The disparities in health and health care that weigh heavily on our communities are based on age, ethnicity, gender, economics, geography or a combination thereof. These factors can result in disadvantages that efforts by individuals or their health care providers are unlikely to overcome. Partnerships, however, have proven effective as tools for restoring parity to the health care system.

Partnerships capitalize on the strengths and unique skills of each participant, be they an academic, community, or health care organization. The union of stakeholders with knowledge and resources provides an opportunity to empower whole communities to improve their health and hopefully their quality of life.

I am proud that The Medical College of Wisconsin has been a leader in establishing creative partnership networks through the years. We are thus able to leverage our collective clinical knowledge, educational programs, research discoveries, public health knowledge, organizational capabilities and advocacy to bring positive changes.

Our clinical care services are built on a history of strong partnerships with our hospital affiliates. Our desire to foster healthy communities has led to multiple partnerships with neighborhood stakeholders, civic leaders and other academic institutions. The Medical College’s Advancing a Healthier Wisconsin initiative has enabled us to extend our partnership model to a host of new projects to improve public and community health. In particular, the Healthier Wisconsin Partnership Program component has funded 102 projects that are driven by community-academic partnerships.

We are committed to promoting health equity in our local community, nationally, and internationally, through research partnerships, education, clinical care delivery and community service. We look forward to further progress in this important endeavor.

Best wishes,

Jonathan I. Ravdin, MD
Dean and Executive Vice President
Unwilling to sacrifice quality time with their families or abandon outside interests, many younger physicians are determined to find an acceptable balance between their work and home lives. Societal shifts and training requirements are altering expectations while flexible or manageable hours are increasing in priority among the current generation, who tend to factor schedules and family obligations into their choice of specialty and practice environment. As a result, statistics show declining work hours for the average doctor, and opinions vary on the impact.

Classes represented in this story: '55, '75, '80, '83, '97, '07, '09

Parity becomes reality
Mental health professionals had hoped Congress would enact a law requiring equal benefits for mental and physical health, but most were surprised when it passed as a vehicle for the U.S. economic recovery act. The unexpected move has improved mental health coverage for many patients, though alumni note there are still some areas to criticize among the many advantages.


Hooked on research
For 25 years, the Medical College’s Summer Program for Undergraduate Research (SPUR) has helped attract talented students to the biomedical sciences by giving them hands-on experience in a working laboratory. Time has shown that the program is also a good recruiting tool as many SPUR participants choose the College for graduate or medical studies on their way toward interesting and productive careers.

Classes represented in this story: '01, '02, '03, '04, '05, '08

On the right side of the doors
The 2009 Zeit Fellows Leadership Award recipient describes in her own words her unusual path to medicine and how her earlier educational and career experiences pointed her compass toward the Medical College.

Classes represented in this story: '68, '74, '09
Governor announces historic genomic research collaboration

Wisconsin Gov. Jim Doyle announced in October a historic collaboration between four Wisconsin research institutions that will move scientific discoveries more quickly from the laboratory to the patient. The Wisconsin Genomics Initiative is a public-private partnership that will include The Medical College of Wisconsin, Marshfield Clinic, the University of Wisconsin School of Medicine and Public Health and UW-Milwaukee.

Through this initiative, scientists will use resources to collaboratively transform medicine by developing a scientific model to be used by physicians to: predict which individuals will develop a disease; precisely target a personalized treatment; determine how well the person will respond to treatment; and prevent disease before it occurs.

The Medical College is one of the top human genetic research centers in the country, capable of cost-effectively genotyping individual DNA samples. Initial work will involve genotyping each DNA sample in Marshfield Clinic’s bio bank for one million genetic markers; using the clinic’s electronic medical health record to obtain health history and environmental factors for targeted diseases; and building and testing a scientific computational model capable of predicting an individual’s disease susceptibility and treatment response.

Grant renewed to reduce immunization disparities

The National Center on Minority Health and Health Disparities has awarded the Medical College an eight-year $3.4 million renewal grant to eliminate immunization disparities among children of low-income, ethnic/racial backgrounds. Earnestine Willis, MD, MPH, the Kellner Professor in Pediatrics, is principal investigator for the grant.

Dr. Willis seeks to reduce immunization rate disparities by examining how to change prevailing health beliefs of families, specifically to benefit children younger than 14. The initiative will continue a community-based participatory research approach and identify community-driven interventions to foster healthy behavior among low-income families.

Race affects access, not outcomes for BMT treatment

A new study by researchers in the Medical College’s Cancer Center has found that African Americans and whites have identical survival rates after undergoing autologous bone marrow transplant treatment for multiple myeloma. The team previously found, however, that African Americans were only half as likely as whites to actually receive a bone marrow transplant, the well-established, life-prolonging treatment for the disease. The data further indicated that African Americans are twice as likely to die from the disease.

The research was overseen by Parameswaran Hari, MD, GME ’04, MS ’06, Assistant Professor of Medicine (Neoplastic Diseases and Related Disorders), who suggests further study is needed to correct the imbalance in transplant rates, especially since the treatment is equally efficacious.

Synthetic form of protein could halt cancer spread

Researchers at the Medical College have a pending patent on a new synthetic form of a protein involved in certain types of cancers and immune system diseases. CXCL12 is a chemokine, a protein that regulates the movement of cells into tissues and recruits white blood cells to infected and injured sites.

New information on the structure of the protein was discovered in the lab of Brian Volkman, PhD, Associate Professor of Biochemistry. The findings were based on seminal reports by Michael Dwinell, PhD, Associate Professor of Microbiology and Molecular Genetics.

Dr. Dwinell’s lab established that CXCL12 expression was key to interfering with cancer metastasis. Through 3-D modeling, Dr. Volkman’s discovered it was possible to convert CXCL12 into a protein that inhibits cell migration. The new findings were published in the September issue of Science Signaling with Christopher Veldkamp, PhD ’07, now a fellow in biochemistry, as the lead author.

