Direct-to-consumer drug ads give physicians cause for concern

Medical informatics pros tackle complex practice issues

Capitol idea
Alumna complements research career with legislative experience
DEAN’S MESSAGE

To help cultivate an environment at the Medical College that encourages and supports the application of research to patient care, we have established the Clinical and Translational Science Institute (CTSI). This new and innovative infrastructure will advance education, collaboration and research in clinical and translational science.

The Institute is being built on the Medical College’s alliances with Froedtert Hospital, Children’s Hospital of Wisconsin, the Zablocki VA Medical Center and the BloodCenter of Wisconsin’s Blood Research Institute, and a long history of collaboration with Marquette University, Milwaukee School of Engineering and University of Wisconsin-Milwaukee.

The CTSI will have adjunct faculty members from all of these institutions and community researchers. The adjunct faculty members will have access to research facilities and educational services of the partner institutions. The CTSI, though its degree-granting members, is in the process of developing master’s and PhD degree programs in clinical and translational sciences.

The Institute’s goal is to advance biomedical sciences and application to patient care and technology transfer.

To oversee the CTSI, I have appointed Reza Shaker, MD, Fel ‘88, Senior Associate Dean for Clinical and Translational Research. Dr. Shaker will maintain his roles as the Joseph E. Geenen Professor in Gastroenterology, Chief of Gastroenterology/Hepatology, and Director of the College’s Digestive Disease Center. Dr. Shaker is a premier clinician and investigator recognized internationally for his research in gastroesophageal reflux disease, gastrointestinal motility/sensory physiology and swallowing disorders. His leadership acumen and experience integrating basic science and clinical research will be of great value to the CTSI and its efforts to bring basic discoveries to bedside use, build collaboration and develop the next generation of clinical and translational researchers.

Michael J. Dunn, MD ’62
Dean and Executive Vice President

PRESIDENT’S MESSAGE

While we are pleased with the results of the survey and glad to have received some quality ideas for the magazine’s future, I want to encourage even more alumni to participate in Medical College surveys and other interactive opportunities. With alumni from 19 different states responding to this survey, we have room to grow.

The College has a lot to learn from your opinions, and feedback from our stakeholders is one of the best ways to improve the way we serve you. So if you have an idea, share it with us. We look forward to hearing from you.

T. Michael Bolger, JD
President and CEO

In 2007, we conducted a survey to learn what you think of your ALUMNI NEWS magazine and what we can do to make reading it a more rewarding experience. I would like to thank all of the alumni who took the time to respond to the survey. Through your valuable input, we have a better understanding of our strengths and how we can build on them.

Most promising among our survey results were the ratings of the magazine’s content. The majority of responding alumni (68 percent) rated the content as excellent, while another 26 percent rated the content as good. The last time we conducted a survey, in 2004, a similar overall percentage of people rated the magazine as excellent or good, but the distributions were almost reversed. At that time, only 29 percent considered the content excellent while 64 percent considered it good. The progress we have made in this area is encouraging.

Additionally, the appearance of ALUMNI NEWS was given high marks by nearly everyone, with 80 percent of alumni rating the design as excellent and 19 percent rating it as good.

We will continue to provide the news you consider the most valuable. According to the survey, that especially includes alumni notes and obituaries, features about the Medical College and features about interesting alumni, and to a lesser extent, College/faculty news, alumni events and student/education news.

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A job well done

In 13 years as dean and executive vice president, Dr. Michael J. Dunn strengthened research programs, oversaw significant programmatic and physical growth, and raised the national reputation of the Medical College of Wisconsin. His recruitment of faculty leaders and shaping of the College’s vision remain as part of his legacy at his alma mater. Dr. Dunn’s tenure ends May 5 when his successor, Jonathan I. Ravdin, MD, begins his service.

Classes represented in this story: ‘62

Up to data

There is no shortage of information in medicine, but there is an enormous need for organizing, using, sharing and researching this data to improve medical practice. Alumni in medical informatics are working on these challenges while the College’s joint degree program with MSOE has been training professionals in the field for more than 10 years.


Q & A with Owen Griffith, PhD

Nearly one year into his appointment, the dean of the Medical College’s Graduate School of Biomedical Sciences answers questions from ALUMNI NEWS about his vision for the Graduate School, the growth of its programs and his desire for strong alumni involvement.

Side effects

As practicing physicians field increasing numbers of questions from patients about prescription medication, many alumni question the manner in which drugs are advertised directly to consumers and consider whether the omnipresent ads do more harm than good.


Volunteer honors

Family medicine alumni receive Presidential Volunteer Awards for helping train primary care physicians in Armenia to improve health care delivery in the former Soviet nation.

Classes represented in this story: ‘01, ‘03
Dr. Jonathan Ravdin appointed Dean of Medical College

Jonathan I. Ravdin, MD, the Nesbitt Professor and Chairman of the Department of Medicine at the University of Minnesota Medical School and an international leader in infectious diseases, has been appointed Dean and Executive Vice President of the Medical College of Wisconsin commencing May 5, 2008.

Dr. Ravdin is widely recognized for contributing seminal research on the molecular mechanisms by which Entamoeba histolytica, an enteric protozoan parasite that is highly endemic worldwide, causes invasive amebiasis (colitis and liver abscess), and how humans develop an effective mucosal immune response. His work has led to the development and study of an experimental vaccine designed to prevent infection and, potentially, eradicate this disease.

Dr. Ravdin is a Fellow of the American Association for the Advancement of Science and a member of the American Society for Clinical Investigation and the Association of American Physicians, honors bestowed on researchers in academic medicine whose accomplishments are deemed of high importance and scientifically distinguished. At the University of Minnesota Medical School, Dr. Ravdin also serves as Special Advisor to the Dean for Strategic Development.

A Medical College search committee composed of Trustees, Department Chairs and faculty leaders recommended Dr. Ravdin along with others to T. Michael Bolger, JD, President and CEO, who made the final selection.

The search committee conducted an extensive national search to find a successor for Michael J. Dunn, MD ’62. Dr. Dunn, who has served as Dean since Jan. 1, 1995, announced his plans to step down in January 2007. He will continue to serve as Dean until Dr. Ravdin assumes the position on May 5. Dr. Dunn will then continue at the Medical College as a Distinguished Professor of Medicine.

“Jonathan Ravdin is an accomplished leader in academic medicine,” Bolger said. “We are pleased that he will join us in advancing our national prominence in education, discovery, patient care and community engagement.”

Dr. Ravdin received his MD degree from Tufts University School of Medicine. He completed a residency in internal medicine at The New York Hospital – Cornell Medical Center, followed by a fellowship in infectious diseases at the University of Virginia School of Medicine.

He is married to Marcie Christensen Ravdin. They have four children.

Medical College’s 2007 Annual Report is now available

Copies of the Medical College of Wisconsin’s 2007 Annual Report and Honor Roll are available to alumni upon request. The publication, titled A Bright Future, highlights the College’s many educational programs.

To obtain copies, please contact the Office of Public Affairs at (414) 456-4700 or ckalmans@mcw.edu.

The Annual Report can also be viewed online at www.mcw.edu/2007AnnualReport.htm.

JUST THE FACTS

The Medical College of Wisconsin’s externally funded expenditures for research, teaching and training, and related purposes totalled $142.8 million in the fiscal year ended June 30, 2007.
CAIR researchers expand HIV prevention studies with grants

Investigators in the Department of Psychiatry and Behavioral Medicine’s Center for AIDS Intervention Research (CAIR) have been awarded four National Institutes of Health (NIH) grants totaling more than $10.5 million to expand the Center’s HIV prevention research in world regions hard-hit by the disease.

Jeffrey A. Kelly, PhD, Professor of Psychiatry and Behavioral Medicine and CAIR Director is principal investigator for two of the new grants. The first is a five-year, $2.8 million grant from the National Institute of Drug Abuse that will take place at project sites in Russia, Bulgaria and Hungary. The project will determine whether a social network intervention reduces risk behavior practices, HIV incidence and the incidence of other sexually transmitted diseases among high-risk social networks of young men who have sex with men; young, high-risk heterosexual women and men; and ethnic minority Roma. The second is a five-year, $3.4 million grant from the National Institute of Mental Health (NIMH) that will examine whether Internet-based, distance staff training methods can be made as effective as traditional, on-site training in assisting providers to adopt effective HIV prevention modules. This will take place in all countries of the former Soviet Union.

Yuri A. Amirkhanian, PhD, Associate Professor of Psychiatry and Behavioral Medicine, has been awarded a five-year, $2 million grant from the NIMH to strengthen social and behavioral science research capacity in St. Petersburg, Russia.

Lance S. Weinhardt, PhD, Associate Professor of Psychiatry and Behavioral Medicine, has received a four-year, $2.3 million grant from the NIMH to determine the effectiveness of a promising HIV prevention intervention as well as the effects of in-depth interviewing alone on the risk behavior practices of STD clinic patients. The study will be centered in Cape Town, South Africa.

Injury Research Center receives CDC grant renewal

The Injury Research Center at the Medical College of Wisconsin has received a five-year, $4.5 million competitive renewal grant from the National Center for Injury prevention and Control of the U.S. Centers for Disease Control and Prevention. Established in 2001, the Center enhances the research, education and policy infrastructure for injury prevention and control to ultimately reduce injury deaths and disabilities statewide, regionally and nationally.

Stephen W. Hargarten, MD ’75, MPH, Professor and Chairman of Emergency Medicine, is Director of the Injury Research Center and principal investigator for the grant. Peter M. Layde, MD, MSc, Professor of Population Health, is Co-Director.

Eye Institute scientists to study function of cone pigment genes

Medical College vision researchers will study the biological processes of photopigment genes in the cone photoreceptor cells of the eye through a five-year $2.7 million grant from the National Eye Institute. Jay Neitz, PhD, the R.D. & Linda Peters Professor in Ophthalmology and Professor of Cell Biology, Neurobiology and Anatomy, is principal investigator for the grant and will team with his wife, Maureen Neitz, PhD, the Richard O. Schultz/Ruth Works Professor in Ophthalmology Research, on the project.

