to the challenges that face our health care community. This fall, we joined forces with five other academic and health care institutions to use our respective areas of expertise to address health care costs as well as improve health care quality and value.

The Medical College of Wisconsin, the University of Wisconsin-Milwaukee (UWM), Marquette University (MU), Children’s Hospital of Wisconsin, Froedtert Hospital and Milwaukee School of Engineering have formed a consortium to focus jointly on health care economics and innovation.

Among the issues we collectively will address are health care economic viability, access, lifestyle issues, innovation in health care delivery, health care reform and improving the life of populations.

Health care economics will be a key focus, as recent studies by Mercer Health and Benefits found that Milwaukee health care costs are higher than the national average and that health insurance in Wisconsin costs significantly more than in the United States in general. As an academic medical center, we believe that the Medical College has a responsibility and the relevant knowledge to help develop creative solutions to this disparity affecting our communities.

I believe that this unique consortium reflects the ongoing commitment of the Medical College to pursue strategic initiatives to address health care costs while improving quality, and I anticipate more participants will join our efforts to bring greater value to health care consumers in our region.

John R. Raymond, Sr., MD  
President and CEO

Association Message

If you turn to the back pages of this magazine, I hope you find your name. If you do, it means that during the last year, you contributed to advancing the important missions of The Medical College of Wisconsin.

The 2011 Alumni Honor Roll recognizes our classmates and friends across generations who have made a charitable donation to their alma mater. It may have been an outright gift or a new pledge, a bequest or a charitable trust, but your generosity in any form leaves a lasting impression on the Medical College.

Consider this: 76 percent of the cost of medical education is covered by tuition. Other revenue sources like gifts from alumni help make up the difference.

Not only does your gift support a program or priority of your choice, a portion is returned to the Medical College of Wisconsin/Marquette Medical Alumni Association, allowing us to dedicate resources toward effective alumni programs and worthwhile student activities. The Association has a long history of helping subsidize medical and graduate student events, programs and travel. Our student funding continues to increase and now includes minority scholarships and miscellaneous discretionary programs.

Despite a challenging economic climate, the Medical College has benefited from healthy alumni participation in philanthropy. In the 2010-11 fiscal year, ended in June, the alumni giving participation rate across all degree programs was 15 percent. That’s nearly 2,000 people. In total, alumni gave $3.3 million to the Medical College last year. Impressive, but I am optimistic that we can be even more generous this year as we reflect on the wonderful careers we have enjoyed, or perhaps are just beginning, following our medical school education.

Give thought to the activities you valued most as a student, resident or fellow, or the programs in research, education, community service or patient care that inspire you most today, and consider a gift to support them. Our alumni do make a difference.

John T. Bjork, MD ’71, Fel ’76  
Alumni Association President
A MOMENT’S NOTICE

Providing a brief look inside this issue of Alumni News

Locum motivated

Some fill openings in their own communities. Others practice medicine across the globe. Some are just beginning their careers. Others are finding new passion post-retirement. In all cases, alumni in locum tenens and other traveling roles enjoy the go-go lifestyle.

Classes represented in this story: '54, '71, '80, '97, '99, '04, '06, '10

Through the looking glass

Conceived first as an astronomy technique to view space more clearly, then as a method for acquiring better satellite pictures, adaptive optics is redefining what is possible in ocular imaging. Dr. Joseph Carroll is helping build a unique program at the Medical College and is a key member of the first team to image the tiny rods of the eye.

Classes represented in this story: '82, '87, '02

Partnering in Belize

The Medical College of Wisconsin’s Global Health Program is forging new partnerships to advance education, research, clinical care and public and community health training. A new collaboration joins the College with Karl Heusner Memorial Hospital in Belize around the areas of emergency medicine, injury prevention, pediatric intensive care and health professional education.

Classes represented in this story: '75, '08

Curbing AIDS in Haiti

For a quarter century, Dr. Antoine Augustin has helped the underserved in Haiti access critical health care resources. He founded the MARCH Foundation, which is currently engaged in a partnership to prevent the transmission of HIV/AIDS and improve care for those affected.

Classes represented in this story: '72

Creating a legacy

The most popular planned charitable gift is also the simplest. By establishing a bequest, alumni ensure a lasting legacy while helping the Medical College reach its potential.

Classes represented in this story: '62, '68
Historic $45 million grant to facilitate BMT clinical trials

In August, the National Heart, Lung and Blood Institute and the National Cancer Institute awarded The Medical College of Wisconsin a six-year, $44.9 million grant to fund the Data and Coordinating Center (DCC) Consortium involved in supporting the Blood and Marrow Transplant Clinical Trials Network. This is the largest grant in the Medical College’s history.

Mary M. Horowitz, MD ’80, MS ’91, GME ’84, Fel ’89, is the principal investigator for the grant. She is the Robert A. Uihlein, Jr. Professor in Hematologic Research and Professor of Medicine in Hematology and Oncology at the Medical College. She is also the Chief Scientific Director of the Center for International Blood and Marrow Transplant Research (CIBMTR), which is housed at the Medical College.

The DCC Consortium, which is comprised of the CIBMTR, the National Marrow Donor Program and the EMMES Corporation (which offers protocol planning, monitoring and coordination), supports the clinical trials network by developing, prioritizing and managing high-quality clinical trials for the network. The CIBMTR offers a unique resource of data and statistical expertise to the scientific community. More than 400 medical centers worldwide that perform blood and bone marrow transplants share data on outcomes, and the CIBMTR’s Statistical Center maintains that clinical database.

The data, along with the analytic support offered by the CIBMTR, allows the Clinical Trials Network to complete high-quality clinical trials that focus on the most important barriers to transplant success. The network, which was established in 2001, has launched more than 25 multi-center trials involving nearly 4,000 patients in the United States.

Faculty pulmonologist named VA’s associate dean for research

Elizabeth Jacobs, MD, Professor and Chief of Pulmonary Medicine at the Medical College of Wisconsin, has been appointed Associate Dean for Research at the Zablocki VA Medical Center.

Dr. Jacobs, who also serves as the co-director of the Clinical and Translational Science Institute of Southeast Wisconsin at the Medical College, will be responsible for building the overall research program at the VA Medical Center through collaborations with regional academic partners and national VA investigative programs.

She will also serve as the executive secretary of the research and development committee, where she will oversee the guidance and adherence to the regulatory and professional standards of the institution’s Human Research Protection Program, which protects the rights, welfare and privacy of individuals participating in research.

National Center for Systems Biology established at College

With a five-year, $13 million grant from the National Institute of General Medical Sciences, the Medical College of Wisconsin is establishing a National Center for Systems Biology. Daniel Beard, PhD, Professor of Physiology and member of the Biotechnology and Bioengineering Center is principal investigator for the grant.

The first goal of the center is to create a computational model that will integrate data in the form of a virtual physiological rat to help investigators predict and understand physiological function and disease. Researchers working on the model will develop computational tools to decipher the underlying causes of diseases, including hypertension, renal disease, heart failure and metabolic syndromes. Computer simulations will be used to translate the findings from animals to yield new information about complex disease in humans.

The center will also serve the research community by developing courses and workshops, training and recruiting scientists from underserved communities, and holding an annual scientific meeting to present recent findings. Dr. Beard’s team will collaborate with researchers at UW-Madison, University of Washington-Seattle, University of California-San Diego, North Carolina State University, King’s College London, the Norwegian Life Sciences University, and the University of Auckland in New Zealand.

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Newest endowed professors installed during Convocation

An endowed chair is the most significant form of recognition the Medical College can bestow on a faculty member and a powerful financial tool that provides secure, discretionary funding. This fall, 10 faculty members received the lofty honor.

John B. Gordon, MD, was installed as the Kaemmer Professor in Pediatrics: The “Super Kid” Chair in Special Needs. Dr. Gordon is Professor of Pediatrics at the Medical College and founder and Director of the Special Needs program at Children’s Hospital of Wisconsin. (See related story on Arthur W. Kaemmer, MD ‘70, on page 13).