Medical College’s 2009 Annual Report now available by request

Copies of The Medical College of Wisconsin’s 2008 Annual Report and Honor Roll are available to alumni upon request. The publication, titled Building for Generations, recognizes the 30-year anniversary of the College’s move to the Milwaukee Regional Medical Center campus. Features throughout the piece highlight examples of the College’s innovation in patient care, discovery, education and community engagement.

To obtain copies, contact the Office of Public Affairs at (414) 456-4700 or csaatthoff@mcw.edu. The Annual Report can also be viewed online at www.mcw.edu/2008AnnualReport.htm.
The Medical College of Wisconsin has received a five-year $3.9 million grant from the National Heart, Lung and Blood Institute to identify the genetic markers associated with an increased risk for coronary artery disease and heart attack. The study may lead to a better understanding of the relationship between genetic factors that influence heart disease and traditional risk factors, such as diet.

Principal investigator for the grant is Ulrich Broeckel, MD, Associate Professor of Pediatrics, Chief of Genomic Pediatrics and Director of the Individualized Medicine Institute of the Human and Molecular Genetics Center. He is also Associate Director of Children’s Research Institute.

Dr. Broeckel will study data from thousands of individuals with a history of coronary artery disease and heart attack to determine the common genetic markers that contribute to these disorders.

Two alumni faculty members named to endowed chairs

Two Medical College of Wisconsin department heads were selected to hold endowed chairs last year and were presented with the honors at the College’s 2008 convocation ceremony.

Jeffrey P. Schwab, MD, GME ’78, Professor and Chairman of Orthopaedic Surgery, was named the first Paul A. Jacobs, MD Professor in Orthopaedic Surgery. David C. Warltier, MD ’82, PhD ’76, GME ’88, Chairman of Anesthesiology, was named the John P. Kampine Professor in Anesthesiology.

Dr. Schwab has been a Medical College orthopaedics faculty member since 1978, and chairman since 1997. He is known for his expertise in general orthopaedics, acute and reconstructive fracture surgery, leg lengthening and cerebral palsy. Dr. Schwab helped organize the Froedtert & The Medical College of Wisconsin Musculoskeletal and Arthritis Center and the joint Hand Clinic between orthopaedic surgery and plastic surgery. His efforts have also made the College’s orthopaedic training program among the finest in the region.

Retired since 2005, Dr. Jacobs was an orthopaedic surgeon in Milwaukee for many years. He was also a volunteer clinical faculty member at the Medical College for more than 40 years. He established the chair in 2008.

Dr. Warltier is a national leader in cardiovascular anesthesiology, and his research has provided great insight into the ability and mechanisms of how certain anesthetics protect cardiac tissue from ischemia and reperfusion injury. His work with left ventricular pressure-dimension and volume analysis in the normal and diseased heart established his laboratory at the forefront of research into anesthetics and the heart. He holds appointments as Professor in the departments of Anesthesiology, Pharmacology & Toxicology, and Medicine.

John P. Kampine, MD ’60, PhD ’65, former chairman of anesthesiology, was the first and only other faculty member to hold the chair named in his honor. More than 200 faculty members, former students, colleagues and friends contributed to endow the chair in 1996.

NHLBI awards grant to study genetic markers related to cardiovascular diseases

The Medical College of Wisconsin has received a five-year $3.9 million grant from the National Heart, Lung and Blood Institute to identify the genetic markers associated with an increased risk for coronary artery disease and heart attack. The study may lead to a better understanding of the relationship...
While Jackson Lever, Class of 2009, was still considering what specialty to pursue after he graduates from The Medical College of Wisconsin, he sat down with a general surgeon for insight into a career in the OR. Lever asked him to describe his family, and the surgeon spoke glowingly about his children. When Lever asked, however, if the doctor had been there for their birthdays, their games, their speeches, the answer reverberated for the medical student. “No.” Just hearing that really piqued my interest in finding a field that would be conducive for family, where I could support my family, not only financially but also in terms of time, where I can be a little more flexible,” said Lever, whose concern for family has as many immediate implications as it does future ones. He is married with a 20-month-old daughter, and his wife is expecting their second child. “I have wanted to be there for every event and every going and coming of my family, and being able to have manageable work hours is huge.”

His focus on family was influential in his decision to choose a career in ophthalmology, a specialty with fairly predictable hours. Lever is among a growing number of younger physicians and future physicians who place controllable schedules and time for family and personal activities high on their list of priorities. Today’s generation believes strongly in finding a work-life balance, said Kenneth B. Simons, MD, Senior Associate Dean for Academic Affairs and Professor of Ophthalmology and of Pathology at the Medical College.

“They want to attend their children’s piano recitals and soccer games,” Dr. Simons said. “Medicine is a very demanding mistress, and it requires sacrifices. Some members of this generation are unwilling to make some of these sacrifices. It’s not a bad thing – it’s for a good reason, but it may affect the availability of care.”

Although all medical specialties carry unique sets of challenges, be they intellectual or schedule-related, there are a number of fields that are generally considered to have more manageable hours. They include anesthesiology, dermatology, emergency medicine, ophthalmology, pathology, radiology, radiation oncology and plastic surgery. Data from the National Resident Matching Program indicates a rise in popularity for these specialties and a high level of competition.

Nearly 33 percent of the Medical College’s Class of 2008 entered one of these fields. Less than 10 years ago, in 1999, only 24 percent of graduating Medical College of Wisconsin students was matched to one of these specialties. Nationally, the 2008 Match numbers reveal the competitive nature of these desirable practice areas. Among specialties with at least 10 positions in the Match, dermatology, plastic surgery and radiation oncology all had 100 percent fill rates, meaning every residency position was occupied. The only other specialty where this was true was primary pediatrics. Additional high fill rates included 97.4 percent for anesthesiology, 97.9 percent for emergency medicine and 98.1 percent for radiology.
Certainly, growth is not exclusive to these fields of medicine. At the Medical College, internal medicine, for example, was up more than 2 percent in 10 years and is the most pursued specialty. Moreover, it may be glib to presume work hours are the primary factors in determining a career path, but consideration of schedule appears to be more common than in the past.