Harmful mutations occur at a higher frequency in the photopigment genes than at any other location in the human genome. The Drs. Neitz will investigate the contribution of these mutations to common vision disorders, such as macular degeneration and nearsightedness.

New NHLBI grant enables study of atherosclerosis prevention

The Medical College of Wisconsin has received a five-year, $1.6 million grant from the National Heart, Lung and Blood Institute to develop new strategies for the prevention of atherosclerosis. Hiroto Miura, MD, PhD, Assistant Professor of Medicine (Cardiovascular), is principal investigator for the grant.

Atherosclerosis is characterized by arterial plaque formation due to overproduction of the smooth muscle cells of arteries and infiltration of blood cells that normally respond to inflammation or infection. Dr. Miura hopes to find therapeutic targets that are activated commonly among these cell types in atherosclerosis and to determine the effects of long-term treatment on the development of atherosclerosis.

Researcher studies injury from chronic sleep restriction

The National Heart, Lung and Blood Institute has awarded the Medical College of Wisconsin a four-year, $1.6 million grant to investigate injury to cells and tissues in different organ systems that may result from chronic sleep restriction, causing susceptibility to disease. Carol A. Everson, PhD, Professor of Neurology, is principal investigator.

Dr. Everson’s team has shown that sleep restriction in the rat model leads to severe metabolic and endocrine disturbances, uncompensated oxidative stress and generalized cell injury. Further studies will determine the extent to which recovery of sleep reverses functional impairments. Outcomes are expected to facilitate interventions that limit adverse health effects of sleep deprivation.
When Michael J. Dunn, MD ’62, announced last January that he would step down as dean and executive vice president once a successor was found, the Medical College of Wisconsin community concerned itself with two pressing questions: 1) Who will the College find to replace a dean of Dr. Dunn’s caliber? 2) Will Dr. Dunn still choose the wine for Medical College social events?

The first question has been answered. Jonathan I. Ravdin, MD, will join the Medical College on May 5 as dean and executive vice president (see page 4). The second remains to be seen, but his talented palate is just one of the many qualities Dr. Dunn brought to the College as a first-time dean more than a decade ago.

Often wearing a calm, yet determined, expression above his signature bow ties, Dr. Dunn has steadily enhanced the national reputation and productivity of the Medical College during 13 years in the dean’s office. He has provided consistent leadership as the campus has grown in both stature and size. Throughout, he has maintained the sense of urgency that nourishes excellence in a highly competitive national environment and has positioned the institution for future success through creative and strategic pursuit of the College’s missions.

“Dr. Dunn’s vision, insights and knowledge of academic medicine and biomedical research have guided the Medical College for more than a decade,” said President and CEO T. Michael Bolger, JD, who appointed Dr. Dunn as dean in 1995 following a national search and committee recommendation. “His positive impact on this institution will be felt for many years to come.”

With a tenure marked by significant programmatic and physical growth, Dr. Dunn wrought some changes immediately, while other efforts carry on through this day. Nearly upon joining the institution, he determined that the former combined Clinical Practice Group for the College and affiliate hospitals was not viable. He overhauled it, creating two divisions within a single group – the Medical College Physicians for the adult practice and the Children’s Specialty Group for the Pediatric practice, both of which continue to grow annually in personnel and revenue.

This change helped drive growth in the College’s primary commitment of medical and graduate education as well as one of Dr. Dunn’s major priorities throughout this era – biomedical research. He notes that the health of the medical school is inextricably linked to the health of the clinical practices.

“The rapid growth of the clinical practices has cemented the realization that the most profitable thing we do is practice medicine, and that profit, when plowed back into the academic exercise, fuels the educational process and the research process,” he said.

While growth has abounded on campus, two extremely significant facilities have been constructed during Dr. Dunn’s leadership that have played enormous roles in the expansion of the Medical College’s research infrastructure. The Health Research Center opened in 1998, and the Translational and Biomedical Research Center opened in 2007.

“A job well done

Leaving a legacy that includes significant growth in research productivity and reputation, Michael J. Dunn, MD, will bid farewell to the Medical College of Wisconsin’s Office of the Dean in May.

“Dr. Dunn’s vision, insights and knowledge of academic medicine and biomedical research have guided the Medical College for more than a decade,” said President and CEO T. Michael Bolger, JD, who appointed Dr. Dunn as dean in 1995 following a national search and committee recommendation. “His positive impact on this institution will be felt for many years to come.”

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ment with room remaining to advance and set even more ambitious goals. Research is currently about $130 million of the College’s budget, the second-largest item after clinical practice, and Dr. Dunn believes in the school’s thorough commitment to research.

“Research success is the national currency on which you build your reputation,” he said. “In Cleveland or Baltimore or Boston or San Francisco, they don’t know how well we educate our students, and there’s no way of measuring that. They don’t know how good we are in the clinical practice. They know precisely how much research money we have and what our NIH ranking is.”

Another aspect of Dr. Dunn’s legacy as dean must be his emphasis on the concept of centers, especially pertaining to research. Many of the investments he made on behalf of the Medical College have been through the collaborative enterprise of centers, which cultivate intellectual synergy by virtue of faculty with like interests pooling their knowledge toward common goals.

“Historically, schools have operated through departments, and their research has been departmental. We’ve emphasized centers, not to fly in the face of departments or to compete with them, but to provide a home for departmental faculty when they do their research,” said Dr. Dunn, who has overseen establishment of many interdisciplinary centers, including the Human and Molecular Genetics Center, the Biotechnology & Bioengineering Center and the Center for Biopreparedness and Infectious Diseases.

This approach has proven prescient as clinical providers begin to embrace a similar philosophy, including Froedtert & the Medical College of Wisconsin, which opens its clinical cancer center this year.

Neither centers nor departments are significant without talented people in charge, and Dr. Dunn counts among his most rewarding moments as dean the opportunity to recruit quality chairmen, center directors and senior associate deans. He is also proud of the College’s mission of community engagement and the greater involvement the school now has with projects in the community. Through the first three funding cycles of the Advancing a Healthier Wisconsin endowment, the College has committed $17 million to its Healthier Wisconsin Partnership Program to fund 78 public and community health projects.

As Dr. Dunn leaves behind the rigors of deanin, of moments both gratifying and stressful, he does so with full confidence that he gave his maximum effort to bettering the Medical College.

“I think that the school has benefited from my ideas, and I’m pretty much out of ideas, and it’s time for the school to participate in the self-renewal that comes with a change in leadership,” he said. “I think 13 years is enough, and I couldn’t achieve much more staying any longer. Realistically, though I like the job, I don’t think I’m going to miss it. I’m ready for the next phase. I am leaving voluntarily, and so it feels good.”

The next phase does not involve riding off into the sunset, though Dr. Dunn may have the chance to soak in a few more during beach vacations. On most days, however, he will remain at the College full time as Distinguished Professor of Medicine and of Physiology. He expects to be active in clinical research and perhaps in teaching.

For certain, he will lead the Translational Research and Resource Office for the College’s new Clinical and Translational Science Institute (See Dean’s Message, page 2). In this role, Dr. Dunn will work with young clinical-scientists as they start their research careers. He will help them navigate the regulatory maze for approval of animal research, approval of human research, identification of collaborators and the search for funding. He may also explore his interest in intellectual property and technology transfer.

The additional personal time he will gain by retiring the dean post may be spent in pursuit of any number of his interests, including biking, international travel, or taking time with his wife, Pat, to visit their children spread across the country. Even the opportunity to read will be a welcome novelty.

“Intellectual life is circumscribed as dean by the administrative detail,” Dr. Dunn said. “I look forward to having that time.”

Michael J. Dunn, MD ’62, (left) participates in the January 2007 ribbon-cutting ceremony for the Medical College’s Translational and Biomedical Research Center, a signature event in Dr. Dunn’s tenure as dean. Also involved (L-R) are College Board Chairman Steven J. Smith; Trustee and Assistant Adjunct Professor of Bioethics and Pediatrics Julia A. Uihlein, MA ’99; and College President and CEO T. Michael Bolger, JD
Why is it that a Milwaukeean who banks around the corner from her house can access information about her accounts from an ATM across the country in Tucson; however, neither she nor health care providers at the Tucson Medical Center can access her medical history when she is rushed to their emergency room?

The inability to share medical records nationwide is but one of the complex health care issues that medical informatics professionals are currently trying to resolve.

“There’s so much more information available to health care providers today than ever,” said Abel N. Kho, MD ’99, MS, who completed the National Library of Medicine Training Program in Medical Informatics at the Regenstrief Institute in Indiana. “The ability to hone quickly in on the critical data elements will determine the quality and safety of the health care we deliver. That’s why medical informatics is important.”

Just over 10 years ago, the Medical College of Wisconsin and Milwaukee School of Engineering joined together to offer a masters of science degree program in medical informatics. Those enrolled in the joint program benefit from the strength of the Medical College’s expertise in medical care, education and research while drawing on the Milwau-kee School of Engineering’s expertise in business and information technology.

One characteristic of the MCW-MSOE program that sets it apart from other informatics programs is that students come from various backgrounds. They are working professionals who immediately understand the implications and applications of what they are learning. Some have information technology backgrounds, but many are clinicians.

“It makes for dynamic classroom discussions,” said John S. Traxler, MD ’89, GME ’95, MS ’00, MBA, Co-director of the MCW-MSOE medical informatics program with Gary P. Barnas, MD, Associate Professor of Medicine (Internal) at the Medical College.

“We’ve got nurses and doctors and lab techs and the like,” said Raymond J. Zastrow, MD ’83, an instructor for the program. “A lot of times they’ve been bitten by the computer bug. In the case of nursing staff, they’re just kind of getting burnt out on hands-on patient care in the hospital. So this gives them an opportunity to take a step back and look at the big picture of health care.”

Another unique characteristic of the program is that each of the classes in the core curriculum was designed specifically for the program. They are not just a mixture of classes from the disciplines of medicine, information technology and business. Separate core classes were designed to emphasize the applied nature of medical informatics. One of the main foci of the program is implementing electronic medical records (EMRs).