John C. Gould, MD, was installed as the Alonzo P. Walker Professor in Surgery. Dr. Gould is Chief of General Surgery at the Medical College and Senior Medical Director of Clinical Operations for Froedtert & The Medical College of Wisconsin.

Andrew S. Greene, PhD, was installed as the Dr. Robert D. and Dr. Patricia E. Kern Professor in Biotechnology and Bioengineering. Dr. Greene is Professor of Physiology, Director of the Biotechnology and Bioengineering Center and Director of the Kern Innovation Center at the Medical College.

Sam T. Hwang, MD, PhD, was installed as the Thomas J. Russell Family/Milwaukee Community Dermatologists Professor in Dermatology. Dr. Hwang is Chairman and Professor of Dermatology at the Medical College. Thomas Russell, MD ’62, is an alumnus.

Jon A. Lehrmann, MD ’90, GME ’94, was installed as the Charles E. Kubly Professor in Psychiatry and Behavioral Medicine. Dr. Lehrmann is Interim Chairman and Associate Professor of Psychiatry and Behavioral Medicine at the Medical College.

Dennis J. Maiman, MD ’77, PhD, GME ’82, was installed as the Sanford Larson, MD, PhD, Professor in Neurosurgery. Dr. Maiman is Professor and Chairman of Neurosurgery at the Medical College.

Thomas C. May, PhD, was installed as the Ursula Von der Ruhr Professor in Bioethics. Dr. May is Associate Professor in the Center for Bioethics and Medical Humanities and Director of the graduate program in bioethics in the Medical College’s Institute for Health and Society.

Sam. G. Pappas, MD, was installed as the Sharon K. Wadina Professor in Sarcoma Research. Dr. Pappas is Assistant Professor of Surgical Oncology at the Medical College.

John S. Rhee, MD, MPH ’04, was installed as the John C. Koss Professor in Otolaryngology and Communication Sciences. Dr. Rhee is Chairman and Professor of Otolaryngology and Communication Sciences at the Medical College.

Roy L. Silverstein, MD, was installed as the Linda and John Mellowes Professor in Medicine. Dr. Silverstein joined the Medical College in September as Chairman and Professor of Medicine. He is also Chief of Medicine at Froedtert Hospital.

Chairman of Neurology recruited this fall from Case Western Reserve

Following a national search, Thomas C. Chelinsky, MD, has been named Chairman and Professor of Neurology at the Medical College of Wisconsin. Dr. Chelinsky previously served as Professor of Neurology, Anesthesiology, and Pediatrics at Case Western Reserve University School of Medicine in Cleveland.

A graduate of Harvard University (undergraduate) and Washington University (medicine), Dr. Chelinsky completed residencies in internal medicine and neurology, as well as a fellowship in autonomic research, at the Mayo Clinic in Rochester, Minnesota.

Dr. Chelinsky’s research has focused on the interface between autonomic dysfunction and chronic pain, and his current research focuses on a broad epidemiologic approach to assess genetic links across several autonomic/pain disorders including migraine headaches, fibromyalgia, irritable bowel syndrome, and interstitial cystitis.

He has served as the chair of both Autonomic and Pain Sections of the American Academy of Neurology, where he directs the primary course on Autonomic Disorders for neurologists.
Although physicians in locum tenens practices must be adaptable to new environments and people, breaking the ice is not always good enough. Sometimes, they have to melt it.

George H. Waxter, MD ’97, MS, had been practicing on a Navajo reservation for weeks when he encountered an elderly grandmother who spoke only Navajo. To help her, he needed to know what was wrong, but she was less than willing to share.

“As doctors, a lot of times, we have to form a bond and a trust quickly with a patient so that even though we are strangers, they feel safe to tell us the most revealing, embarrassing or even incriminating details about themselves so we can correctly treat their complaint,” Dr. Waxter said. “With the aid of a translator, it quickly became clear that this aged Indian gal had no interest in telling her private details to some young white male.”

Having acquainted himself with Navajo history and culture at the start of his assignment, he instructed the befuddled translator to tell the woman that he was “from the corn.” (He had learned that in the tribe’s creation mythology, the Navajo people originally sprang forth directly from ears of corn).

“The dour countenance of my patient disappeared instantly and her ancient face split open in a huge, gap-toothed smile accompanied with raucous laughter, gen-

Traveling physicians find adventure near and far

tly dismissive hand waves and a good natured shaking of her head no,” he said.

By bridging the divide, Dr. Waxter obtained the information he needed to care for his patient and inspired the translator, also Navajo, to learn more about her own heritage. He later received a red corn necklace as a gift and has kept it to this day. Interacting with people throughout the world is a key attraction of locum tenens, and for Dr. Waxter, it has encompassed his entire career.

He just returned to the U.S. from Tasmania, where he spent more than a year as a hospitalist and outpatient clinician. Prior to that, he stitched together jobs in Hawaii. Locum tenens has led him to stints long and short in New Zealand, coastal Oregon, Atlanta, and the Colorado Rockies, dating back to his first position in upstate New York.

“Being a locum tenens is like working and being on vacation at the same time,” he said. “I get to experience or re-experience different parts of the country and world and revel in new cultural experiences. It is enlightening and challenging to work in different medical environments and see different approaches to the delivery of medical services.”

Having no permanent location, and being on the move so frequently, however, can be physically and emotionally stressful. Each new stop carries an obligation to establish and prove oneself all over again, he said. Jessica A. Wilson, MD, GME ’10, can relate. She, too, is a full-time locum tenens physician, and she has faced that sense of displacement and uncertainty, beginning with her very first locums role.

“As a minority woman, I was nervous for my first placement because it was in Lincoln, Maine, a town with a population of 99.8 percent Caucasians,” she said. “I was not sure how I would be accepted, but they welcomed me with open arms and a lot of curious stares. By the end of my stay at this hospital, I had met life-long friends, watched critically ill patients get better and even saw my first live moose! I learned a lot from my first assignment as it confirmed that the Medical College of Wisconsin had indeed trained me to be an excellent physician in any setting.”

For Dr. Wilson, these settings so far have included the East Coast and the Midwest, though she has a position lined up in Guam starting in January. Unsure of where she wants to settle for her career, Dr. Wilson is using locum tenens as a way to scout places she might someday want to call home. She completed a med-peds residency and envisions a future as a hospitalist. The flexibility that is so critical for success in locums will likely serve her well throughout her career.
It is always a bit daunting to start out in a new hospital as the system is new to you," Dr. Wilson said. "You must quickly adapt to the environment. Although this aspect is certainly challenging, it is also one of the most enjoyable things about locums. In my travels, I have met some of the best people – both patients and staff. I love the sense of adventure that comes with going to a place you have never been before."

Adventure is a forte of Rhett Silver, MD ’99. In his personal time, he has explored the Great Barrier Reef, run the Great Wall of China Marathon, and toured Europe and the Far East; he snowboards annually in the Andes Mountains, and even sandboards. His choice of career has helped facilitate his travel hobby.

Dr. Silver works for Emergency Medicine Physicians, a physician-owned and operated ER group. He is Associate Director of a division within the company nicknamed the “Firefighters.” They are company employees, not locum tenens, but the travel and transitory nature of the work bears many similarities. When EMP starts a new ER contract, its Firefighters provide temporary staffing until full-time, local physicians are hired.

“I enjoy seeing new cities, new ER systems, meeting new patient populations,” he said. “I like to see different ways medicine is practiced in different areas. Since I am often one of the first EMP doctors to work at a new site, I feel like I am an ambassador for the company and really try to promote the company’s new presence at a site.”

Dr. Silver shifts positions often. He holds about 12 state medical licenses and has worked in Connecticut; Chicago; Tulsa; Evansville, Ind.; Charlotte, N.C.; Long Island; and most recently Cincinnati since becoming a Firefighter in 2007. Relocating and changing workplaces so often is packed with challenges, such as learning a hospital’s medical records system each time; sometimes he can’t even log in because his passwords don’t work.