William Polzin, MD ’83, doesn’t think this generation places a heightened level of significance on personal time than those past, but in his opinion, most new physicians don’t want competing interests in their lives. Dr. Polzin is Associate Director of the Fetal Care Center of Cincinnati, Director of Maternal-Fetal Medicine at Good Samaritan Hospital and Vice-Director of its Obstetrics and Gynecology Residency Training Program.

“I did everything I wanted to do with hobbies, family, church, volunteering, travel, etc.,” Dr. Polzin said. “I just did several things at once. This leads to conflicts and disappointments, but that is part of life and part of growing up and maturing. I believe compartmentalizing arrests normal adult maturation. I believe this is why so many of our young physicians are chronically disappointed with their profession and schedule.”

Having realistic expectations for your time commitments is an important component for success, and Marisa Chapman, Class of 2009, is hopeful her hard work now will pay dividends later.

“There is an expectation that free time during residency training will be limited, especially as an intern,” she said. “While it is very important to me to have manageable work hours, I feel somewhat resigned to the fact that residency will be extremely time-consuming.”

Before attending medical school, Chapman worked a typical 40-hour work week for a Fortune 500 company. As an M4, she regularly puts in significantly more hours, but they are much more satisfying and meaningful to her. She says she has noticed an overall emphasis being placed on work-life balance in most fields of medicine, not just the so-called “lifestyle specialties.”

“My personal priorities factor into my specialty preferences to some degree, but I think I made the bigger sacrifice when I chose to attend medical school,” she said. “I went into this field knowing I would be giving up a lot of things – time with friends and family, a disposable income, starting a family before age 35, to name a few. I am very happy with my decision to become a physician, but I know that certain relationships and hobbies have often been peripheral over the last few years. My hope is that once I complete my training, I will be able to define a career path that allows for a good balance between work and home life.”

Kenneth Theriot, MD ’07, regards his chosen field of anesthesiology in the “upper middle class” in terms of lifestyle compared to other specialties. It doesn’t have the free time that some present but isn’t as demanding as others, and that came into play when he decided on his career, especially since he was married with children. But doctors have to find a good career match, not just a convenient one.

“As a medical student with a family, I looked a little closer at specialties that afforded more free time, however, in my opinion, the first and foremost factor that should be looked at when choosing a specialty should be which specialty is most enjoyable,” said Dr. Theriot, who is currently a resident in the Washington University Hospitals Consortium program in St. Louis.

“You’ve got to like what you do. If internal medicine, family practice or even neurosurgery had done it for me instead of anesthesiology, that’s what I would be doing today.”

For the emerging generation of physicians, the search for a work-life balance begins in earnest during medical school. Time management has always been a critical part of successfully navigating medical school, but more and more students are adamant that their education and careers do not come at the expense of everything else they value. Much of this may be due to the demographics of today’s students, Dr. Simons said. When he graduated from medical school 28 years ago, there were 125 people in his class. Only two had children. Now, many Medical College of Wisconsin students are married and have children, he said.

Dr. Theriot had already been married for two years when he began medical school. He and his wife had their first child at the beginning of his M3 year. During his basic science years it had been much easier to spend time with his wife and socialize, but the addition of a child as his clinical years began made for much less flexibility.

The Theriots compensated by making sure they kept certain things routine, such as having dinner together at every meal. Certainly, growth is not exclusive to these fields of medicine. At the Medical College, internal medicine, for example, was up more than 2 percent in 10 years and is the most pursued specialty. Moreover, it may be glib to presume work hours are the primary factors in determining a career path, but consideration of schedule appears to be more common than in the past.
opportunity and going to church every Sunday. Dr. Theriot’s internship consisted of a transitional year that gave him additional free time, which became especially important as his second child was born during that period. Now at a work-intensive academic institution for residency, he has more time pressure, but balance remains a priority.

“Demand from work and study have definitely increased. That being said, I still go to church every Sunday. I also volunteer with the Boy Scouts,” he said. “I think it’s important to have things to do besides just work and family obligations. The more you do, the better you get at managing your time efficiently.”

Although still in medical school, Lever can relate, especially as a parent.

“I think it’s easy to become entrenched in the dogma of medical school,” Lever said. “You forget how life can be funny and really have to avoid becoming a robot, and I think you do that by trying to protect time and do things you love to do. For me, it is to go running around Wauwatosa or volunteering with the Scouts.”

Chapman said it helps to make plans with family and friends in advance since it can be easy to choose sleep over socializing. The key is to maximize whatever time off you may have.

“It has taken me the better part of medical school to figure out a balance between school and free time, although I think the balance often tips in favor of school,” she said.

While myriad factors contribute to the experiences and expectations of new MDs, one draws a distinct line between past and current generations – the 80-hour resident work week. Physicians who graduated before the restriction was put in place likely had a much different concept of how much balance could be attained between work and personal lives. Current and future residents receive training in an environment that is more conducive to balance, though the topic still is somewhat contentious.

“[The shortened work week] clouds reality,” Dr. Polzin said. “It just doesn’t work that way in professional life, as a physician. Everyone in education has bought into the idea that it is better. The residents miss many opportunities, including how to work safely when tired.”

The decreased duty hour has caused instructors to focus more on the resident as a learner, which is good, but the changes also somewhat threaten the operating and outpatient experience, which is not good, said Edward Benzel, MD, GME ’80, Chairman of Neurosurgery, Director of the Center for Spine Health, Director of the Neurological Surgery Residency Program and Co-director of the Spine Surgery Fellowship Program at the Cleveland Clinic. He has observed that the expectations of residents have changed along with the hours.

“The reality is, however, that the work often still needs to be done,” he said. “This has caused good and bad things. On the positive side, the residents have been forced to become more efficient. On the negative side, some things don’t get done.”