“That’s what’s happening right now. It’s where the market is,” Dr. Zastrow said. “And as fast as people come through the program, they’re being picked up by large institutions that are implementing EMRs or by EMR vendors.”

Dr. Zastrow was recently named President of QuadMed Clinics. The clinics include on-site medical, dental and vision centers, pharmacies and rehab centers for employees of Quad Graphics in the suburbs of Milwaukee.

“Frankly, in the mid-90s, I was in a role where I would have loved to have a program like the one with MCW and MSOE. But it didn’t exist, and I was already thrown into it. So I learned by doing,” Dr. Zastrow said.

While EMRs are considered the most basic level of health care data, computerized provider order entry (CPOE) systems for reducing medication errors, and clinical decision support (CDS) systems that alert physicians to best practices at the point of care are other popular medical informatics tools.

“Any solution that decreases costs, while at the same time maintaining or improving quality, will have a positive impact on access to health care,” said Dr. Traxler an Assistant Professor at MSOE.

One of the medical informatics tools...
Dr. Zastrow is using at QuadMed is data warehousing software that allows his staff to compare pharmacy benefits data with employee eligibility information. They use the results to generate financial reports on how they are performing for their sponsor, Quad Graphics. It is a database on which they are able to perform clinical queries as well.

“Our use of this database is different because being an on-site clinic that’s employer sponsored, self-funded, we’re looking at the data from all angles,” Dr. Zastrow said.

But until recently, most medical informatics work had been done in a vacuum. That is to say the benefits were confined to individual organizations and the patients they serve, not health care as a whole. However, two graduates of the MCW-MSOE program, Edward Barthell, MD, GME ’88, MS’ 02, and Amy L. Helwig, MD ’83, GME ’96, MS ’00, are working on a grander scale.

Dr. Barthell is Executive Vice President of Strategy and Clinical Affairs at Infinity HealthCare in Mequon, Wis. He is an emergency room physician and co-founder of the Wisconsin Health Information Exchange (WHIE). WHIE is a non-profit organization dedicated to research and development of health care information networking.

In April 2007, WHIE, through collaboration with the Milwaukee Health Care Partnership, the State of Wisconsin and Microsoft, implemented the first phase of a regional health information exchange system called the ED Linking Project. This system provides quick access to patients’ medical history when they arrive at health care facilities. While the first two phases of the project are taking place in Milwaukee County emergency departments and in the clinics of safety-net caregivers, such as Medicaid providers, the goal is to eventually make the system available to all patients statewide.

“The first step in this process is just getting the regional information shared,” Dr. Barthell said. “Then there are emerging national standards that we’ll be able to use to ultimately share data from one region of the country to another.”

At the national level, Dr. Helwig is working for the U.S. Agency for Healthcare Research and Quality. She is building a network of patient safety databases that allows for analysis of national trends in patient safety. Researchers of quality improvement and patient safety programs at local, regional and national levels will use the interactive network of data. The goal of the program is to build an infrastructure that aids in the reporting of patient safety events from all settings in a confidential, non-punitive manner throughout the entire nation.

“The most important things I learned through the MCW-MSOE medical informatics program,” said Dr. Helwig, “were systems analysis, project management and a solid understanding of the components necessary for local, regional and national health care information exchange.”

“One of the appeals of [medical informatics] for me,” said Dr. Kho, “is you can use these principals and tools to make system changes that really influence and improve the care for, not just your patients, but for the whole system’s patients.”

The Journal of American Medical Informatics Association is publishing a paper on Dr. Kho’s research with Methicillin-Resistant Staphylococcus Aureus (MRSA) infections. Dr. Kho and his collaborators used standardized information to detect patients with MRSA between hospitals in Indianapolis. They not only identified the problem by sharing information, they are now fixing it. Their work also successfully demonstrated the ability to share real time information about MRSA status.

“I still go to work in a hospital, and I still see patients in a clinic,” Dr. Kho said, “But if you do straight, everyday, 100 percent clinical care, you’ll get frustrated eventually, because there’s a lot about health care that you wish you could change and make better for everyone. This is the way you do it.”
Owen W. Griffith, PhD, Dean of the Medical College’s Graduate School of Biomedical Sciences, shares his thoughts on the Graduate School’s strengths and opportunities

**How would you summarize your vision for the Graduate School of Biomedical Sciences?**

It was a great honor for me personally to be asked to serve as Dean of the Graduate School of Biomedical Sciences. The Graduate School has, of course, a long history of providing excellent training to both doctoral and master’s degree candidates. That training is well respected nationally and internationally. I am committed to seeing that the success of our programs continues.

I am also looking forward to addressing the challenges that face the School. Three deserve special mention: (1) expansion of both our master’s and doctoral programs to serve new constituencies, particularly students interested in translational and clinical research, (2) continued recruitment of excellent students in the face of increasing competition from peer institutions, and (3) completing the development of an integrated Student Management Information System that will allow us to efficiently follow the applicants, enrolled students and alumni of the 18 individual graduate programs that currently constitute the Graduate School of Biomedical Sciences.

In meeting these challenges I am privileged to have the advice and assistance of Susan Barnes, Director of Enrollment, and Guy Berst, Manager of Recruitment and Marketing. They and the entire staff deserve a large share of the credit for the growth and accomplishments of the Graduate School.

**The Graduate School has experienced substantial, continuous growth in the last 10-15 years. To what do you attribute this growth?**

Over the past several years, the Graduate School has grown substantially both in programs offered and in the number of students enrolled per program.

Much of the credit belongs to my predecessor as Dean, Dr. William Hendee. Largely through his initiative, we developed new master’s degree programs in medical informatics (offered jointly with Milwaukee School of Engineering), bioinformatics (offered jointly with Marquette University), and healthcare technologies management (also with Marquette). Bill also helped launch the joint MCW-Marquette PhD program in functional imaging. Our most recently added program, offering a PhD in Public and Community Health, serves to meet the increasing regional and national need for public health training and research. Dr. Cheryl Maurana and others within the Department of Population Health deserve credit for spearheading that effort.

Finally, the number of students admitted into our PhD programs in the basic sciences has increased as the size of our research faculty in both basic science and clinical departments has increased.
Our faculty see education of graduate students as an important part of their mission, and, speaking for a moment as a Professor of Biochemistry rather than Dean, it is one of the most enjoyable aspects of our job. Graduate students bring enormous energy and enthusiasm to our research labs, and they actually do much of the work that is ultimately published jointly by faculty and students. That work and the resulting publications are an important part of MCW’s contribution to science and medicine; they serve as the basis for the federal and foundation grants that will support future research here. If the research enterprise is to continue to succeed and grow, it will be important that the Graduate School continue to grow also.

**What draws top recruits to the Graduate School for study?**

Recruitment of graduate students is highly competitive, and potential students typically receive acceptances from multiple schools. The Graduate School is unusual in having a full time recruitment manager who continually evaluates and improves our strategies for recruitment of highly qualified graduate students.

The Graduate School administers and helps support a Summer Program in Undergraduate Research (SPUR) which offers undergraduates an opportunity to spend the summer working in the laboratory of an MCW faculty member. Dr. Bert Forster (Professor of Physiology) has had a huge role in its success. For many students, this is their first opportunity to experience the thrill of scientific discovery and to see what a career in science would be like. SPUR has also become an important mechanism through which we recruit graduate students. In recent years up, to 15 percent of the entering PhD class has consisted of former SPUR students. Many of these students might not have considered MCW among their graduate school choices if they hadn’t gotten to know us during their SPUR summer.

Our Interdisciplinary Program provides entering students with an exceptionally broad range of choices for their thesis research – 96 faculty members representing five basic science departments and affiliated faculty from several clinical departments. This is particularly attractive for students who are uncertain what type of science they want to pursue for their thesis and careers. All of our PhD science programs allow students to complete brief rotations in three or four laboratories before choosing their thesis mentor and laboratory. This makes it highly likely that the student completes his or her dissertation work in a lab that is a good fit.

**For the last several years, the Graduate School has had a 100 percent placement rate. How does the School help students find post-graduate matches?**

The Graduate School and the Office of Postdoctoral Education are unusual in employing a part-time career counselor to advise students and post-docs about various career options and to help them prepare for their next position by conducting mock interviews and helping them refine their presentation skills. A virtual career center is available 24/7 and provides access to a range of employment resources. There is also a jointly offered annual career symposium and a twice monthly series of discussions on career planning and development called “Spotlight on Science.” Graduates of our PhD programs are highly sought as post-doctoral fellows. A majority continue their training at prestigious institutions including Harvard, Johns Hopkins and Yale.

**What external challenges does the Graduate School face?**

Pressure on the National Institutes of Health budget has made funding for academic research more difficult to obtain. This impacts our faculty, who rely on NIH grants to support graduate students, and impacts many of our students as they consider the feasibility of beginning their own academic careers. Without better funding, it is likely that fewer students will choose to attend graduate school in biological sciences, a problem for the Graduate School. Without adequate NIH support, fewer of our graduates will choose to make their careers as academic basic scientists, which is a problem for continued American leadership in this critical area.

**What can alumni of the Graduate School do to reconnect and become involved with their alma mater, and do you encourage such involvement?**

I am pleased you asked about our alumni and how they might continue to connect with the Graduate School. It’s an issue we’ve been working diligently on over the past few months. The custom designed Student Management Information System, which we hope to complete by June 2008, contains an “Alumni Portal” that will allow both master’s and doctoral alumni to log on and keep us updated with respect to their activities and career development. Even without the new system, we’ve started to collect some of this information with the view of keeping alumni informed about the Graduate School, encouraging them to help with our student recruitment efforts, and facilitating their staying in touch with us and with each other.