“There is often very little time for orientation,” Dr. Silver said. “Not knowing the ER staff initially nor knowing the consultant doctor I may have to call and wake up at 3 a.m. has its challenges. It takes some time to build trust and those important relationships. It is difficult walking into a code situation and finding the oxygen mask in a different location.”

Compared to physicians who sought travelling positions at the outset of their careers, G. Daniel Miller, MD ’54, GME ’61, discovered a passion for locum tenens in retirement. After his enduring career in anesthesiology, locum tenens became an appealing way for Dr. Miller to travel to new destinations, often with his wife, and to grow his otherwise small nest egg.

His entry into this practice was a mission hospital in St. Lucia named St. Jude’s, where he worked four to seven weeks per year for 10 years. He later expanded his locums work to Idaho, Iowa, Minnesota, Massachusetts, Rhode Island and Wisconsin.

“One of the main reasons I wanted to do locums work was to keep up on the latest techniques and practice so I wouldn’t get stale in my practice for my return visits to St. Lucia,” he said.

All of his locums work has been in his specialty of anesthesia, and getting used to the different equipment available in a given setting is particularly challenging. He was even hired once in Idaho because he was among a rare breed who knew how to use their “copper kettle” apparatus. Most memorable, was his leadership in helping a 26-year-old pregnant woman, in heart failure from a defective valve, safely delivery her child with the aid of an epidural performed very slowly so as to not affect her blood pressure. It was the kind of success that defined his love for medicine.

“When I got back from my first seven weeks in St. Lucia, I realized how much I missed practice and wanted to keep my hand in it,” Dr. Miller said. “I have often said it was the most fun 15 years of my entire practice.”
Josef Carroll, PhD ’02, is debunking myths.

“The stars don’t twinkle,” he said. “It is only in the last instance that light arriving from a star gets distorted by the atmosphere. So it has the perception of twinkling.”

Another myth lies closer to the cell biologist’s field of vision research – that rod photoreceptors cannot be imaged, that they are much too small to be visualized. It was a belief that was proven incorrect by research published this summer by Dr. Carroll, Associate Professor of Ophthalmology at The Medical College of Wisconsin, and Alfredo Dubra, PhD, Assistant Professor of Ophthalmology and Biophysics at the Medical College, previously with University of Rochester in New York.

These two fallacies in once-conventional wisdom actually share a scientific solution in the technology used to view the objects clearly. Adaptive optics – a field born from astronomy and kindled by the military is beginning to yield results that are likely to have significant bearing on eye disease research, diagnosis and treatment.

Astronomers trying to view objects in space and satellites trying to view objects on earth have essentially the same problem. The atmosphere is filled with turbulence – particles and changes in pressure and temperature that distort light on its journey between space and the earth. Similarly, the eye contains inherent imperfections that induce aberrations in the light path; they typically do not affect a person’s vision but they significantly hinder the ability to clearly visualize the tiny cells involved in sight.

Adaptive optics is a method for characterizing these aberrations, then correcting for them so that the image returned is flawless. It is accomplished in virtually the same fashion for stargazing and satellites as it is for ocular imaging. Scientists use a wavefront sensor to establish the profile of a known light source. For the eye, Dr. Carroll and his team use a super luminescent diode. This provides the baseline or null state of the system.

Then, they take the same light and pass it through the eye, where it is reflected back, and compare the two light profiles – this provides a measurement of the imperfections. The ensuing step is to correct for those imperfections. The mechanism of choice is a deformable mirror, the reflective surface of which can be physically manipulated into any shape by the pushing or pulling of attached actuators that are activated by electric or magnetic current.

“The idea is to make that mirror take on a shape so as to perfectly compensate for those imperfections you just measured,” Dr. Carroll said. “Now, what you’ve got is what we call a diffraction-limited imaging system, a perfect imag-

Through the looking glass

Adaptive optics is a game-changer in ocular imaging

Joseph Carroll, PhD ’02, reviews ocular images in the Froedtert & The Medical College of Wisconsin Eye Institute.
ing system, and you throw some light in the eye and capture a picture.”

The result is a high resolution visualization of the living retina that can be captured with an imaging tool, such as a confocal microscope or fundus camera.

It has been 50 years since Soviet biophysicist M.S. Smirnov first proposed adaptive optics as a way to perceive the eye, but it wasn’t until the 1990s that technology began to catch up to the concept enough to develop a system to do so. Dr. Carroll completed a postdoctoral fellowship under Dr. David Williams at the University of Rochester where many of the modern advances took shape. He brought his expertise back to The Medical College of Wisconsin, which is rapidly becoming a unique leader in this burgeoning field.

The Froedtert & The Medical College of Wisconsin Eye Institute is currently one of only a few places in the U.S. where adaptive optics tools are available to clinicians. Having clinicians engaged in the effort drives the research in a meaningful direction, and support from leadership, including Chairman of Ophthalmology Dale Heuer, MD, GME ’82, has enabled the rapid growth of the Advanced Ocular Imaging Program that Dr. Carroll directs with Dennis Han, MD, Fel ’87, the Jack A. & Elaine Klieger Professor of Ophthalmology.

“I don’t honestly think this would work anywhere else,” he said. “We really have a unique collection of resources in terms of space, people, philanthropy and the culture to try something different.”

The investment in innovation and collaboration was rewarded this summer when the research team became the first ever to image the tiny light-sensing rods in the living eye. Revealing the entire rod photoreceptor mosaic in cellular resolution represents a breakthrough in vision research as there is a whole cadre of diseases affecting the rods that previously had no avenue for intervention. Drs.

An image of the (smaller) rod and (larger) cone photoreceptors captured using adaptive optics in a living human retina.

Dubra, Carroll and colleagues described the advance in a paper published in July in The Optical Society’s open access journal Biomedical Optics Express.

Working hand-in-hand with Eye Institute clinicians has been instrumental in showing the true value of the technology. Twice in recent months, the team collaborated with Kimberly Stepien, MD, Assistant Professor of Ophthalmology, who was able to detect pathology in two of her patients only after using adaptive optics. Conventional clinical tools came up empty.

“This is what we were waiting for, the real demonstration that there is clinical utility with this technology,” Dr. Carroll said. “With conventional clinical imaging, by the time you see pathology, a lot has already happened; there has been significant cellular damage. If you wait to intervene on a disease until after 50 percent of the cells have died, it is a pretty ineffective treatment strategy.”

Early detection is a key benefit derived from an adaptive optics approach, especially for progressive and inherited blinding diseases. It won’t provide answers for every disease, but it may have implications for many, including advanced macular degeneration, retinitis pigmentosa, diabetic retinopathy, and achromatopsia.

“What we learn in one disease is going to be broadly applicable to other diseases,” he said. “In general, the imaging strategies and approaches we develop for choroideremia are going to be applicable to albinism.”

Early detection means early intervention, and Dr. Carroll is encouraged by the emergence of gene therapy as a viable future treatment option for inherited retinal disorders. Adaptive optics could play an important role in determining not only what patients are candidates for a specific therapy but also in measuring the effectiveness of treatment.

Since it is non-invasive and captured in real time, adaptive optics enables both doctor and patient to review images, providing an opportunity to educate about their condition. The image clearly shows cells that are healthy vs. those that are damaged or missing, thus capable of providing subclinical evidence of a disorder. If treatments are available, images could be compared over time.

“With standard clinical tools, you might have to wait years before you can see the treatment response,” Dr. Carroll said. “That’s not efficient. If what you are doing is working or not working, you would like to know that right away so you can either do more of the same or stop and change course. Definitely, assessing the efficacy of treatments is key.”

The future of adaptive optics is likely to involve integrated approaches with other imaging modalities. Combining adaptive optics with photo acoustic microscopy or spectroscopic imaging, for example, may allow scientists to image cells currently thought too small to do so, such as ganglion cells.

Dr. Carroll’s team is also making strides in the functional imaging of the retina. Someday, they may be able to tell a patient not only how many cells they have, but how well they are functioning. That capability doesn’t exist yet, but before this year, no one had ever imaged the rod photoreceptors. It likely won’t be long before adaptive optics dispels another myth.
The number of patients Medical College of Wisconsin providers see in a year exceeds the entire population of the nation of Belize, but health care leaders from both sites are discovering they have much to learn from one another.