Dr. Benzel sees the benefits of shorter work hours for residents, but also recognizes there could be a contradiction between having a desirable schedule and the very nature of the medical profession.

“All in all, the rule changes have probably been positive in my opinion,” he said. “The manner in which they are employed, however, may not be. Strict adherence to duty hour schedules, when indeed, the practice of medicine does not usually follow a schedule is a fault of the new system.”

In addition to the altered structure of residency training, there has been a commonly held belief that physicians born in the Boomer generation (1946-64) work longer hours and are more apt to define their identity through their profession than their Generation X colleagues (born 1965-79). Research conducted by Erin P. Fraher, PhD(cand), Director of NC Health Professions Data System, Cecil G. Sheps Center for Health Services Research at University of North Carolina at Chapel Hill, recently explored that concept.

The UNC team found that the average hours worked per week in patient care declined for the North Carolina physician workforce from 46.3 hours in 1980 to 42.1 hours in 2006. The researchers determined that this downward trend is attributable to a combination of age, gender and cohort effects. The impact of increasing numbers of women entering medicine is regularly noted in health policy discussions as previous research has shown that women are more likely to work shorter hours than male colleagues and have more stop-outs in their careers. Fraher’s data uncovered, however, that the difference in hours worked between male and female physicians is decreasing in more recent cohorts.
As new physicians joined his group later in his career, Dr. Van Lieshout began to see how times were changing. Most could not believe the hours he put in or the number of patients he saw in a day and knew intimately. He always saw it as his obligation.

“If someone called me after hours and said their daughter was sick, I’d say ‘bring her in.’ Younger physicians will usually say, ‘go to the ER,’” he said. “I was available, and the availability factor was a big part of my practice. I figured that’s what I was there for in family practice. I would say ‘you can’t be in family practice and not answer your phone at night.’ Though, if I came into medicine now, I’d probably be doing it the same way (as the new generation) because I wouldn’t know the difference.”

Society may have changed, and the practice of medicine along with it, but one constant is that no semblance of work-life balance will occur without a commitment to making it happen. This may be most pronounced in families with two physicians in the household.

Neelesh A. Tipnis, MD '97, and Sajani M. Tipnis, MD ’97, met in medical school and were married during their residency training. Both are now Assistant Professors of Pediatrics at The Medical College of Wisconsin – Neelesh in gastroenterology and nutrition and Sajani in neonatology. They have two boys, 7 and 2 years old.

“I think we’ve been able to establish a very good balance,” Dr. Sajani Tipnis said. “We have a very active social life, are active with our kids’ schools and volunteer when we can. We’ve chosen jobs that allow us to balance our specialties and family.”

As a neonatologist, she is on call more than 100 nights of the year. This gives her more freedom during the day, and her practice partners at Children’s Hospital of Wisconsin, many of whom also have children, are willing to cover for each other so they can attend school parties or soccer practices. Who you practice with and your work environment can sometimes determine your flexibility just as much as what specialty you choose, she said.

“We’ve always made it work, even when we both had busy schedules — we had our first son when we were both fellows,” she said. “We always found a way.”

Although specialty choice, workforce shifts and practice model changes all factor into the prospect of establishing a balanced life, nothing is effortless. The onus is still on the individual.

“I don’t know what challenges there will be in the future,” Dr. Theriot said, “but once you have a specialty chosen, it’s all a matter of putting the most important things first, not shying away from a lot of hard work, whether at home or in the hospital, and taking time out to smell the roses every now and then.”

READ & REACT

Do you have a reaction to this article? If so, e-mail your comments to alumni@mcw.edu. We may post it online or in a future issue.
The government’s $700 billion “bailout bill” is meant to rescue the economy, but the improbable means by which it became law may actually do more to rescue people needing mental health care.

Procedural rules prevented Congress from passing the Emergency Economic Stabilization Act of 2008 independently. To bypass this obstacle, the act needed a vehicle – legislation that already had considerable support and met the procedural criteria. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 fit the bill and was signed into law as a provision within and vehicle for the bailout, commencing the most significant change in mental health coverage in at least 12 years.

“The parity act is an extraordinary milestone for people with mental illness, bringing greater attention to the need for greater access and more equitable reimbursement for psychiatric care and for mental health services, more broadly,” said Laura Roberts, MD, Charles E. Kubly Professor and Chairman of Psychiatry and Behavioral Medicine at The Medical College of Wisconsin.

Senators Domenici and Wellstone had been leading the charge for more than a decade to bring equality to the manner in which mental health services are insured. Although the road has been marked by numerous disappointments, the new law is a positive step toward greater availability of services and improved continuity of care, many Medical College alumni agree.

“The coupling to the bailout bill was brilliant and quite surprising,” Dr. Roberts said. “It’s the best possible example of positive opportunism I have seen. Most of us in the field believe that this would have succeeded in the next year or so, but it is lovely to have it put in place earlier. This legislation is long overdue and will bring great benefit to all of society.”

The act stipulates that businesses with 51 or more employees that offer a health insurance plan with mental health coverage must provide those mental health benefits at the same level as medical and surgical benefits, including deductibles, co-payments, out-of-pocket expenses, inpatient stays and outpatient visits. The requirements are expected to take effect in January 2010.

One in five people experience a significant episode of mental illness in their lifetimes, and everyone is directly or indirectly affected by the burden and mortality of neuropsychiatric disease. Mental health professionals like Thomas Heinrich, MD ’96, Associate Professor and Vice Chairman for Clinical Services in Psychiatry and Behavioral Medicine at the Medical College, often see how patients are negatively affected by uneven mental health benefits. Some scale back their care while others abandon it altogether because of the financial burden.

“A complete lack of insurance or insufficient coverage for psychiatric illness represents a major barrier to providing adequate mental health care to our patients,” he said. “Patients may drift in and out of care as their benefits are exhausted. This often hampers the clinician’s ability to provide a thorough diagnostic assessment, engage in meaningful psychotherapy and closely monitor treatment response.”