During their time here, most of our graduates formed close friendships not only with the people in their thesis lab but also with other students with whom they shared courses, seminars, discussions, and, I’m certain, at least a few “Eureka moments.” In fact, one of the great strengths of MCW is the high degree of cooperation shown by departments and programs, and that spirit of collegiality carries over to the graduate students who train here. I want to facilitate a continuation of that collegiality and interaction for our alumni. We look forward to staying in touch with our recent graduates and reconnecting with alumni with whom we may have lost touch.
Does this sound familiar? Your favorite television program cuts to a commercial break, and you are soon watching an attractive, middle-aged couple enjoying a hike or lounging on a porch swing. There may or may not be a romp through a meadow of wildflowers, but there will certainly be repetition of a medication’s name and a laundry list of side effects. Sometimes conspicuous by its absence is the condition that the drug treats.

Advertising prescription drugs to the public can result in situations like one experienced by Sandra Kitson, MD ’95, GME ’98, a family practitioner in Waco, Texas. During a recent office visit, a Hmong husband requested a drug he had seen advertised for his slightly overweight wife so that she would have a “flat tummy.” That particular drug, however, was for treating irritable bowel syndrome.

“The time it takes to re-educate patients who come in with a preconceived need for a drug can be daunting,” Dr. Kitson said.

Direct-to-consumer pharmaceutical advertising is ubiquitous in modern America. According to a study published in the Journal of Health Communication in 2004, American TV viewers watch an average of 30 hours of drug ads per year. In the U.S. Food and Drug Administration’s most recent consumer survey in 2002, 81 percent of respondents reported seeing or hearing an ad for a prescription drug.

The glut of ads has created trends for practicing physicians, some of which can be viewed as positives but many of which are troublesome, according to a number of Medical College of Wisconsin alumni.

“Direct-to-consumer pharmaceutical advertising creates an awareness of selective medical symptoms and disease processes but does not give the patient a balanced presentation,” said John T. Bjork, MD ’71, Fel ’76, a gastroenterologist practicing in Milwaukee. “The patient may inquire about certain symptoms they experience and request brand name medication, but he or she lacks an understanding of a differential diagnosis and alternative therapy. I often need to explain their health issue and that a certain brand name pharmaceutical may not be correct for them.”

Many alumni observe an educational and awareness function of the advertising, but the value of that knowledge is debatable.

LeeAnne Nazer, MD ’85, is a family medicine doctor practicing in Indianapolis who believes prescription ads have helped medical practice in some ways while hindering it in others. The advertising develops brand
recognition, which can make a patient more comfortable with a drug when she suggests it. It has also brought some medical conditions to light in the public eye, as erectile dysfunction (ED), gastroesophageal reflux disease and restless leg syndrome are becoming terms people know. As beneficial as they can be in drawing attention to disease states, they often fall short in many other areas, Dr. Nazer said.

“It doesn’t put into perspective for the patient where this medicine may fall into a treatment regimen, for example, at what stage of disease this may be appropriate, so patients may assume these disease states all need treatment or need these options advertised on TV,” she said. “Another con is that the ads tell the name of the medicine and what it’s used for, then launch directly into side effects, again, not putting all of this into perspective for the patient, that these may be short term, or that they did not cause harm or cause someone to stop taking the drug. I’ve often had people who, after hearing the side effects listed on TV, don’t want to try a medicine.”

Part of the problem may be the manner in which the drugs are presented.

As an obstetrician/gynecologist in the Milwaukee area, Brian Bear, MD '84, GME '89, has fielded many questions from his patients about marketed birth control pills, and like most people, has viewed many of the commercials and print ads himself.

“I think it’s good to inform consumers and to make them think about it,” Dr. Bear said. “But the style with which it’s done provides little valuable information, leaving patients guessing what the drug is used for.”

Often, patients come in with an inaccurate understanding of a drug they have seen advertised, Dr. Bear said. A good example is the effect of birth control pills on acne. OB/GYNs know many birth control pills benefit acne, but only two companies have gone through the process to get FDA approval to market their pill for that indication. Patients may come in asking about that brand name pill when a host of others will have the same effect on acne but may be more suitable to the patient for other reasons.

There are times when the symptoms of the condition and purpose of the drug are clear, but other areas need clarification. Jack Watson, MD '96, a family practitioner in Santa Cruz, Calif., has noticed this with ED drugs.

“With regard to the erectile dysfunction medications, patients understand the problem and how the medicine helps,” he said. “I spend time discussing precautions and side effects, as patients don’t understand these areas well.”

Sifting through the rhetoric

Combating misinformation and miscommunication falls to the office physician, who must provide facts about the appropriateness of a popularized prescription drug. This is increasingly common, as noted in a physician survey that was part of the FDA’s 2004 “Final Report” on direct-to-consumer advertising. In it, 85 percent of surveyed physicians reported that their patients asked about prescription drugs frequently (“often/all the time”).

“I respond to questions concerning an advertised medication by inquiring about their symptoms and concerns regarding a specific medication,” Dr. Bjork said. “The discussion includes medical therapy, drug therapy and alternatives to the advertised medication in regard to advantages, disadvantages and cost. If the advertised medication is appropriate and it is the patient’s preference, I will prescribe it.”

Dr. Nazer also finds it helpful to outline for the patient how she makes a decision regarding a medication and what steps might be options in the future, even if they are not suitable now.

“I help the patient see if the medicine they asked about would be appropriate or not, based on disease state and the severity of their disease,” she said.

Sometimes, this requires reading between the lines as much as listening to the patient’s reasons for wanting a drug, Dr. Kitson said. Comprehending the insurance aspect of the requested drug can become a necessary part of the conversation as well.

“In the case of onychomycosis, for example, I educate on the long-term resolution of the symptoms and the lack of coverage for this condition with many insurance companies, as it is a cosmetic fix,” Dr. Kitson said. “Even if the requested medication is not necessary for
Costly on many levels

Some experts believe the effect that direct-to-consumer ads has on the doctor-patient relationship and on cost negates any perceived benefit. Eric Cohen, MD, Professor of Medicine (Nephrology) and Nephrology Program Director at the Medical College of Wisconsin, has long been opposed to direct-to-consumer advertising. In 1988, he authored a somewhat prophetic paper published in the New England Journal of Medicine, in which he warns that if direct-to-consumer advertising prevails “the choice of a patient’s medication, even of his or her physician, could then come to depend more on the attractiveness of a full-page spread or prime-time commercial than on medical merit.” Ultimately, he concludes that such advertising serves the ad-makers and media and could actually harm patients, a view he still holds today.

“Patients ask for brand name drugs when in the past, they might not have,” Dr. Cohen said. “That warps the doctor-patient relationship. In addition, the cost of direct-to-consumer ads affects the price of the drugs. The ads cost money, and that money is recouped by the company via higher drug prices. Direct-to-consumer ads also diminish the money available to the drug companies for true research and development.”

Mark N. Zacks, MD ’71, an allergist in Warren, Mich., shares this view, though his own practice has experienced little effect from the advertising boom.

“The ads are very expensive, and the money could be used for research,” he said.

Dr. Watson believes these costs also have an overall negative economic impact on the nation. He acknowledges no benefit to the ads.

“The most important con is the added costs to U.S. medical care,” he said. “Direct-to-consumer marketing bears some responsibility for the doubling of U.S. health insurance premiums from 2000 to 2006. As a result, the U.S. now spends close to 16 percent of GDP on health care, which is not economically sustainable, evidenced by the almost 50 million uninsured Americans.”

If it were up to him, Dr. Watson would address the issue with sweeping change.

“I would stop all direct marketing now,” he said. “In short, America can’t afford the advertising. Additionally, for the sake of U.S. children, I don’t think a middle-aged male discussing his erectile dysfunction on TV is appropriate at any hour of the day.”

Prohibited in most of world

The United States is nearly alone in its consent to this type of marketing. The U.S. and New Zealand are the only two countries in the world that permit direct-to-consumer advertising for prescription drugs. Dr. Zacks would like the U.S. to join the vast majority of the world in its treatment of the ads.

“I would ban them completely,” Dr. Zacks said. “They are usually misleading and serve no real benefit to the public.”

This may be easier said than done, as Dr. Cohen points out the ads receive free speech protection from the First Amendment. Consumers also have protection through truth in advertising laws, but as Dr. Kitson observes, this is unlikely to change the volume and frequency of the broadcast and print spots.

“Now that the ads have started, I really don’t see an end in sight for them,” Dr. Kitson said. “Truth in advertising rules should hold for all, and a balanced depiction of how often any particular drug would be expected to help a particular patient would be ideal. But we all know that patients want the best and newest because that is the American way.”

Dr. Nazer suggests a change in the focus of the ads would benefit everyone. Right now, the focus is on the side effects of a given drug, whereas an emphasis on education and disease states would provide more value to the public, she said.

Bureaucratic complications

Like many of his colleagues, Dr. Bjork would prefer that pharmaceutical companies not advertise prescription medication, but he also does not favor federal regulation except in cases where a company is distributing inaccurate or misleading information. Adding bureaucracy to the FDA will only make matters worse. Regardless, physicians hold the final authority.

“Ultimately, the patient obtains the prescription from a physician or his representative and not the pharmaceutical company,” Dr. Bjork said.

The already dense bureaucracy may, in fact, be a contributor to the puzzling manner in which prescription ads are presented to the public, Dr. Bear said. Less bureaucracy may be the key to allowing drug companies to state benefits and indications for their drugs in a way that might be more helpful to patients.

“I do know that these commercials are very confusing, and something should be done to make them more clear-cut and well-intentioned,” said Dr. Bear, who agrees that no matter what messages patients receive, it is up to the physician to clarify and counsel them.

“Each drug needs to be tailored to a patient’s needs, and it’s up to the doctor to evaluate the patient’s health needs and concerns,” Dr. Bear said. “There’s a concern (within the FDA) of influence, but they need to give doctors more credit that we can’t be bought, and we will use the drug that’s best for our patients’ specific health needs.”
Former Medical College of Wisconsin residents J. Slade Crowder, MD, GME ’03, and Chris Wenninger, MD ’01, GME ’04, were presented with Presidential Volunteer Awards in 2007 for medical work they performed during their residency. Both volunteered to work with the Center for International Health (CIH) to improve primary care health in rural Armenia. The CIH provides medical training and educational services to 40 countries worldwide.