A collaboration that began when faculty of the College’s Global Health Program were invited to present at the Belize Medical and Dental Congress annual meeting in October 2010 was formalized this summer. A delegation from Karl Heusner Memorial Hospital in Belize visited the Milwaukee campus in June and created the framework for a reciprocal partnership designed to improve medical care in Belize while deepening opportunities for learning and information sharing.

“We want to build sustainable partnerships with entities, whether they be schools of medicine, hospital partners or health ministries, to help each other learn about various disparities and challenges in our respective communities,” said Stephen Hargarten, MD '75, MPH, Associate Dean for Global Health and Professor and Chairman of Emergency Medicine at the Medical College. “Our emerging Global Health Program is predicated on the sustainable and respectful exchange of ideas, information and experiences over years.”

The College’s Global Health Program was established in January 2010 to develop a sustainable platform of local and global health partnerships to support and grow education, research, clinical, public and community health activities of its faculty and trainees. It does so through institutional partnerships that address local and global health inequities across neighborhoods and nations. Nearly 200 faculty participate in global health activities across 80 countries, including the United States.

The affiliation between the College and the Heusner Hospital supports a platform for global health student and physician exchanges to advance education, research, clinical care and public and community health training. The representatives from Belize enter the partnership with several priorities: addressing injury prevention, strengthening emergency care and disaster preparedness, improving pediatric acute and critical care, and enhancing the education of medical providers in Belize. These are areas of excellence for the Medical College.

The Belize delegation included two physicians, two nursing leaders and the hospital’s CEO. The group spent four days on campus, participating in tours and observations of the emergency departments and pediatric critical care wards of the Medical College’s affiliate hospitals; in educational, state-of-the-art simulation activities; in information exchanges with medical leadership in these fields; and in meetings with local and global collaborators.

Karl Heusner Memorial Hospital is a referral hospital, and the staff faces many challenges that begin at the primary level with deficiencies in standards of care in rural areas of Belize, said Dr. Francis Longsworth, the hospital’s CEO. “At our hospital, we need to formalize training. It’s really the main reason we are here,” said Dr. Longsworth, who has been with the hospital for three years. “The first two years were spent emphasizing infrastructure and equipment and facility needs. But if you fix the building but not the problems, it will not matter. This year, the emphasis is on quality of
Driven by a passion for providing health care to the poor, Antoine Augustin, MD ’72, MPH, has dedicated more than 25 years of his career to the non-governmental organization he created to help the people of Haiti. He founded Management and Resources for Community Health (MARCH) in 1985 for the purpose of providing medical care to those in the Caribbean nation limited by income barriers.

“Medical care for the poor is expensive, even in poor countries,” Dr. Augustin said.

MARCH is designed to bring health services to urban and rural populations in Haiti. What began with the opening of four urgent care centers during a period of two years has evolved into an association of four entities, including a network of hospitals and urgent care centers, youth centers, a health policy research organization and a nonprofit hotel/conference center. The organization specifically seeks to provide general health care and reduce the prevalence of HIV in Haiti.

Currently, the MARCH Foundation is working with a number of donors to provide comprehensive HIV services to women, especially expectant mothers, in an attempt to avoid transmission of the virus to their unborn children. Together, the organizations expect to reach 100,000 women. The project is designed to address the gaps in service using a community-based approach to lower the HIV incidence in Haiti, which has one of the highest HIV infection rates in the Western Hemisphere.

Dr. Augustin primarily oversees the work of the managers of each of the four divisions in the organization. He also provides technical assistance in Haiti and overseas, carries out research, and is active with various commissions in Haiti that coordinate efforts to bring health services to the public. He also serves as a consultant for several international entities including the U.S. government the World Bank, and UNAIDS, which all work to bring health care to underserved areas and to decrease the prevalence of HIV/AIDS.

As a medical student at The Medical College of Wisconsin, Dr. Augustin was among those who operated a free clinic in Milwaukee, which is what helped inspire him to provide health care to the poor. Later, he volunteered at a center in New York that provided services for runaway adolescents, which he said sparked the idea to set up youth centers in Haiti.

He furthered the interest while earning his MPH from Harvard University. “I met a lot of interesting people who were pioneers in what was then called population-based health systems,” said Dr. Augustin, who was awarded the Harvard Alumni Award of Merit for his work. “This is an approach where an entire population is registered and followed to determine who has, and who has not, received health services. I applied many of these principles to my work.”

He said the biggest challenge in his work is sustainability. Simply for the centers to break even financially is a challenge, he said, and after the 2010 earthquake in Haiti, the challenge worsened. Dr. Augustin believes a potential solution would be to make insurance available to low income individuals, which Haiti’s government is working to accomplish. He credited organizations such as World Bank, UNICEF, the U.S. government, and the World Health Organization with providing assistance now.

“The poor have the same medical needs as the well-to-do,” Dr. Augustin said. “Cheap medical care is an oxymoron.”
Are any of your children thinking of following in your footsteps as a physician? The Medical College of Wisconsin’s Admissions Office has some candid advice for medical school hopefuls.

With more than 6,700 applications submitted for 204 spaces in the M1 class, gaining admission to The Medical College of Wisconsin may feel like a daunting task. Director of Admissions Jennifer L. Haluzak, MEd, says there are several things an applicant can do to be competitive in the application process:

**Hit the ground running.** Students who wish to ultimately attend professional school cannot afford to earn mediocre undergraduate grades. Visit several undergraduate institutions and pick the one that feels right. It will be important to post a strong academic record from the start. Do not dig yourself into an academic hole from which you will not be able to recover.

**Be strong academically.** The average incoming MCW student has a 3.70 overall GPA and a 3.64 science and math GPA. Given that, the Admissions Committee considers a 3.50 to be the bottom of the competitive range. A solid academic record doesn’t guarantee admission, but it makes the road a lot smoother.

**Take the MCAT at the right time and perform well.** The average incoming MCW student has a 10 in each numeric subsection of the MCAT and a P in the writing sample. The bottom of the competitive range is a 9 in each numeric subsection and an M in the writing sample. It is not considered a negative to take the test multiple times. Sit for the MCAT exam after you have completed your science prerequisites, yet early enough in your college career so that you have time to retake it if necessary.

**Timeline is important.** The AMCAS application opens in May each year, with June being the earliest you can submit the information. Selection for interview spaces is based on both strength of application and completion date of your application. Aim to have your application completed, including MCAT scores, secondary application, letters of recommendation, etc., by Sept. 1. This will assure that you receive optimum consideration for interview spaces.

**Behave yourself.** There are many reasons why applications are denied. Do not make the Admissions Committee’s job easy by having criminal convictions, underage drinking citations or incidents of plagiarism. What may seem small to you may be the difference between acceptance and denial.

**Be a leader…** Take advantage of opportunities to participate in student activities and organizations. Serve in a leadership role if you can. It is not necessary to spend 40 hours a week in extracurricular activities, however; find a couple of activities/organizations you enjoy and become involved.

**…and a follower.** Shadow, shadow, shadow. The Admissions Committee wants you to demonstrate sufficient exposure to clinical medicine in the United States. This exposure can come through volunteering, shadowing or employment. There is no set number of hours you need to accumulate. Concentrate on finding quality experiences.

“Take ownership of the application process,” Haluzak said. “Educate yourself about prerequisite and letter of recommendation requirements. Prospective students are welcome to contact the Admissions Office and set up a visit prior to completing the application process. If you are the child of an alumnus, indicate it on your application. The ultimate responsibility for the completion of the application falls to the applicant.”
With his medical school graduation only four days away, Arthur W. Kaemmer, MD ’70, was given one last pop quiz to test his clinical mettle in the summer of 1970. With high personal stakes, as well as personal pride on the line, the soon-to-be Dr. Kaemmer delivered his and his wife’s first child in the bathroom of their Milwaukee apartment. It was not an act that went unnoticed.