As a staff psychiatrist in the crisis service of the Milwaukee County Behavioral Health Division, child psychiatrist Clarence Chou, MD ’77, GME ’83, sometimes sees patients in the walk-in-clinic who, because of coverage deficiencies, stopped their medication and therapy because the cost was prohibitive. Frequently, these patients deteriorate after ceasing therapy and end up losing their jobs or running afoul of the law.

“We don’t deny treatment for someone with cancer for fiscal reasons,” he said. “When you have heart disease, we don’t say, ‘OK, you’ve reached your million dollar limit, we can’t provide treatment to you anymore.’ So that’s what people in mental health are asking for – they’re asking for equal treatment.”

Dr. Chou is the Immediate Past President of the Wisconsin Medical Society, which has been seeking mental health parity for years. He has also been lobbying for the American Medical Association delegation on this subject in addition to the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.

Part of the argument in favor of parity has been ethical, as Dr. Chou demonstrated and to which Dr. Heinrich attests.

“Psychiatric disorders are commonly under-recognized, and the associated morbidity and mortality under-appreciated,” Dr. Heinrich said. “In addition, the lack of parity between insurance for psy-
psychiatric and medical disease has historically added to the already significant stigma associated with mental illness, thereby making a greatly underserved population more vulnerable."

Cynthiane J. Morgenweck, MD '77, MA '99, is a Clinical Ethicist in the Medical College’s Center for the Study of Bioethics. She suspects that most ethicists would advocate for mental health insurance and consequently, for parity. She personally believes that since mental health is but one aspect of overall health, there ought to be parity, and bringing the issue to the fore is beneficial. She, however, questions how effective the new act can be in light of some of its details and exclusions.

The most obvious omissions in this act are employees of very small businesses, employees who currently receive no mental health benefits (this law will not require them) and people who are uninsured. Additionally, the new law has a cost exemption clause that states that if following this act increases the overall cost of an employer’s health plan by 2 percent in the first year, the provisions of the act will not apply the following year.

"Given that mental health care is frequently a lengthy process and medications are expensive, I believe that there is significant potential for this act to be minimally beneficial," Dr. Morgenweck said. "Many of the mentally ill do not have insurance, and naturally, this act will not help them."

There may also be some concern, Dr. Chou said, that some companies could respond to the act by claiming that they now cannot afford to provide any kind of health coverage. That remains to be seen, but Kenneth J. Phenow, MD '92, MPH, has reasons to believe the costs for employers will be somewhat predictable and not contentious. Dr. Phenow is Senior Medical Director for CIGNA HealthCare of Texas & Oklahoma, a large health services organization located in North Texas.

"The biggest concern we and our clients (employers) would have is increased cost in a system where costs are already out of control and are not sustainable in the near future," he said. "We don’t expect employers will experience a large increase in utilization from the new parity law, and we expect to be able to manage this utilization properly using the tools we already have in place."

Large health plans have been at the table with Congress working on parity for years, so everyone’s interests have been represented in the discussions. CIGNA, as well as Dr. Phenow personally, support parity for mental health benefits, he said.

In many ways, the act could lead to a reduction in overall costs, he said. Declining productivity or increased absenteeism among people whose anxiety, depression or other mental illness is not properly treated can come at a substantial cost to employers and to the health care system.

"In my own personal opinion as a physician, parity might help improve overall health care costs or at least improve health because a lot of people may not be getting enough mental health benefits currently," Dr. Phenow said. "There is a lot of evidence that large costs in the employer population are due to depression or substance abuse."

Dr. Chou said data indicates that in individual states with parity, mental health costs increased about 1 percent, but overall health care costs declined. If people get adequate mental health coverage, costs for everyone will go down, he said.

"People with mental health issues have physical problems as well, and when we don’t take care of their mental health, they don’t always take care of their physical problems," Dr. Chou said. "Then these people end up receiving care in emergency rooms or the prison system at an enormous cost to our medical system and society."

This philosophy begs the question, then, of whether a full mandate for mental health coverage in all insurance plans is in our future. Dr. Morgenweck notes that such a move would certainly raise the cost of insurance and likely a new ethical debate. Everyone agrees that the future will become clearer as details from the current act are implemented and assessed. Meanwhile, Dr. Phenow is personally hopeful that mental and physical health care will one day be on a truly level playing field.

"We are learning behavior is an important part of improving health and the productivity of the nation. Mental health is an important component of that," he said. "I think we’ll be shooting ourselves in the foot if we don’t take this to its logical conclusion, which would be mandatory benefits."

READ & REACT
Do you have opinions on this topic? If so, e-mail your comments to alumni@mcw.edu.
We may post it online or in a future issue.
Convincing talented, scientific-minded students to choose biomedical science as a career is a challenge that impacts the success of business and industry as well as the future of university research. The Summer Program for Undergraduate Research (SPUR) is one way The Medical College of Wisconsin is addressing this challenge. SPUR stimulates interest in science and helps students experience first-hand the excitement and intellectual lure of scientific research. The program is an incubator for tomorrow’s biomedical research and development talent.

“The 10-week intensive exposure to research while enrolled in SPUR provides students an excellent opportunity to evaluate whether their interests and talents are compatible with a career in biomedical research,” said Bert Forster, PhD, Professor of Physiology and longtime director of SPUR.

For a past SPUR participant to name their undergraduate summer of research at the Medical College as a pivotal moment in their career path is not unusual. Many SPUR students will say their experience with the program is how they got hooked on a life of biomedical research. SPUR also helps some discover that The Medical College of Wisconsin is the perfect fit for their career aspirations.

Moreover, SPUR provides our faculty an opportunity to evaluate first hand the research capability of a pool of students and, therefore, render wise choices for recruitment into our PhD programs,” Dr. Forster said.