Michael Mazzone, MD, Assistant Professor of Family and Community Medicine and Director of the Family Medicine Residency Program at Waukesha Memorial Hospital, an affiliate of the Medical College, recruited Drs. Crowder and Wenninger to develop the curriculum for one of 12 training modules, and then travel to Armenia to implement it. They joined other volunteers including David Fay, MD, Assistant Professor of Family and Community Medicine and Clinical Director of the Waukesha program, to teach rural Armenian physicians and nurses to be more self-sufficient. Their goal was to reduce patient reliance on medical specialists located in the cities many miles away.

Dr. Crowder is a family practitioner at Sandcrest Family Medicine in Columbus, Ind. He described the Armenian medical system as “super specialized.” A patient with an ear infection would go to an infectious disease specialist. Someone with chest pain would see a cardiologist.

“Those in broad general practice, or what we see as family practice, lost some of their skills,” he said.

Dr. Crowder taught a chest pain module. He discovered that the lack of equipment, supplies and other items that require financial resources was not the main setback in rural areas. It was a lack of updated medical information.

“It wasn’t that they needed big hospitals and catheter labs and things that you think of as million dollar items,” he said. “A rural doctor who sees someone with a heart attack and knows to give him aspirin, nitro, morphine, a beta blocker and get him on a bus into town, it might save his life.”

Similar to the buy-a-man-a-fish vs. teach-a-man-to-fish adage, Dr. Crowder noted that his work training rural physicians will have a more long-term impact than volunteering to staff a clinic in an underserved area.

“The idea of training physicians to be able to care for the whole patient and all problems and be more self-sufficient really appealed to me as a family physician,” he said.

Dr. Wenninger is a family practitioner at Reedsburg Physicians Group in Reedsburg, Wis. He taught a musculoskeletal module. During his last couple days in Armenia, he discovered that his teaching extended beyond his subject matter. As part of the module, the Armenian physicians called back some of the patients they had previously been unable to diagnose and whose conditions seemed orthopedic in nature.

“A lady came in with symptoms that ended up being very consistent with systemic lupus, a totally non-orthopedic problem,” Dr. Wenninger said. “And within five minutes we could figure that out, whereas before, they didn’t have any idea that it was such a problem.

“Certainly, our health care system has many flaws, but at least from a training standpoint, I can now appreciate that our process is much more thorough and a lot more hands on. And the experience in Armenia was a good challenge for me from a teaching standpoint to try and refine my abilities at teaching people when their background and culture is a lot different.”

The President’s Volunteer Service Award program resulted from President George W. Bush’s 2002 challenge to all Americans to make time to help their neighbors, communities and nation through volunteer service. The program is a way to thank and honor Americans who inspire others to participate in volunteer service.
I can’t even begin to describe how it feels to watch my doctor husband not know how to brush his teeth or where the bathroom is, to watch him talk to his grandchildren and not be able to say what he wants to say,” said Marilyn, wife of John R. McKenzie, MD ’55. “It’s just like a cloud comes over him. It used to be that the cloud would go, and he would be back, rational. But now, it’s just taken everything away.”

John and Marilyn recently established the John R. McKenzie, MD Endowed Fund for Alzheimer’s Research through a $100,000 IRA rollover gift to the Medical College of Wisconsin.

Dr. McKenzie and Marilyn have eight children, 25 grandchildren and three great-grandchildren. The couple currently resides in Oshkosh. One winter day four years ago, they were driving home when Dr. McKenzie asked Marilyn where she keeps her car.

“The more we talked, I thought, ‘He doesn’t know who I am,’” she said.

And so it began – Dr. McKenzie’s life as a diagnosed Alzheimer’s patient. Because Alzheimer’s first affects areas of the brain involved in learning and memory, Marilyn worried her husband would one day not be able to find his way home. She has not left his side since that day.

“I see that it bothers his individualism,” she said. “This is the cruelest disease I have ever experienced.”

Income from the endowment is to advance research in prevention and early detection of Alzheimer’s disease through the work of Diana Kerwin, MD ’96, Assistant Professor of Medicine (Geriatrics/Gerontology) at the College.

“It was the McKenzies’ son, Patrick McKenzie, MD ’83, an orthopaedic surgeon in Green Bay, who referred his parents to Dr. Kerwin for treatment. Dr. Kerwin is Director of the Froedtert & the Medical College of Wisconsin Geriatric Memory Disorders Clinic and a nationally recognized physician-researcher.

“When Alzheimer’s is detected early, a treatment plan can be developed to provide patients with more independence throughout the stages of dementia and reduce burdens on the patient and family,” she said.

Current medications work through-out the stages of the disease to slow the memory loss as well as reduce some of the behaviors of agitation, anxiety and frustration, experienced by those with Alzheimer’s.

“Early detection can also benefit the patient if there is any reversible or contributing medical conditions that are affecting memory and mimic dementia such as depression, hypothyroidism, vitamin B12 deficiency, infections, medications, stroke, normal pressure hydrocephalus or structural brain disease,” Dr. Kerwin said.

“I can’t tell you how totally frustrated I am with the lack of effort for awareness in Alzheimer’s disease fundraising,” Marilyn said. “Awareness brings money, and money brings cures. If it’s money that [researchers] need, you know, that’s what drew us to the cause.”

Marilyn said she would like to get the word out that theirs is a fund to which others can add, either by way of gifts or bequests. “In fact, our daughter already has added to it,” she said.
Through a unique fellowship, Sarah K. England, PhD ’93, learned the leap between her laboratory and the Legislative branch of government is not as far as one might think. She also discovered an affinity for health policy that complements her research and academic aspirations.

Dr. England is Associate Professor of Molecular Physiology & Biophysics at the University of Iowa Carver College of Medicine. Her research focuses on what triggers labor in pregnant women. She examines how paths through uterine smooth muscle membrane (ion channels) are regulated to allow potassium ions through. The exit of potassium causes the uterus to relax.

“My goal is to identify how we can change potassium channel activity to regulate when the uterus contracts,” she said. “Hopefully, this will lead to a treatment for diseases during pregnancy, including pre-term labor.”

The investigation of potassium channels in smooth muscle has grown since Dr. England first pursued it in graduate school in the laboratory of Dr. Nancy Rusch, who was in the Medical College’s Department of Physiology. At that time, Dr. England’s work focused on vascular smooth muscle in hypertensive states. She has continued to study potassium channels throughout her career but today concentrates her efforts in uterine smooth muscle. Her broadening interests are opening doors to help people at the societal, in addition to the molecular, level.

Dr. England directs an undergraduate science program at University of Iowa for underrepresented minorities, with the goal of increasing the number of minorities who pursue PhDs. While these students are likely to pursue interests in health disparities, she said, many of them do not know what health disparities are. This realization attracted Dr. England to how health policies affect education policies.

When she learned of the Robert Wood Johnson Health Policy Fellowships Program, Dr. England saw an opportunity to influence real change in this area. The fellowship program allows mid-career health professionals to gain understanding of the health policy process, contribute to the creation of new policies and programs and develop as leaders in academic health centers and in health policy.

Accepted as a fellow, Dr. England left her lab behind to move to Washington, D.C., in September 2005 for a four-month orientation. She was interviewed by Republicans and Democrats in the House and Senate for positions on Capitol Hill. She eventually accepted an offer to work in the office of New York Sen. Hillary Clinton, which she began in January 2006.

For a year, Dr. England dedicated herself to drafting legislation, developing health initiatives, meeting with constituent groups, writing scholarly articles and arranging briefings. Although she had to change her mindset as a specialist working on intricate details in scientific research to a generalist, juggling dozens of far-reaching health care and socio-economic issues, she recognized distinct connections between the two endeavors.

“I worked on legislation that was very closely related to my research interests in maternal/child health,” she said. “I drafted two pieces of legislation related to this that dealt with newborn screening and gestational diabetes. I also worked extensively on a health disparities bill. There were definite connections between my expertise in my academic career and the legislative experience I gathered.”

The fellowship, which ended December 2006, exceeded Dr. England’s expectations, as she returned to her position at Carver College of Medicine with a better understanding of health policy, negotiations, consensus building and governmental process. As she looks to the future, she sees new ways in which she can contribute to medicine and her university.

“I still want to have a productive career in science, but this experience has broadened my perspective on my career goals,” Dr. England said. “I would be willing to pursue academic administration if I were able to still have my laboratory. I now have a 20 percent position as a Special Assistant to the Vice President for Medical Affairs at my university and advise him on new legislation that is enacted and how this can dovetail into the interests of the university.”
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1940s
S. P. Fortino, MD ’46 (November), now retired, was elected to the E. W. Sparrow Hospital Hall of Fame in 2007. Dr. Fortino has been Chief of Staff at E W. Sparrow Hospital in Lansing, Mich.; President of the Ingham County Medical Society; and on the Board of Caron City Hospital in Carson City, Mich.

1950s
George J. Korkos, MD ’59, has been appointed Chairman of the Business Advisory Board of Sleep Holdings, Inc., a provider of sleep diagnostics and sleep-related therapy equipment based in Dallas, Texas. Dr. Korkos is a nationally recognized plastic surgeon and business leader in the Milwaukee area.

Abraham J. Twerski, MD ’59, has authored Happiness and the Human Spirit: The Spirituality of Becoming the Best You Can Be, which was published in November 2007. A psychiatrist, rabbi and frequent lecturer on a broad range of topics including spirituality and self-esteem, Dr. Twerski has published nearly 40 books on self-improvement. He is the founder and medical director emeritus of Gateway Rehabilitation Center in western Pennsylvania.

1960s
Michael J. Dunn, MD ’62, Dean and Executive Vice President of the Medical College of Wisconsin, was selected for the Small Business Times’ 2007 Health Care Heroes award. Dr. Dunn was one of two people being recognized in the leadership in health care category in this, the fourth year of the awards.

1970s
Alan Wartenberg, MD ’72, GME ’80, now semi-retired, still serves as Medical Director of Discovery House Programs and Associate Medical Director for the Providence VA Medical Center Opioid Treatment Programs in Providence, R.I. He is also considering writing another great American medical novel. His wife, Carol, is teaching English as a Second Language, and their two daughters have left home following completion of master’s degree programs.