At his commencement, Dr. Eleanor Delfs, Professor of OB/GYN, singled him out, saying she didn’t know whether to give him an “A” for effort or an “F” for failure to recognize the signs of imminent delivery. Fortunately, the experience didn’t scare him away from kids. Dr. Kaemmer went on to become a respected pediatrician and recently made a significant commitment to pediatric patients at The Medical College of Wisconsin and Children’s Hospital of Wisconsin.

He and his wife, Martha, are donating $1 million to the Medical College to inspire and implement creative programs that improve morale and quality of life for hospitalized children. Their gift creates the Kaemmer Professorship in Pediatrics: The “Super Kid” Chair in Special Needs, an endowment that will provide enduring resources to the Department of Pediatrics.

John B. Gordon, MD, Professor of Pediatrics at the Medical College, has been named the first Kaemmer Professor in Pediatrics: “Super Kid” Chair in Special Needs. Dr. Gordon sees patients at Children’s Hospital, where he founded its Special Needs program in 2002 and currently serves as its medical director.

Dr. Kaemmer completed his pediatrics residency training at Maine Medical Center in Portland in 1973. Shortly thereafter, he entered a general pediatrics practice in the Twin Cities area with Health Partners, one of the largest HMOs in the state of Minnesota, where he stayed until retirement.

The well-being of children has long been Dr. Kaemmer’s chief concern. Throughout his training and practice, he observed how frightening the hospital experience can be for kids, and he began to take measures to lessen their worry. He became known for his endless supply of “Super Kid” stickers, emblazoned with a Superman crest, which he freely distributed to his little heroes.

Dr. Kaemmer said it is important to understand that children often have a limited capacity to comprehend the circumstances of their illness or hospitalization. The chair will support initiatives that could distract, entertain or otherwise put at ease children in this situation, especially those with chronic conditions.

“’We’ve tried to institutionalize child wellness and a philosophy of looking at kids not just as little adults,’” Dr. Kaemmer said. “‘These are children, and everybody needs to remember that this is a horrifying experience in a hospital, and for kids with special needs, it’s even worse because they have so many medical problems. This is more of an attitude we are trying to endow, and John Gordon, in his time at the Medical College, can inculcate that attitude among everyone who works there.’”

Dr. Kaemmer’s enthusiasm for helping others is also realized through his enduring involvement with National Medical Fellowships, Inc., an organization that provides need-based scholarships, programs and practice opportunities for minority medical students. He has been active on the organization’s board for 30 years. He served as its chair for more than a decade and is now Board Chair Emeritus.

“This is something I thought needed to be done,” he said. “It has been shown time and time again that minority doctors, when they graduate, tend to practice more in primary care than their non-minority counterparts, and they tend to practice in underserved areas more than their non-minority counterparts. We need more people of color in the medical profession because their communities are invariably underserved.”

Also active with the Alumni Association, Dr. Kaemmer has served on his 25th, 30th, and 40th reunion committees as well as the Minneapolis/St. Paul and Naples host committees.
Alumni discover the value of making a bequest

It is one thing to leave an impression, but quite another to leave a legacy. While most people strive for personal success, there are those who also seek to make an enduring contribution to the world and improve opportunities for future generations.

This path exists for alumni who make a bequest to The Medical College of Wisconsin. Bequests are an important component in supporting the mission of the Medical College. They can help build the College’s endowment and provide for the growth of its programs.

Not only are bequests the most popular vehicle for making a planned charitable gift, they are also the easiest to establish. Alumni donors benefit from a great deal of flexibility because they retain the use of their property during their lifetime. Bequests made through one’s will may be designated for the Medical College’s unrestricted use or in the establishment or advancement of an endowed fund for restricted purposes, such as research or scholarships.

The cost of medical education and the appreciation he had for his training led William Listwan, MD ’68, GME ’74, to establish a bequest at the College.

“When I attended the (then) Marquette School of Medicine, the tuition was $1,500 per year. That didn’t come close to covering the actual cost, and somebody had to cover the difference.”

Bequests can fall under several different categories.

- **Specific:** Provides a specific dollar amount or item of property.
- **Residuary:** Provides all or a percentage of the property of an estate after debts, taxes, expenses and other bequests have been paid.
- **Charitable trust:** Provides that all or a portion of an estate will be left in trust to benefit the Medical College. Alternatively, income from the trust can be designated for family or friends with the remainder benefitting the College, as long as the trust meets all requirements for a charitable remainder trust.

An added benefit of a charitable bequest is that it may entitle the donor to an estate tax deduction.

Most people wish to create a legacy for subsequent generations in one form or another, said Thomas Russell, MD ’62, Clinical Professor of Dermatology at the Medical College, and a faculty member for four decades who three times served as interim chairman.

“For me, this became an acute consideration that I discussed this spring with my late spouse Harriet before her death from pancreatic cancer,” he said. “She fully concurred in my intent to leave a bequest to complete funding for a chair in Dermatology, which had been initiated by members of the Milwaukee dermatology community. It was a tangible addition to my 40 years in Dermatology at MCW. It also reflects my family’s history, since my father, myself and two of our children are graduates of this institution. A bequest is a very comfortable way in which a legacy can be made and enjoyed while still alive.”

As graduates of our medical and biomedical science programs, alumni represent the Medical College’s legacy in the greater community. Establishing a bequest, in turn, provides alumni with a simple but effective way to leave a legacy with the Medical College and ensure its ongoing vitality.

HOW TO GIVE

To learn more about making a bequest to The Medical College of Wisconsin, contact Rick Worcester in the Office of Development:

Phone: (414) 955-5824
E-mail: rworcester@mcw.edu
Web: mcw.edu/giving

Family practitioner represents alumni on Board of Trustees

Thomas G. Wittmann, MD ’84, GME ’87, has been appointed the Medical College of Wisconsin/Marquette Medical Alumni Association’s representative on the Medical College’s Board of Trustees. He will serve a three year term.

Dr. Wittmann is an Alumni Association Board member who served as President in 2009-10. A family physician, Dr. Wittmann was one of five founding members of Moreland Family Medicine Associates in Waukesha, Wis., established in 1993. He previously practiced in Green Bay.

Among his extensive contributions to the community, Dr. Wittmann has been a physician volunteer at the St. Joseph Medical and Dental Clinic in Waukesha, a free clinic; president and board member for the Food Pantry of Waukesha County; and president and board member for Family Service of Waukesha County.

He and his wife, Beth Erickson Wittmann, MD ’84, GME ’88, have a son and a daughter.
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

1960s

Parnell Donahue, MD '64, GME, 69, wrote a book titled Messengers in Denim: The Amazing Things Parents Can Learn from Teens. The book is being used in conjunction with an initiative called “READS” (Reality Education for Adolescent Development and Success), designed to help parents talk to their children about the dangers of drinking alcohol. Dr. Donahue is a pediatrician in Nashville, Tenn., and previously served as a general medical officer in the U.S. Air Force. He and his wife, Mary, raised four children.

Donald O. Allen, PhD '67, is doing medical and legal consultation, primarily in malpractice cases. He has participated in nearly 75 cases dealing with pharmacology. Dr. Allen retired after being involved in academic medicine at Indiana University School of Medicine and University of South Carolina School of Medicine.

1970s

Lawrence Livingston, MD '75, was named Chairman of Orthopaedic Surgery at Englewood Hospital and Medical Center in Englewood, N.J. He previously served for 12 years as Chief of Orthopaedics at Pascack Valley Hospital in Westwood, N.J. Dr. Livingston’s practice focuses on knee and shoulder arthroscopic surgery, knee and hip replacement and general adult orthopaedics.

Gregory Rajala, PhD ’76, recently earned the highest teaching honor from Marquette University in Milwaukee, the John P. Raynor, S.J., Faculty Award for Teaching Excellence. Dr. Rajala is an Associate Professor of Biomedical Sciences at Marquette who teaches gross anatomy to professional students in the College of Health Sciences and School of Dentistry. The award commends him for his commitment to students and his ability to communicate anatomical principles. Dr. Rajala is a former member of the U.S. Speed Skating Sports Medicine Team.