Student research idea hatched

Take Julie Brefczynski-Lewis, PhD ’04. In 1996, she was working on her undergraduate degree at Lawrence University in Appleton, Wis., where she attended a presentation on functional magnetic resonance imaging (fMRI) given by a Medical College of Wisconsin faculty member. The presentation sparked an idea in her about using fMRI to see the brain processes associated with odor and human pheromone perception. Not long after, while on a group tour of the Medical College campus, she approached several professors about her research idea. As a result, she met Edgar (Ted) DeYoe, PhD, Professor of Radiology, who recommended she apply for SPUR.

“In the short 10 weeks of the program, we built a pheromone and odorant delivery device for the scanner and were able to see regions of olfactory cortex that were sensitive to odorants,” said Dr. Brefczynski-Lewis.

After her SPUR experience, Dr. Brefczynski-Lewis applied to the College’s Graduate School of Biomedical Sciences “specifically to continue working in Ted DeYoe’s lab and continue in the exciting field of neuroimaging research, studying visual attention in the human brain,” she said.

Dr. Brefczynski-Lewis went on to a postdoctoral fellowship at the University of Wisconsin-Madison where she was an investigator in a study that included scientific dialogs with the Dalai Lama about how meditation affects the brain. She is currently a postdoctoral fellow continuing her research on emotion regulation, social cognition, attention and meditation in the Center for Advanced Imaging at West Virginia University.

Upon recommendation

Not all SPUR students come to the program with their research ideas mapped out. Nevertheless, they thrive. Once Julie Wenninger, PhD ’03, realized physiology was her passion, one of her professors at University of Wisconsin-La Crosse referred
Examining SPUR under the microscope

The Summer Program for Undergraduate Research (SPUR) began in 1983 at The Medical College of Wisconsin to encourage talented science majors to pursue their interest in biomedical research. It is a 10-week hands-on laboratory experience for approximately 35-50 undergraduate students (depending on available funding) during the summer. Each student is paired with an established faculty member who has secured competitive federal research support. The student and faculty member select a research project and complete it over the 10-week period.

SPUR is administered by the Graduate School of Biomedical Sciences and has three goals:

1) To increase the number of PhD graduates in biomedical sciences and bioengineering available to meet the research and development needs of industry, government and academia;
2) To encourage participating students to consider The Medical College of Wisconsin and its Graduate School of Biomedical Sciences when applying to PhD programs in science.

The recruitment process for SPUR is very competitive. College sophomores and juniors with a background in science and an interest in graduate school are eligible to apply. Between 225 and 275 students with a grade point average of 3.2 or higher apply each year. Applications are reviewed based on academic records, personal statements, letters of recommendation and official school transcripts.

Applicants choose, in order of preference, three Graduate School of Biomedical Sciences programs in which they are interested in working for the summer. Individual faculty members review the preferences and credentials of the applicants and then select the applicant best suited for their laboratory. These faculty members in the following areas volunteer their time to mentor and teach the students: Biochemistry; Biophysics; Biostatistics; Biotechnology; Cell Biology, Neurobiology & Anatomy; Microbiology & Molecular Genetics; Neurosciences; Pharmacology & Toxicology; Physiology; clinical departments, especially pediatrics.

SPUR is believed to be the only program of its kind in southeastern Wisconsin that provides hands-on research opportunities to college students over summer break.
“With the evolution of many large companies licensing compounds instead of developing them in-house, I believe the future will be filled with many start-up companies looking for in-vivo scientists and directors to help guide them to the more defined clinical studies,” said Dr. Dahly-Vernon. She credits her training in SPUR and at the College with preparing her for the future of pharma and biotech.

**Testing the waters**

For some students, like Michael Wendt, PhD, ’08, SPUR can help tip the scale when considering going to medical school.

Before attending SPUR (and before he was Dr. Wendt), he volunteered at an emergency room near his hometown. His hospital experience combined with his experience as a SPUR student helped validate his decision to become a biomedical scientist instead of a physician.

In the summer of 1998, he worked in the lab of Michael Dwinell, PhD, Associate Professor of Microbiology and Molecular Genetics, where he studied proteins in blood vessels of patients with inflammatory bowel disease, Crohn’s disease and ulcerative colitis.

“I interviewed with other medical colleges, and my experience as a SPUR student made it easier to compare schools, none of which were as good a fit for me as The Medical College of Wisconsin,” Dr. Wendt said.

As a graduate student, he continued working in the lab of Dr. Dwinell where he was credited with discovering a link between the expression of the protein CXCL12 and the progression of cells from normal to cancerous. He received an Outstanding Doctoral Dissertation Award from the Graduate School of Biomedical Sciences in 2008.

Currently, Dr. Wendt is a postdoctoral fellow at the University of Colorado Denver, Anschutz Medical Campus.

**Two at a time**

As her undergraduate studies were nearing an end, Melissa Agoudemos, MD ’04, PhD ’02, could not decide whether she wanted to apply to graduate schools or medical schools. To help her decide, she attended SPUR in 1995 where she studied cardiovascular physiology, specifically the effects of shear stress on the lining of blood vessels.

“SPUR gave me the opportunity to find out that I enjoyed research, and it also allowed me to meet students in the MCW Medical Scientist Training Program,” she said. “Those experiences were the basis of my decision to seek acceptance into a combined MD/PhD program.”

Dr. Agoudemos earned her PhD in the same laboratory in which she studied during SPUR – the lab of Andrew Greene, PhD, Professor and Director of the Biotechnology and Bioengineering Center – and her MD two years later as part of the College’s Medical Scientist Training Program.

She is now a fellow in pediatric cardiology at the University of Iowa studying the long-term changes of the cardiovascular system in infants of diabetic mothers. After her fellowship, she plans to find a position as an academic pediatric cardiologist.