Nicholas V. Costrini, MD ’73, PhD ’70, and his wife, Coral, have endowed a new chair at Washington University School of Medicine in St. Louis. Dr. Costrini is Medical Director of the Georgia Gastroenterology Group, the largest solo digestive disease practice in the South. He completed his residency and fellowships at Washington University. He has served as president of the Georgia Gastroenterologic and Endoscopic Society and the Coastal Crohn’s and Colitis Society.

Gloria Halverson, MD ’73, GME ’77, and Paul B. Halverson, MD ’73, GME ’76, won the amateur couple multi-dance competition in both smooth and rhythm dances at the national Fred Astaire DanceSport Championships in Orlando, Fla., in October 2007. The smooth multi-dance competition includes the waltz, the fox trot and the tango. The rhythm multi-dance competition includes the cha-cha, the rumba and the swing. The husband and wife team has been ballroom dancing for seven years and competing for five.

Claire L. Scheele, MD ’73, moved to private surgical practice in Indiana in January 2008 after four-and-a-half years in federal service with the Indian Health Service in Phoenix, Ariz.

Greg P. Kwasny, MD, GME ’74, a volunteer clinical faculty member at the Medical College of Wisconsin, was named to the American Academy of Ophthalmology’s (AAO) “Dream Team” at the RUC (American Medical Association/Specialty RVS Update Committee). The special recognition came at the AAO’s annual meeting in November 2007.

Sherwin Ritz, MD ’75, has been elected President of the medical staff of Morris Hospital in Morris, Ill., for 2008-09. He previously was Vice President of the medical staff.

Richard A. Helmer, MD ’76, has been named Medical Director of Central Coast Alliance for Health, a nonprofit health plan serving 90,000 members in Santa Cruz and Monterey counties in California. Dr. Helmer previously was Chief Medical Officer at Molina Medical Centers in Long Beach. He founded Pacific Healthcare Group, a consulting firm on medical and managed care and provided consulting services to the Central Coast Alliance for Health.

David R. Harder, PhD ’77, has been named the first Kohler Co. Professor in Cardiovascular Research at the Medical College of Wisconsin. Dr. Harder is internationally recognized as an expert in the regulation of cerebral blood flow. He is Director of the College’s Cardiovascular Center and is Professor of Physiology, of Medicine and of Pediatrics.

Joseph Zuckerman, MD ’78, was recently interviewed for an article on new materials and procedures in joint replacement, published in the Sept. 3, 2007, issue of Newsweek. Dr. Zuckerman is Chairman of Orthopaedic Surgery at the New York University Hospital for Joint Diseases.

Francisco A. Arredondo, MD, GME ’79, received honorary membership in November 2007 in the Radiological
Society of North America for his outstanding contributions to radiology and its allied sciences. Dr. Arredondo is a professor of anatomy and chair of the Department of Radiology at the Francisco Marroquin University School of Medicine and chairman of the Department of Radiology at Hope University Hospital in Guatemala City, Guatemala. He has been president of the InterAmerican College of Radiology and presided over the 20th InterAmerican Congress of Radiology and 21st International Congress of Radiology.

Brian Vleck, MD '79, was one of two physicians named to Seattle magazine’s “Top Doctors” list for 2007 in the pediatric neurology category. Dr. Vleck practices at Swedish Neuroscience Institute.

1980s

Dale K. Heuer, MD, GME '82, received the American Academy of Ophthalmology (AAO) Secretariat Award for his many years of contributions to the AAO’s annual meeting. He also received a second Secretariat Award for service as a member of the editorial board of EYE Net, one of the AAO’s publications. The awards were given at the 2007 annual meeting in November.

George A. Williams, MD, GME '82, was named to the American Academy of Ophthalmology’s (AAO) “Dream Team” at the RUC (American Medical Association/Specialty RVS Update Committee). The special recognition came at the AAO’s annual meeting in November 2007. He also received the AAO Secretariat Award for Quality of Care & Knowledge Base, Ophthalmic Knowledge, Online Education/eLearning and Clinical Education.

Brian J. Bear, MD '84, GME '89, and Laurel M. Bear, MD '84, GME '87, traveled to the mountains of Honduras in January 2006, 2007 and 2008 with Global Medical Relief to provide primary medical care. Along with their daughter Alexandria (a junior at Wellesley College), 25 Marquette University students and five physicians, they provided medical care to more than 3,000 Hondurans in remote mountain villages in four medical brigades in a week’s time. The group also participated in community service projects in the local health clinic and local orphanages. Brian is an OB/GYN in private practice and Laurel is Assistant Professor of Pediatrics at the Medical College of Wisconsin.

James L. Sebastian, MD, GME ‘84, received the Association of American Medical College’s Alpha Omega Alpha (AOA) Robert J. Glaser Distinguished Teacher Award for 2007. The AOA medical honor society established the award in 1988 to nationally recognize faculty members who have distinguished themselves in medical student education. Dr. Sebastian, Professor of Medicine at the Medical College of Wisconsin, is the only faculty member to have received every department-specific and college-wide teaching award at the Medical College.

Holly M. Maes, MD '85, GME '88, is the only pediatrician in a rural area of western Illinois. She is on the Henry County Health Department Board and recently was elected secretary-treasurer of the medical staff of Kewanee Hospital in Kewanee, Ill. She was also asked to serve on the Board of Directors of Kewanee Hospital. She and her husband remain loyal Green Bay Packers fans. When their fourth child graduates from high school this year, the couple will be empty nesters.

Kathryn Keelan Renschler, MD '86, an internist living in Redwood City, Calif., was recently elected to the Board of Governors for Stanford University Hospital.

Richard Haile, MD '87, is Commander of the 325th Combat Support Hospital, recently deployed to Iraq. A Combat Support Hospital is a critical care unit serving wounded American and coalition soldiers. Dr. Haile has served in the U.S. Army Reserve for two decades. He served at Bagram, Afghanistan in 2003 as Deputy Commander for Clinical Services of the 452nd Combat Support Hospital, based in Milwaukee. He returned from that assignment in early 2004. Col. Haile, an internist, is on the staff of St. Luke’s Medical Group in Lee’s Summit, Mo. Previously, he was Medical Director of the Samuel U. Rodgers Community Health Center and on the adult medicine staff at Swope Parkway Comprehensive Health Center in Kansas City, Mo. He began his career at the Milwaukee Medical Clinic.

Mary C. Spellman, MD '88, GME '92, has been named consultant Head of Dermatology and Drug Development for Manhattan Pharmaceuticals, Inc., in New York. Dr. Spellman oversees all aspects of clinical operations related to the development of the company’s product pipeline. Prior, Dr. Spellman was Chief Medical Officer and Senior Vice President, Development, for Revance Therapeutics.

1990s

Michael F. McBride, MD '92, GME '97, mobilized in December 2007 to go to Iraq with the Army Reserve 785th Combat Stress Company, based at Fort Snelling, Minn. Dr. McBride is a psychiatrist at the Zablocki VA Medical Center’s mental health division in Milwaukee. Since joining the Army Reserve Medical Corps after the Sept. 11, 2001, terrorist attacks, Dr. McBride has served two 90-day tours in 2003 and 2006 at Landstuhl Regional Medical Center in Germany.

Stephen M. Gutting, MD ’93, has joined the staff at Caritas St. Elizabeth’s Medical Center in Brighton, Mass., an affiliate of Tufts University School of Medicine. Dr. Gutting is a diplomate of the American Board of Neurological Surgery and a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. He specializes in treating patients with cervical, thoracic and lumbar spine disorders and has expertise in simple and complex spine surgery. Prior, Dr. Gutting was Director of Neurosurgery for Sun Health Neurosurgical Services in Phoenix, Ariz.

William A. Davies, MD '93, lives in Delafield, Wis., and is practicing orthopaedic sports medicine.

Julia Gomez, MD '95, is Medical Director of Descanso Family Practice and Clinical Faculty member for Glendale Adventist Family Practice Residency in Glendale, Calif. She and her husband,
Joe, have two sons, Kevin and Gregory, and remain big Green Bay Packers fans.

Jonathan D’Cunha, MD ’97, PhD ’95, has joined the faculty at the University of Minnesota as Assistant Professor of Surgery (Division of Thoracic Surgery). He completed his surgery residency in 2004 and cardiothoracic fellowship in 2007. His clinical interests include lung cancer and lung transplantation. His research interests are in the molecular biology of lung cancer.

Christopher J. Ott, MD ’97, is a partner in Apex Emergency Group in Denver, Colo. The group provides emergency services at Saint Anthony Central Level 1 Trauma Center, Saint Anthony North and Saint Anthony Summit hospitals in Denver and Summit County, Colo. Dr. Ott recently celebrated his one-year anniversary as Vice President of Operations-Western Region for Serio Physician Management. He also celebrated his five-year anniversary as the Corporate Medical Director for Air Ambulance Specialists, Inc., headquartered in Englewood, Colo. With bases in Colorado and Florida, the fixed wing air ambulance company transports patients domestically and internationally.

Timothy Ruth, MD ’97, has spent the last seven years on active duty in the U.S. Air Force. He currently works as a family physician and flight surgeon in Mountain Home, Idaho. He was deployed to Afghanistan in 2007 and Ecuador in 2005. He does regular flying in F-15E fighters as well as some occupational medicine. Dr. Ruth was divorced after five years of marriage and has one daughter, Lydia, 3½ years. His hobbies include fishing, snowboarding, guitar, biking, running, camping and cooking.

Kristen M. Counts, MD ’99, GME ’02, has joined the Department of Family Medicine at Dreyer Medical Clinic and sees patients at the clinic’s West Aurora, Ill., location.

2000s

Dan d’Hulst, MD ’00, and Sarah d’Hulst, MD ’00, announce the birth of their fourth child, Quinn William, born Dec. 27, 2007. He joins big brother Dallin, 5, and big sisters Addie, 2½, and Anna, 18 months. Dan still works in Spokane, Wash., with Physician Anesthesia Group, and Sarah continues to work part time in pediatrics at the Rockwood Clinic in Spokane.