Morris T. Reagan, MD ’76, PhD ’65, GME ’80, retired from private practice in radiation oncology in Jackson, Miss., in 1999. Dr. Reagan enjoys traveling, cooking, reading and listening to music.

1980s

William Reed, MD ’82, is a heart surgeon at Harrison HealthPartners Bremerton Cardiothoracic Surgery, which received a top three-star rating by the Society of Thoracic Surgeons. It is the second year in a row that Harrison HealthPartners, based in Bremerton, Wash., has received the top rating. Dr. Reed specializes in adult cardiac surgery and belongs to the Society of Thoracic Surgeons, American College of Surgeons and American College of Chest Physicians.

Colleen A.F. Lawton, MD ’83, GME ’87, was chosen to be President-Elect of the American Society for Radiation Oncology (ASTRO). She was named a Fellow of ASTRO in 2007. Dr. Lawton has been a faculty member of The Medical College of Wisconsin’s Department of Radiation Oncology since 1987. She currently serves as Clinical Director of Radiation Oncology at the Froedtert & The Medical College Clinical Cancer Center and Director of the Radiation Oncology residency program.

Brian Bear, MD ’84, GME ’89, received an Alumni Citizenship Award from the University of Wisconsin – Milwaukee, where he earned a BMS Medical Science in 1980. Dr. Bear is an Assistant Clinical Professor in the Department of Obstetrics and Gynecology at The Medical College of Wisconsin and specializes in obstetrics, gynecology and infertility at Aurora Advanced Healthcare in Wauwatosa. He travels to Honduras regularly with the Global Medical Brigade, a program that provides medical services in areas of the world with limited access to health care.

Paul Knudson, MD ’88, GME ’91, has been appointed Co-director of the Clinical and Translational Science Institute (CTSI) of Southeast Wisconsin biomedical informatics key function. Dr. Knudson is Associate Professor of Medicine (Endocrinology, Metabolism and Clinical Nutrition) at The Medical College of Wisconsin.

1990s

Jose Franco, MD ’90, GME ’95, Fel ’95, was named the New Curriculum Director at The Medical College of Wisconsin after previously serving as a leader of the New Curriculum and Evaluation Committee. Dr. Franco joined the Medical College faculty in 1995 and is Professor of Medicine and of Pediatrics and Director of Hepatology in the Division of Gastroenterology and Hepatology. He will work with the New Curriculum Steering Committee and other faculty groups to focus on the Medical College’s new curriculum. Dr. Franco has received numerous teaching recognitions and awards, including the Ernest O. Henschel Clinical Teaching Award this year.

Robert E. Dedmon, MD, MPH ’91, was inducted as a Fellow of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow, Scotland. Dr. Dedmon is also a Fellow of the American College of Physicians and a
Fellow of the American College of Occupational and Environmental Medicine. He practiced general internal medicine at Theda Clark Medical Center in Neenah, Wis., from 1964 until 1976. Dr. Dedmon is active in Public/Global Health education and rabies prevention around the world. He is also Clinical Professor at The Medical College of Wisconsin’s Institute for Health and Society’s Global Health Program.

Judith F. Baumhauer, MD, MPH, Fel ’95, was installed as the first woman President of the American Orthopaedic Foot & Ankle Society (AOFAS). The presidency also includes a seat on the Board of Directors of the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF). Dr. Baumhauer is Professor of Orthopaedics and Associate Chair of Academic Affairs in the Department of Orthopaedics at the University of Rochester School of Medicine and Dentistry. In 2010 she traveled to Vietnam as a surgical volunteer with the AOFAS Overseas Outreach Project.

Beth Drolet, MD, GME ’95, was appointed Clinical Vice President of Ambulatory Services at The Medical College of Wisconsin. She is Professor of Dermatology and Section Chief of Pediatric Dermatology at the Medical College, and Medical Director of Dermatology and Birthmarks and Vascular Anomalies at Children’s Hospital of Wisconsin. Dr. Drolet is board certified in dermatology and pediatric dermatology.

Conrad Nievera, MD, GME ’96, has been appointed head of the newly formed comprehensive epilepsy program at Rockwood Clinic in Spokane, Wash.

Kimberly A. Bock, MD ’99, an obstetrician/gynecologist, has joined Women’s Care Physicians and Surgeons in Springfield, Ore.

2000s

Eric S. Kanter, MD ’00, Fel ’07, is psychotherapy supervisor of psychiatry residents at The Medical College of Wisconsin and a guest instructor in the Pediatric Psychopharmacology Clinic at Children’s Hospital of Wisconsin. He serves as President of Milwaukee Psychiatric Physicians Chartered, a private practice consisting of nine clinicians. Dr. Kanter specializes in individual psychotherapy for all ages including preschool, grade school, adolescents and adults. He is experienced in psychotherapy and medication management.

Michael J. McCoy, MS ’01, earned the Certified Industrial Hygienist (CIH) designation from the American Board of Industrial Hygiene. McCoy is a Project Manager/Toxicologist at GZA GeoEnvironmental in Waukesha, Wis. He works on toxicological dose reconstruction, occupational exposure reconstruction and interpretation of medical and toxicological information for the firm’s occupational health and litigation support practices.

Kambiz K. Rezaie, MD ’02, GME ’03, is currently on staff at Kaiser Permanente in Panorama City, Calif. Dr. Rezaie finished a fellowship in neonatal-perinatal medicine at the Los Angeles County – University of Southern California Medical Center/Children’s Hospital of Los Angeles in 2010 and was Chief Fellow in that year.

Jennifer M. Rubatt, MD ’02, joined the Gynecologic Oncology Program at Cancer Centers of North Carolina (CCNC). Her practice focuses on treating patients with gynecologic malignancies. Dr. Rubatt completed her residency in obstetrics and gynecology at the Medical College of Virginia and a fellowship in gynecologic oncology at Magee-Womens Hospital in Pittsburgh, Pa.

Frank Bishop, MD ’04, has joined the practice of Northern Rockies Neurosurgical Associates in Kalispell, Mont. Dr. Bishop specializes in spine and general cranial neurosurgery. He recently completed a spine fellowship at the Neurological Institute at the Cleveland Clinic Foundation in Ohio.

James Modir, MD ’03, GME ’04, is Director of Interventional Ultrasound for Chronic Pain at the University of California-San Diego Moores Cancer Center. Dr. Modir is also an Assistant Professor of Anesthesiology in the Division of Pain Medicine at UC San Diego, where he practices and teaches anesthesiology and pain medicine. He is a father of twin girls.

N. Christian Busk, MD ’04, is in the U.S. Air Force Reserves as a flight surgeon after being on active duty for six years, during which time he served as staff physician at Hill Air Force Base in northern Utah. Dr. Busk currently practices family medicine at the St. George Clinic in St. George, Utah. He and his wife, Becca, have four children.

Julie Otto Laidig, MD ’05, is an Internal Medicine and Pediatrics Hospitalist at Regions Hospital in Saint Paul, Minn. Dr. Laidig completed her residency at the University of Minnesota in 2009.

Matthew T. Gill, MD ’06, joined the staff of Ark-La-Tex Ear, Nose & Throat in Shreveport, La., after completing a residency in otolaryngology – head and neck surgery at Louisiana State University Health Sciences Center.

Michael Sanders, MD ’07, was married to Kristen Erickson on Sept. 19, 2011, in Estes Park, Colo. Dr. Sanders is a fourth-year radiology resident at the Kansas University School of Medicine in Wichita. He will begin a neuroradiology fellowship next year at William Beaumont Hospital in Royal Oaks, Mich.

Lisa Benz, MD ’08, recently began a pediatric hospital medicine fellowship at Rady Children’s Hospital in San Diego, Calif. Dr. Benz completed her residency at the Stanford School of Medicine.

Kristin R. O’Dell, MD ’08, is midway through a fellowship with Via Christi Family Medicine Residency Program. The program includes seven months of specialized study in tropical medicine, trauma, orthopaedics, burn care, anesthesia, radiology, ultrasonography, echocardiology and dental care. Dr. O’Dell will spend the final five months of her fellowship providing medical service at a hospital in Zimbabwe or Kenya. She completed a family medicine residency at La Crosse-Mayo in La Crosse, Wis.