**Adding to the toolbox**

For some students, SPUR isn’t strictly a research endeavor. It is an opportunity to enhance their clinical careers. Katie Krause, PhD ’08, is now working toward her MD at The Medical College of Wisconsin. As an undergrad and as a SPUR participant, she decided to pursue a career in medicine, and her experience at the Medical College underscored the importance of translational research.

She spent her 2002 SPUR weeks in the lab of Dr. Forster. There she studied the development of CO₂ sensitivity in different strains of neonatal rats and how the differences may be a genetic influence on the expression of sudden infant death syndrome (SIDS).

“My biomedical training solidified the importance of having the ability to translate bench research into bedside practice,” Dr. Krause said.

Her fascination with the human brain and the challenge of surgery has led her to pursue a residency in neurosurgery.

Jason Kurian, MD ’01, saw SPUR as an opportunity to make his medical school application stand out. He attended SPUR in 1996 and studied the molecular pathways involved in the process of coronary artery disease under the guidance of William Campbell, PhD, Professor and Chairman of Pharmacology and Toxicology.

“I would recommend to anyone interested in med school or grad school, to get started as early as possible,” Dr. Kurian said. “My early lab experience helped me develop an understanding of how the basic science, that is the foundation for medical knowledge, comes to be understood and described. It gave me an appreciation for what goes into publishing scientific research.”

Kurian is practicing orthopaedic surgery in Portland, Ore., a specialty he regards as “a natural fit given my outside interest in endurance sports.”

“Having the basic tools I learned in SPUR gave me a base from which to build in doing my own projects,” he said, recalling his days during residency and fellowship when publishing research was expected.

Dr. Kurian is currently conducting clinical research tracking outcomes of both anterior cruciate ligament (ACL) reconstructions and rotator cuff repairs.
Senior physician symposium honors early leader, continues proud tradition

For 13 years, the Medical College’s Symposium for Senior Physicians has provided an educational and social resource for older alumni of the medical school. Organizers of the conference decided recently to honor one of their own by designating the first named lecture in the semi-annual symposium.

The first afternoon lecture each spring will now be known as the William C. Curtis Memorial Lecture. William C. Curtis, MD ’47, who died in December 2007, was a member of the original symposium committee that also included John J. Frederick, MD ’51, GME ’58; Norman H. Engbring, MD ’51; the late Leo R. Weinsheil, MD ’37, GME ’48, MS ’53; and Executive Director of Alumni Relations William Schultz. A family and occupational medicine practitioner, Dr. Curtis served The Medical College of Wisconsin/Marquette Medical Alumni Association for years. He was Elmbrook Memorial Hospital’s first chief of staff and on its board of directors. He also was medical director of Briggs & Stratton for 14 years.

Dr. Curtis was a “faithful committee member,” said Dr. Frederick, whom Schultz first approached with the idea of holding a continuing medical education conference on the Medical College campus for senior physicians. The symposium provides valuable medical information on widely varied topics to garner interest across disciplines. It is also a chance to showcase faculty clinical and research endeavors in addition to giving faculty and local physicians a chance to interact.

“Having people in the ivory towers of academia versus the people doing work in the community was quite an obstacle to deal with years ago,” said Dr. Frederick, a general and vascular surgeon in the Milwaukee area for 36 years, now retired, and Clinical Professor Emeritus of Surgery. “That is not so much the case anymore, and the symposium has helped heal that. I’ve been there since day one, and I’ve enjoyed it and my association with the school.”

The symposium is held once each spring and fall and consists of five lectures. It draws between 90 and 110 attendees and awards 3.75 CME credits for the day. Despite a price of only $45 that has remained constant throughout, the symposium has been able to fund about seven scholarships for medical students, an added value that may contribute to the event’s consistent participation.

“This symposium has become one of the more popular CME programs on campus,” Schultz said. “Not only do the participants enjoy the outstanding presentations by Medical College faculty, but they truly enjoy the mini-reunion atmosphere. Many who attend know each other as classmates or colleagues throughout their careers.”

Lost—Found in translation

Nearly 10 years after Sanford J. Brown, MD ’73, wrote his first “Practice Diary” column for the journal Family Practice Management, the entire collection has been published as a book – in Chinese.

Dr. Brown’s slice of life column about the clinical and personal experiences of a solo family practitioner was featured in the fall 2004 issue of Alumni News. The column was discontinued in 2005 but not before it was discovered online by a nurse/translator in China who wrote for the Chinese Journal of General Practice.

“She enjoyed them, found them instructive and thought that Chinese family physicians would as well,” Dr. Brown said. “So, she began translating and publishing them, and they developed quite a following in China.”

When the woman saw the column had stopped, she contacted Dr. Brown to see if he had more material and whether he would be willing to aid in the translations. He agreed, as long as the pieces were someday collated into a book.

The book indeed came to fruition and includes all of Dr. Brown’s columns plus a few new entries published on Netscape Family Medicine in 2006-07. It contains complete Chinese and English translations throughout its 280 pages and may also result in a book tour.

Dr. Brown remains in private family practice in Fort Bragg, Calif.

COMING SOON

The spring Symposium for Senior Physicians is scheduled for May 19, 2009. To learn more, click on the “Alumni Programs” tab at www.mcw.edu/alumni

Book cover for Dr. Sanford Brown’s collection of family practice vignettes, published in Chinese.
On the right side of the doors

The following is based on an acceptance speech delivered by Ana Cabán Cardona, Class of 2009, upon being awarded the Walter Zeit Fellows Leadership Award from The Medical College of Wisconsin.

My journey to medicine has been somewhat circuitous, though that was not my intent. When I set off to college, I meant to take the straight path to medical school.

But those well-laid plans unraveled the spring of my sophomore year. That spring, a girl I knew from around campus died unexpectedly of meningitis. She was 20. Her death rattled me. I had never known anyone my age to die.

As I grappled with my own mortality, I began to ask myself what I wanted out of life. I was too focused on the future, too focused on the past. I had this intense urge to break free of all that. So, I packed away my science books and spent the next year studying and living in Ecuador.