Patrick C. Mannebach, MD ’00, GME ’03, recently joined Appleton Cardiology Associates in Appleton, Wis., as a cardiovascular specialist.

Michael E. Rudisile, MD ’00, returned home in July 2007 after serving six months in Afghanistan, providing medical care at the 400-bed National Military Hospital in Kabul. A Navy lieutenant commander, Dr. Rudisile was attached to the Afghanistan Command Surgeons Office, an arm of the allied Combined Security Transition Command. He was based at Camp Eggers in Kabul. During his tour, his wife, Mary Beth, gave birth to their son, Braedon Michael, on April 29, 2007. He joined siblings Evan and Edith. Dr. Rudisile is now practicing family medicine with Providence Medical Group in Central Point, Ore.

Jane Walloch, MD ’00, and her husband, Jeff, announce the birth of their daughter, Margaret, born Sept. 15, 2006. She joined older brothers Kenny, 8; Joey, 4; and sister Elayna, 2. Dr. Walloch is a family practitioner with ProHealth Care in Mukwonago, Wis.

Cesar Lam, MD, GME ’01, has been appointed Assistant Professor of Radiology at the Medical College of Wisconsin and to the medical staff of Froedtert Hospital. His clinical interests are in body imaging. Prior to his appointment, Dr. Lam served as a Navy radiologist and department head of radiology at U.S. Naval Hospital in Great Lakes, Ill.

Carolyn J. Rutter, MD ’02, has joined MultiCare Regional Cancer Center in Tacoma, Wash., as a staff member. Dr. Rutter is a radiation oncologist with a particular interest in breast and gynecological cancers.

Casey G. Batten, MD ’03, recently completed a sports medicine fellowship at University of California-Davis/Berkeley. In August 2007, Dr. Batten joined the University of California-San Francisco Department of Orthopaedic Surgery, Division of Sports Medicine, as Assistant Clinical Professor. He is also an Assistant Team Physician at UC-Berkeley.

Amiitpal Johal, MD ’03, is currently a fellow of gastroenterology and hepatology at Geisinger Medical Center in Danville, Pa. He completed an internal medicine residency at Case Western Reserve University in 2006.

Ellen Turner Wenberg, MD ’03, recently joined ThedaCare Physicians in Waupaca, Wis., as a family physician and geriatrician. Dr. Wenberg recently completed a fellowship in geriatric medicine at Hennepin County Medical Center in Minneapolis (2006-2007) following her internship and residency at University of Minnesota Medical Center / Smiley’s Family Medicine Residency (2003-2006). She, her husband, Neil, and their 1-year-old son, Miles, live in Almond, Wis.

Mary Lou Sabino, DDS, GME ’04, was named the new Director of the Oral and Maxillofacial Surgery Residency Program at the Medical College of Wisconsin. Dr. Sabino practices at Froedtert Hospital, Children’s Hospital of Wisconsin and the Clement J. Zablocki VA Medical Center. She conducts research evaluating the effectiveness of surgery in obstructive sleep apnea, drug-induced bone loss and peripheral mechanisms of pain. She is Assistant Professor of Surgery (Oral and Maxillofacial) at the Medical College.

Marc Grodsky, MD ’06, of Royal Oak, Mich., is engaged to be married to Jennifer Milosavljevic, MD. A May 24, 2008, wedding is planned. Dr. Grodsky is currently doing his residency at William Beaumont Hospital in Royal Oak.

Douglas Lindberg, MD, GME ’06, has joined the medical faculty of East Tennessee State University Family Physicians of Kingsport, located on the campus of Wellmont – Holston Valley Medical Center. The group is affiliated with the Department of Family Medicine at East Tennessee State University’s James H. Quillen College of Medicine. Dr. Lindberg recently completed a fellowship in rural medicine at the Quillen College.

Marcos De La Cruz, MD, GME ’07, has joined the Sixteenth Street Community Health Center and its Parkway clinic in Milwaukee as a staff pediatrician.
ALUMNI NEWS accepts and publishes obituaries of Medical College of Wisconsin, Marquette School of Medicine, and Marquette University School of Medicine alumni. If you have information about the death of a classmate, please mail, fax or e-mail the appropriate information to the Office of Alumni Relations.

Edmund J. Schmidt, MD ’40, of Alexandria, Va., died May 4, 2007. He was 92 years old. From 1972 until his retirement in 1983, Dr. Schmidt was a physician at the student health center at Virginia Tech University in Blacksburg, Va. Prior to that, he practiced family medicine in Wauwatosa and Milwaukee for three decades, serving on the staffs of Deaconess Hospital (President of Staff, 1964-66) and Lutheran Hospital. He served as an officer in the U.S. Public Health Service during World War II. Dr. Schmidt was preceded in death by his wife of 58 years, Barbara Wickham Schmidt. His survivors include two sons, five grandchildren and three great-grandchildren.

Leonard Gorenstein, MD ’42, of Fox Point, Wis., died Sept. 29, 2007. A pediatrician in the Milwaukee area, he was 90 years old. He was preceded in death by his wife, Ann. His survivors include one son, one daughter and two grandchildren.

Francis J. Millen, MD ’42, of Bayside, Wis., died Sept. 21, 2007. He was 91 years old. Dr. Millen specialized in neurology, psychiatry and electroencephalography. He was a pioneer in the field of electroencephalography, creating EEG laboratories in many Milwaukee hospitals and the Howard Young Medical Center in Woodruff, Wis. Dr. Millen was Past President of the Milwaukee Neuropsychiatric Society and charter member and Past President of the American Medical EEG Society. He was Professor Emeritus of Neurology at the Medical College of Wisconsin. During World War II, Dr. Millen served in the U.S. Navy. He enjoyed fishing, TV westerns, New Orleans jazz, dancing the north woods. He was preceded in death by a daughter. His survivors include his wife of 64 years, Grace; two sons; five daughters; and 12 grandchildren.

Howard V. Morter, MD ’42, GME ’49, of Blairsville, Ga., died Sept. 29, 2007. He was 91 years old. A native Milwaukeean, Dr. Morter practiced Otolaryngology in Milwaukee until his retirement in 1975. He was on the staffs of Columbia Hospital, Milwaukee County Hospital and Milwaukee Children’s Hospital. He was a former president of the Milwaukee Oto-Ophthalmic Society, Otolaryngology Section Chief at Columbia Hospital and a member of the Wisconsin Medical Society. He was a Member of Phi Gamma Delta social fraternity and Phi Chi medical fraternity, the American Legion, and Veterans of Foreign Wars. Among his civic activities, Dr. Morter was a member of the Milwaukee Kiwanis and Milwaukee Yacht Club and its Ensign Fleet. He was a captain in the Army Medical Corps in WWII where he was the Commanding Officer of the 505th Medical Hospital Ship Platoon which cared for the wounded returning to the U.S. on transports and served in hospitals in Espirito Santo, New Hebrides and New Guinea between four trips across the Pacific Ocean. The 505th was then transferred to the East Coast and crossed the Atlantic eight times between England and the U.S. His survivors include his wife, Ruth; three sons; four grandchildren; and three great-grandchildren.

William J. Allison, MD ’43, of Springfield, Ohio, died April 12, 2007. He was 92 years old. Dr. Allison served as flight surgeon in the U.S. Air Force in the 1950s. He began a practice in Springfield in general medicine and anesthesiology. Following some additional training in Florida, Dr. Allison returned to Springfield, where he practiced at Mercy Medical Center for 24 years before retiring in 1984. He was active in many civic and community organizations including the Kiwanis Club, Boy Scouts of America, Free & Accepted Masons, Scottish Rite Valley of Dayton and numerous medical organizations. His survivors include his wife of 66 years, Mary R. “Becky” Allison; one son; three daughters; 11 grandchildren; and 22 great-grandchildren.

William W. Chandler, MD ’46 (March), of Appleton, Wis., died Nov. 20, 2007. He was 84 years old. During college and medical school, he played for the Marquette University basketball team for five years and was the only player elected captain for three years. He was the first-ever recipient of the Robert McCahill Award, the highest honor for a MU student given for athletic ability, scholarship and leadership. Dr. Chandler served two years in the U.S. Navy before starting a general medical practice in Wauwatosa, Wis. After further training, he began a surgical practice in Appleton in 1955 and went on to co-found Fox Valley Surgical Associates. He remained with that medical group until retirement in 1989. Dr. Chandler was a Fellow of the American College of Surgeons and the Wisconsin Surgical Society. He was active in the Outagamie County Medical Society, President of the Appleton Medical Center Hospital Board, President of the joint medical staffs of AMC and St. Elizabeth Hospital and a trustee of NOVUS. He served on the boards of the Outagamie Cancer Society, the United Way and the YMCA. While YMCA board president, he was named Volunteer of the Year in 2005. He was a 50-year member of the First Congregational Church and founding member of the Board of the Community Foundation in Appleton. After his retirement, he continued volunteering with the Red Cross, the Appleton Library Board and the Reading for Success program. The Downtown Rotary Club honored him with the Heeter-Paul Harris Fellowship Award, and he and his wife were awarded Outstanding Volunteers of the Year by the Red Cross in 2003 and given the Paul and Elaine Groth Mentoring Award in 2005 for meaningful contributions to the quality of life in the Fox Cities. Dr. Chandler’s survivors include his wife of 52 years, Paula; four daughters; and 13 grandchildren.