Lance M. Retherford, MD ’08, was appointed Chief Resident in the University of California – San Francisco’s Department of Anesthesia and Perioperative Care. Following his residency, Dr. Retherford will go to Columbia University Medical Center to complete fellowships in critical care medicine and cardiothoracic anesthesia.
ALUMNI NEWS accepts and publishes obituaries of Medical College of Wisconsin, Marquette School of Medicine, and Marquette University School of Medicine alumni.

Joseph F. Melancon, MD ’40, of St. Paul, Minn., died May 1, 2010. He was 95 years old. Dr. Melancon practiced obstetrics and gynecology for more than 40 years at United and St. Joseph’s hospitals in St. Paul. He was preceded in death by his wife, Phyllis, and a granddaughter. His survivors include four children, 11 grandchildren and six great-grandchildren.

Alfred L. Axtmayer, MD ’43, GME ’50, of Puerto Rico died July 30, 2011, after a long illness. He was 91 years old. Dr. Axtmayer served as a captain in the U.S. Armed Forces before training in general surgery and cardiovascular surgery. For several years, he was a staff surgeon at the VA Hospital in San Juan, later entering into a private surgery practice. A diplomate of the American Board of Surgery, Dr. Axtmayer was Clinical Professor of Surgery at the University of Puerto Rico School of Medicine, a past president of the Puerto Rico Heart Association and a leadership member of the Puerto Rico Medical Association. He also served as governor of the Puerto Rican chapter of the American College of Surgeons as well as president of one of the largest local health services organizations in the commonwealth. His survivors include his wife, Alicia; four children and several grandchildren.

Benedict A. Biasini, MD ’43, of Charlotte, N.C., died Jan. 7, 2011. He was 93 years old. Dr. Biasini served as a medic in Europe during World War II. He practiced family medicine and served as Chief of Staff at Memorial Hospital in South Bend, Ind. Dr. Biasini enjoyed reading, fishing and gardening. He is survived by two children, a grandson and two great-grandchildren.

Alfred J. Spagnuolo, MD ’43, of Lansing, Mich., died March 30, 2011. He was 92 years old. Dr. Spagnuolo served as a medic in World War II before returning to Lansing to begin his family practice. He also served as Chief of Staff at Ingham Regional Medical Center. After retiring from family practice in 1985, Dr. Spagnuolo worked at General Motors in occupational medicine until his retirement in 2005. He enjoyed golfing and was involved in the Italian American Club, Knights of Columbus and Sons of Italy. Dr. Spagnuolo was preceded in death by his first wife, Helen, and his second wife, Jane. His survivors include four children, five grandchildren and eight great-grandchildren.

Clark H. Boren, MD ’46 (March), of Marinette, Wis., died March 21, 2011. He was 90 years old. Dr. Boren served in the U.S. Air Force before opening his own family medical practice in 1949. He retired in 1987. Dr. Boren was a past Chief of Medicine at Marinette General Hospital, Menominee County-Lloyd Hospital and Bay Area Medical Center. He also held terms as President of the Marinette County Medical Society and the Marinette Lion’s Club. Dr. Boren’s survivors include his wife, Maryon; two children; eight grandchildren; and three great-grandchildren.

Robert D. Hume, Jr., MD’ 46 (March), of Farmington, N.M., died March 29, 2011. He was 89 years old. Dr. Hume served in the Army as a military ship’s doctor and a regimental surgeon in the 187th Airborne during the Korean War. He was awarded the Bronze Star for making two combat jumps behind enemy lines. Dr. Hume later became Chief of Obstetrics, Gynecology and General Surgery at the Army base of Aberdeen Proving Ground, Md. He opened an OB/GYN practice in Farmington, N.M., in 1957 and assisted in the delivery of more than 6,000 babies before retiring in 1984. Dr. Hume was preceded in death by his wife, Joan. His survivors include seven children, 14 grandchildren, 22 great-grandchildren and one great-great-grandchild.

Loren L. Thompson, MD ’46 (March), of Pinehurst, N.C., died Feb. 25, 2011. He was 89 years old. Dr. Thompson worked as a radiologist at St. Vincent’s Hospital in Green Bay, Wis. before retiring to Pinehurst in 1988. He served a term as President of the Wisconsin Radiological Society. Dr. Thompson is survived by his wife, Janet, four children and six grandchildren.

Marian Rejent, MD ’46 (November), of Toledo, Ohio, died Feb. 27, 2011. She was 90 years old. Dr. Rejent served as Chief of Pediatrics at the Toledo Health Department and Acting Chairman of Pediatrics at the Medical College of Ohio – Toledo. She held an Adjunct Professorship at the University of Toledo and three Associate Professorships at the Medical College of Ohio. She held staff appointments at St. Vincent, Flower, Mercy and Toledo hospitals. Dr. Rejent enjoyed traveling, painting and photography.

Robert F. Gosin, MD ’52, of Westminster, Calif., died Feb. 18, 2011. He was 86 years old. Dr. Gosin served as a commissioned officer in the U.S. Army and practiced medicine until his retirement in 1986. Dr. Gosin’s survivors include his wife, Dianne; four children; six grandchildren; and two great-grandchildren.

Jack E. Thompson, MD ’52, of Tucson, Ariz., died July 13, 2011, after a seven-year battle with Alzheimer’s disease. He was 85 years old. Dr. Thompson practiced anesthesiology in Mountain View, Calif., for 42 years. He enjoyed building historical wooden model sailing ships in addition to travel and family time. His survivors include his wife of more than 29 years, Susan; three children; five grandchildren; and five great-grandchildren.

Robert K. Ausman, MD ’57, died Aug. 7, 2011. He was 78 years old. Dr. Ausman was a longtime faculty member of the Department of Surgery at the Medical College of Wisconsin, serving as Clinical Professor from 1970-2011. He worked for decades at Baxter Healthcare Corporation in Illinois, retiring as President of Baxter’s Advance Development Group. He pioneered isolated organ perfusion for cancer and helped develop the intravenous pump systems used today. Dr. Ausman and his family (the Ausman Family Foundation) were instrumental in launching the creation of a simulation training center in the Department of Surgery at the Medical College. He is survived by his wife Christine, two stepsons and two step grandchildren.

Albert Schmitt, MD ’57, of Phoenix, Ariz., died in December 2010. He practiced family medicine.

Ralph E. Tomkiewicz, MD ’59, of Racine, Wis., died June 27, 2011. He was 80 years old. Dr. Tomkiewicz served in the U.S. Navy in Korea and Vietnam.
from 1952 until 1955. He later practiced psychiatry in Racine and Kenosha, establishing the Psychiatric Unit at Kenosha’s Saint Catherine’s Hospital in 1964. He also was on staff at Kenosha Memorial Hospital, St. Mary’s and St. Luke’s in Racine, as well as being a staff member at Carthage College. Dr. Tomkiewicz was an avid runner and tennis player, completing marathons and achieving rankings in the Wisconsin Tennis Association. He was fond of classical music, literature and history. Dr. Tomkiewicz is survived by his wife, Rita, and five children.

Abdallah Melkonian, MD, GME ’61, of Fox Point, Wis., died Aug. 8, 2011. He was 82 years old. Dr. Melkonian was born in Heliopolis, Egypt, and moved to America to serve his residency. He was a longtime physician and surgeon and a founding member of St. Mary’s Burn Center in Milwaukee. Dr. Melkonian enjoyed traveling and entertaining. His survivors include his wife, Yolande, six children and 14 grandchildren.

Thomas F. Walker, MD ’63, GME ’69, of Green Bay, Wis., died May 20, 2011. He was 74 years old. Formerly of Milwaukee, Dr. Walker practiced anesthesiology.

Thomas L. Bowen, MD ’67, died Aug. 20, 2011, at his home in Solon, Iowa. He was 72 years old. Dr. Bowen served as a captain in the U.S. Army for a year in Vietnam and a year in Seattle. He was the second emergency medicine doctor in Springfield, Mo., at St. John’s Hospital for five years. He spent the following 19 years as a primary care physician at Smith-Glynn-Callaway Clinic in Springfield, now a branch of St. John’s Hospital and Clinics. He retired in 1996. He loved nature, camping, fishing, and traveling. His survivors include his wife, Judy, two daughters and two grandsons. He was preceded in death by his son.

Erskine Tucker Sr., MD, GME ’68, of Milwaukee, died Aug. 23, 2011. He was 81 years old. Dr. Tucker served as a medical technologist for the U.S. Army in Germany. He later earned his medical degree from Meharry Medical College in Nashville, Tenn., and served his internship at the former Milwaukee County Hospital. Dr. Tucker was appointed Chief Pathologist and Director of Laboratory Services at St. Francis Hospital, becoming the first African American to hold this position in Milwaukee. He enjoyed golf, basketball, gardening and traveling. Dr. Tucker served on the boards of the Wisconsin Conference of the United Methodist Church, Curative Care Network, Milwaukee Area Technical College and the Boys and Girls Club of Greater Milwaukee. He was preceded in death by his wife, Ruth. His survivors include three children and three grandchildren.

E. James Aiman, MD ’69, GME ’74, died July 5, 2011. He was 68 years old. Dr. Aiman was a faculty member at The Medical College of Wisconsin for 29 years. He was Professor and Vice Chairman of Obstetrics and Gynecology and twice served as Acting Chairman of the department. He was a charter member of the Medical College’s Society of Teaching Scholars and was once named Teacher of the Year by the Association of Professors of Gynecology and Obstetrics. Dr. Aiman specialized in infertility and played a key role in the formation of the current OB/GYN residency program. He enjoyed music, photography and the history of medicine. He is survived by his wife, JoAnn, and two sons.

Andani S. Prakash, MD, GME ’79, of Brentwood, Tenn., died Jan. 16, 2010. He was 64 years old. Dr. Prakash immigrated to Canada from India in 1971. He traveled to Milwaukee in 1975 to pursue a residency in physical and rehabilitation medicine. Dr. Prakash served as a major at the Walter Reed Medical Center in Washington, D.C., before moving to Brentwood, Tenn., in 1982 to begin private practice. He retired in 2002. Dr. Prakash enjoyed travel, the arts, reading and collecting Indian art. He is survived by his wife, Lalitha.

Lovetta A. Brown, MD ’81, of Milwaukee, died Aug. 22, 2011. She was 62 years old. Following medical school Dr. Brown earned a Master’s in Public Health from John Hopkins University. She spent most of her professional life in Mississippi and was named Medical Director of the Mississippi Office of Health Disparity Elimination. She also founded the Mississippi Health Awareness Project, a community-based organization that addresses HIV, gang and violence prevention. Dr. Brown’s public health efforts led to the establishment of the first Boys and Girls Club in northern Mississippi. In 1998, she developed the Safe at Home program, a home maternity case management program for non-Medicaid patients. That same year, she was named physician of the year by the National Health Service Corps.

Norman L. Melnikoff, MD, GME ’81, of Gardenville, Nev., died July 21, 2011. He was 69 years old. Dr. Melnikoff served in Kabul, Afghanistan, as the U.S. Army’s senior medical advisor to the surgeon general of the Afghan Army. He was previously deployed in Iraq for six years. Dr. Melnikoff was an Associate Professor in the Department of Emergency Medicine in the University of California, Davis Health System in Sacramento and a forensic medical consultant in Nevada, Montana and California. When not working overseas, Dr. Melnikoff loved to spend time at his horse ranch in Gardenville. He is survived by his wife, Shirley; a daughter; two granddaughters; and a great-granddaughter.

Gary Helmbrecht, MD ’84, of Charlottesville, Va., died Feb. 10, 2011. He was 53 years old. Dr. Helmbrecht served actively in the U.S. Navy Medical Corps from 1984 until 1990. He began practicing maternal-fetal medicine in Charlottesville in 2004 and was instrumental in expanding the Prenatal Diagnosis Center, a regional center for the care of high-risk pregnancies. Dr. Helmbrecht established the Rubenstein-Taybi Syndrome Foundation in honor of his youngest son, Wesley. The foundation provides medical equipment and supplies for children with special needs. Dr. Helmbrecht is survived by his wife, Jocelyn, four children and three nieces for whom he was guardian.

Fernando F. Rustia, MD ’92, of Racine, Wis., died June 6, 2010. He was 53 years old. Dr. Rustia practiced medicine in Racine for 13 years, most recently with the Aurora Health Center. He was a member of the American Academy of Pediatrics, the Wisconsin Medical Association and the Racine Medical Association. Dr. Rustia enjoyed ballroom dancing, photography and painting. His survivors include his wife, Nancy, and a stepdaughter.
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The Medical College of Wisconsin has made every effort to ensure the accuracy of the information and names in the Honor Roll. If you notice an error, please call the Office of Development at (414) 955-4700. Thank you.

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Adeyemi A. Lawal, MD

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Giving by Participation Rate

AMONG MEDICAL SCHOOL CLASSES

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CONTINUING MEDICAL EDUCATION EVENTS

30th Anniversary Midwinter Retina Symposium
7.75 Category 1 AMA/PRA Credits
Jan. 6 – 7, 2012
Milwaukee, Wis.
Contact: Diane Lopez
dlopez@mcw.edu
(414) 955-7875

2012 Anesthesiology Topics in the Tropics
18.0 Category 1 AMA/PRA Credits
Jan. 11 – 14, 2012
Cruise destination: San Juan, Puerto Rico
Contact: David F. Stowe, MD
dfstowe@mcw.edu
(414) 955-5673

2012 CIBMTR Clinical Research Professionals Data Management Conference
12.0 Category 1 AMA/PRA Credits
San Diego, Calif.
Contact: Conference Coordinator
cibmtr@mcw.edu
(414) 805-0700

ALUMNI EVENTS

Specialty receptions
American Academy of Orthopaedic Surgeons
San Francisco, Calif.
Feb. 10, 2012
American Academy of Dermatology
San Diego, Calif.
March 17, 2012
American College of Physicians
New Orleans, La.
April 19, 2012

Alumni Association Board meetings
Feb. 1, 2012
May 4, 2012

Symposium for Senior Physicians
May 2012 (date to be determined)

2012 REUNIONS

Alumni Weekend
May 4-5, 2012
Events will include the Alumni Banquet at the Pfister Hotel, presentation of awards, tours, CME and special class dinners.

50-year reunion
May 18-19, 2012
Class of 1962 reunion will be held in conjunction with the The Medical College of Wisconsin’s 2012 Commencement weekend.

CLINICAL CONFERENCE ’12
Feb. 27-March 2, 2012
The Alumni Association is sponsoring a 2012 Clinical Conference at the Resort at Marina Village in Cape Coral, Fla.
Educational sessions for CME credit are scheduled, and a variety of recreational activities, including tennis, swimming, hiking, biking and boat rentals are available. Social receptions are also planned.
For registration information
Call: (414) 955-4781
E-mail: alumni@mcw.edu

NOMINATIONS SOUGHT

2012 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.

2012 Humanitarian Award
Eligible for nomination are alumni who have, throughout their careers, demonstrated a significant humanitarian commitment in their medical practice or volunteer activities.
Fax or E-mail your nominations to:
(414) 955-6699 alumni@mcw.edu

CME RESOURCES

Requesting transcripts
To obtain a transcript of credits earned through the Office of Continuing and Professional Education at the Medical College of Wisconsin, please call the transcript request line at (414) 955-4896 or use the transcript request form. The form is available online at www.mcw.edu/cme under the “Transcripts” tab and can be faxed to (414) 955-6623.

Alumni receive one transcript per year free of charge. For all subsequent transcript requests, the charge is $5 per request.

ALUMNI NEWS Fall-Winter 2011 35
Medicine at the Marina
2012 Clinical Conference

February 27 – March 2, 2012
The Resort at Marina Village
Cape Coral, Florida

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

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