Frederic G. Maurer, Jr., MD ’46 (March), of Louisville, Ky., died April 29, 2007. He was 85 years old and a longtime resident of Lima, Ohio, and Scottsdale, Ariz. Dr. Maurer was an obstetrician and gynecologist who practiced in Lima from 1952 until his retirement in 1987. He was active on the staffs of St. Rita’s Medical Center and Lima Memorial Hospital. A World War II veteran, Dr. Maurer served as an anesthesiologist at Wright Patterson Air
Robert Jerome Becker, MD ’49, of Fort Lauderdale, Fla., died Nov. 3, 2007. He was 85 years old. Dr. Becker was a veteran of the U.S. Army, an accomplished physician and entrepreneur and a benefactor to many. He served two tours of duty in the military, as an enlisted man in 1946 and as a captain in the medical crops stationed in Germany in 1955. Dr. Becker maintained a private allergy practice in Joliet, Ill., for 25 years. He founded the Joint Council of Allergy and Immunology and the Quad River Medical Foundation. He served on the board of the National Association of Peer Review Organizations and the Illinois State Medical Society. In 1982, he founded a utilization review company called Health Care COMPARE. The organization has since expanded and evolved (under the name First Health since 1998) to become a unique national managed health care company. A gift from First Health established the Robert and June Becker Health Policy Lecture at the Medical College of Wisconsin. The 10th annual lecture will take place this year. The event honors Dr. Becker for his pioneering achievements in the areas of quality assurance, cost containment and health care utilization management. Dr. Becker’s survivors include his wife, June; two sons; one daughter; six grandchildren; and four great-grandchildren.

William C. Curtis, MD ’47, of Elm Grove, died Dec. 21, 2007. He was 82 years old. A lieutenant in the U.S. Navy, Dr. Curtis served two tours of duty as a Naval Medical Officer. He practiced general medicine in Wauwatosa from 1949 to 1975. He was a past president of the Medical Society of Milwaukee and the Milwaukee Academy of General Practitioners. He served his alma mater as President of the (Medical College of Wisconsin)/Marquette Medical School Alumni Association and chaired the fund-raising effort related to the Medical College’s separation from Marquette University. Dr. Curtis was a volunteer clinical faculty member and Walter Zeit Fellow at the Medical College, where he also served on the CME Committee for Senior Physicians until the time of his death. From 1962 to 1971, Dr. Curtis was Medical Chief of Staff of Misericordia Hospital and Elmbrook Memorial Hospital. He was a driving force in the development and construction of Elmbrook. He also initiated the first civilian medical helicopter transport in Wisconsin in 1970, the predecessor to Flight for Life. From 1975-1989, Dr. Curtis served as Corporate Medical Director of Briggs & Stratton Corp. After his retirement, he continued to work as a part-time occupational health physician, continuing his career-long interest in occupational medicine and worker’s compensation insurance. At the time of his death, Dr. Curtis was writing the history of Elmbrook Memorial Hospital. He was preceded in death by his wife, Mary Beth. His survivors include five sons and two grandchildren.

Guy S. Schuelke, PhD, MS ’78, of Elcho, Wis., died from liver failure Oct. 26, 2007. He was 55 years old. After earning his master’s degree in pathology from the Medical College, he completed a PhD program in microbiology/immunology at Creighton University. He was a research scientist for 15 years. Dr. Schuelke’s survivors include his wife, Molly, and two daughters.

Michael E. Peter, MD ’68, of Palos Verdes Estates, Calif., died May 29, 2007. A surgeon, he was 64 years old.

Carl J. Saggio, MD ’68, of Fund du Lac, Wis., died Nov. 24, 2007. He was 65 years old and a family practitioner. His survivors include his wife of 41 years, Nancy; one son; one daughter; and two grandchildren.

Glenn L. Mohler, MD ’73, of Centerburg, Ohio, died April 16, 2007. He was 65 years old. Dr. Mohler practiced family medicine for 14 years in Columbus, Ohio, before serving as Medical Director of the Ohio State Highway Patrol for 14 more years. He retired in 2005 and was a member of the American Medical Association and Ohio State Medical Association. His survivors include his wife, Sarah, to whom he was married in 1997.

Daniel A. Eimermann, MD ’78, of Madison, Wis., died Sept. 15, 2007, while participating in a triathlon at Devil’s Lake State Park. He was 55 years old. He served as a lieutenant commander in the Naval Reserve in San Diego, Calif., before beginning his private psychiatry practice in the mid-1980s with Psychiatric Services in Madison. His survivors include his wife, Molly, and two daughters.

Elaine M. Liverman, MD ’96, of New Berlin, Wis., died Dec. 9, 2007. She was 38 years old. An obstetrician/ gynecologist, Dr. Liverman practiced and delivered babies at West Allis Memorial Hospital, Burlington Memorial Hospital and most recently, Waukesha Memorial Hospital, all in the Milwaukee area. Her survivors include her husband, Andrew; one son; and two daughters.

William C. Woods, MD ’52, of Delavan, Wis., died Oct. 14, 2007, after a long illness. He was a surgeon and family doctor to many in the Delavan area. His survivors include his wife, Esther.

William D. Evangelatos, MD ’54, of Glendale, Calif., died June 7, 2007. He was 83 years old.

Kenneth J. Urlakis, MD ’58, GME ’62, of Wauwatosa, Wis., died Sept. 26, 2007. He was 74 years old. In more than 40 years as an OB/GYN on staff at St. Joseph Hospital in Milwaukee, Dr. Urlakis delivered more than 8,000 babies. He was known for his sense of humor and love of food. His survivors include his wife of 47 years, Mary; three sons (including Kenneth J. Urlakis, Jr., MD ’94, PhD ’91, GME ’97); three daughters; and 16 grandchildren.

Mark J. Halloran, MD ’59, of Ladue, Mo., died June 10, 2007. He was 76 years old. An internist in St. Louis, Dr. Halloran had served two years in the National Guard in the Korean War before obtaining his medical degree. He began his private practice at St. John’s Mercy Medical Center in Creve Coeur, where he also served on the staff. In the 1970s, Dr. Halloran was President of the Midwest chapter of the St. Louis Blood Bank Center. In 1994, he traveled with a group of international doctors to the Democratic Republic of the Congo to treat refugees of the 1994 Rwandan genocide. His survivors include his wife, Jane Lamy Gunter Halloran; one son; three daughters; 13 grandchildren; and one great-grandson.

Daniel A. Eimermann, MD ’78, of Madison, Wis., died Sept. 15, 2007, while participating in a triathlon at Devil’s Lake State Park. He was 55 years old. He served as a lieutenant commander in the Naval Reserve in San Diego, Calif., before beginning his private psychiatry practice in the mid-1980s with Psychiatric Services in Madison. His survivors include his wife, Sarah, to whom he was married in 1997.

William D. Evangelatos, MD ’54, of Glendale, Calif., died June 7, 2007. He was 83 years old.
CONTINUING MEDICAL EDUCATION EVENTS

March 7-8, 2008
Wisconsin Dells, Wis.
Contact: Nancy Young
(414) 266-6556

16th Annual Emergency Medicine Research Conference
April 3, 2008
Milwaukee, Wis.
Contact: Heather Brandenburg
(414) 805-8922

Ninth Annual MCW Liver Disease Update
April 4, 2008
Milwaukee, Wis.
Contact: Kari Solar
(414) 456-6850

10th Annual Women’s Health Conference
April 25, 2008
Brookfield, Wis.
Contact: Karen Plennes
(414) 805-5337

First Annual Diabetes Wisconsin Symposium
May 9-11, 2008
Milwaukee, Wis.
Contact: Beth Wilke
(414) 456-6722

Extra-Esophageal Reflux Disease-The Future: Diagnosis and Treatment
Sept. 18-20, 2008
Milwaukee, Wis.
Contact: Diann Schactner
(414) 805-5609

For more information on these and other programs visit www.mcw.edu/cme/ or call (414) 456-4900

ALUMNI EVENTS

Alumni Dinners
Washington, D.C., April 1, 2008
Atlanta, April 2, 2008
Akron/Cleveland, April 9, 2008
Detroit, April 10, 2008
Portland, Ore., April 22, 2008
Spokane, April 23, 2008
Salt Lake City, April 24, 2008
LaCrosse, TBD
Minneapolis, TBD
Racine/Kenosha, TBD

Specialty receptions
American Academy of Orthopaedic Surgeons
San Francisco, Calif.
March 7, 2008
American College of Physicians
Washington, D.C.
May 16, 2008

Alumni Association Board Meeting
May 2, 2008

Symposium for Senior Physicians
May 20, 2008

Bob Herzog Alumni Scholarship Golf Classic
Aug. 18, 2008

For more information about alumni events, contact us by:
Phone: (414) 456-4781
E-mail: alumni@mcw.edu
Internet: www.mcw.edu/alumni and click on Alumni Programs

2008 ALUMNI WEEKEND

May 2 – 3

Friday
2008 Alumni Banquet at the Pfister Hotel, including recognition of reunion class gifts and presentation of Alumna of the Year, Distinguished Service Award, Honorary Alumnus Award, and Humanitarian Award.


Saturday
Continental Breakfast
Spouses’ Tour – Milwaukee Art Museum
Scientific Program – with host, Dean and Executive Vice President Michael J. Dunn, MD ’62
President’s Luncheon – with President and CEO T. Michael Bolger, JD
Guided Tours – of the Medical College
Estate Planning Seminar
Special Class Dinners and Events – taking place in the evening

CLASS OF 1958
50-YEAR REUNION

May 16 – 17

Friday
Commencement ceremony and recognition of the 50-year graduates – Milwaukee Theatre
Buffet Dinner – Pfister Hotel

Saturday
Class Brunch – Pfister Hotel
President’s Dinner – Medical College of Wisconsin
Following the recommendations of a usability study of the Medical College of Wisconsin’s Internet site, www.mcw.edu, the College is implementing a comprehensive plan to make the site audience-oriented, mission-focused and easier to use. Among more than 1,000 total responses, many hundreds of alumni participated in the online survey, and their thoughtful feedback directly shaped the outcome of the new Web site design.

Last year, the College’s Web Council, comprising faculty and staff representing important areas of the College, selected an attractive design that reflects the quality and “personality” of the College. Throughout 2007 and 2008, the Web team (a collaborative group of Public Affairs and MCW Libraries staff) worked with the more than 100 departments, centers and institutes of the College to prepare their individual Web sites for migration to the new design.

Launch of the new site was expected at the end of February 2008. Visit www.mcw.edu and tell us what you think.