I returned with a newfound perspective – both on the world and on life – but I felt a little lost. With medicine no longer the beacon, I wasn’t sure which way I was headed. After college, I came home to Milwaukee and took a job as a waitress and then a teacher’s assistant before becoming a journalist. In each, I served people in some way, but I always felt I had more to give. Medicine still tugged at me.

I had thought of resuming the journey to medical school numerous times, but I always pushed away those thoughts, telling myself it was too late.

Then, one December evening when I worked as a newspaper reporter, a helicopter crashed onto a highway during rush hour. My assignment that night was to go to the hospital where the pilot and other victims were taken to get a comment from them or their families. As I stood outside the emergency room doors, I became distinctly aware that beyond those doors, others were trying to save the pilot’s life, others were caring for those injured. I kept thinking: I am on the wrong side of the doors.

Over the ensuing months, I unpacked those science books, I enrolled to complete my prerequisites, I volunteered at a hospice, I shadowed physicians – and I continued to work full time.

This journey has not been without sacrifices, but I feel that I am doing what I am meant to be doing. Not once have I regretted my decision. Of course, I could not have done this without the support of my family, especially my husband – who is always ready with a hug or a sports analogy to give me encouragement when I need it most – and my most important teacher in life, my mother, who is one of the most giving people I know without ever expecting anything in return.

Sure, I could have gotten to medical school taking a more direct route, but I would have missed many experiences that have shaped me. I would have missed many lessons that have been invaluable during medical school and will undoubtedly continue to be as I move toward the next stage in training.

I feel so fortunate to be at MCW, so fortunate to be on this journey – how could I not give back? It’s the only way I know to say thank you. Not only to MCW but to all the mentors and role models I have had over the years who have encouraged and inspired me and without whom I would not be here today.

Wherever this journey leads me next, I will continue to say thank you by giving back to MCW and to the community at large. I will strive to be a role model and mentor as others have been for me, especially to Latino students, so that they may learn, as I did, that no matter where you come from, persistence and determination are the steppingstones to achieving dreams.
In the early 1980s, researchers at The Medical College of Wisconsin were at the center of solving the mysteries of the recently identified AIDS (Acquired Immune Deficiency Syndrome) that would soon escalate into an epidemic. Among them was Joan Cox Gill, MD ’76, currently Director of the Comprehensive Center for Bleeding Disorders at the BloodCenter of Wisconsin and Professor of Pediatrics and Medicine at the Medical College.

Following the announcement by the Centers for Disease Control (CDC) that AIDS was suspected to be blood borne, Dr. Gill and Robert Montgomery, MD, of the Great Lakes Hemophilia Treatment Center and the BloodCenter joined Jay Mentove, MD, an investigator at the BloodCenter, to initiate a study to prove the blood borne theory. Last year marked the 25th anniversary of their results being published in the New England Journal of Medicine.

“At the time, we didn’t even know that HIV [the virus that leads to AIDS] was causing the immunologic abnormalities in patients with hemophilia or in other risk groups that were being affected by this devastating immunologic deficiency,” said Dr. Gill, who also directs the Hemophilia Program at Children’s Hospital of Wisconsin.

As a group, patients with hemophilia were prime candidates for the clinical investigation because many had the immunologic abnormalities associated with AIDS, and they were exposed to a significantly large number of blood donors. One lot of blood concentrate infused in a hemophilic patient to treat a bleeding episode could contain blood from as many as 20,000 to 30,000 blood donations.

“Our hypothesis was that if the AIDS agent was transmitted in blood, we would find immunologic abnormalities similar to those found in AIDS patients in higher frequency in those exposed to more blood donors,” Dr. Gill said. “In fact, that is what we found. We went on to show that the immunologic abnormalities persisted in those affected with the AIDS virus.”

Once HIV (then called HTLV-III) was identified as the AIDS virus, Dr. Gill and the other researchers demonstrated that those with immunologic abnormalities had developed antibodies to the virus.

Results of the research caused blood collection centers, such as the BloodCenter of Wisconsin and American Red Cross, to implement additional testing procedures before declaring a unit of blood safe for medical use. However, early testing was limited. For the first three weeks after a person contracted a virus, test results would appear negative. If someone made a donation during that time, the contaminated blood had the potential to make it into the blood supply. In the years since the discovery of HIV, the three-week window has been eliminated through NAT testing, which tests for the genome of the viruses.

“NAT testing is much more sensitive and can pick up infected donors before they actually have an immunologic response,” Dr. Gill said. “The risk of HIV in a unit of blood is now about one in a million.”

Another result of the blood borne AIDS virus study was the improvement of treatment products for hemophilia patients. Manufacturers began instituting virus inactivation steps, effectively eliminating HIV from their products by about 1983-84.

Dr. Gill is currently concentrating her research on other complications of hemophilia. She is working on a study of hemophilia patients who develop antibodies that reject their clotting treatments. Defining why some patients develop antibodies and others do not could lead to prevention and treatment of the antibodies.

She is also co-investigator with Dr. Montgomery, now Professor of Pediatric Hematology at the Medical College, on an NIH-funded investigation of the clinical and molecular biology of von Willebrand disease, a bleeding disorder that causes easy bruising, nosebleeds and menorrhagia. Other research includes a study with Ron Hines, PhD, Professor of Pharmacology and Toxicology at the Medical College, on genetic factors involved in how individuals metabolize anticoagulants used to prevent blood clots. She is also involved with the CDC’s new program to learn more about women with bleeding disorders.
ALUMNI NEWS wants to publish news of your professional and personal accomplishments and activities. Please send updates (including graduation year and current position) to: Medical College of Wisconsin Office of Alumni Relations 8701 Watertown Plank Road Milwaukee, WI 53226, fax at (414) 955-6699 or e-mail alumni@mcw.edu

1960s
Edward G. Kelly, MD ’67, was honored Jan. 31, 2009, with the Physician Volunteer Award by the Allegheny County Medical Society. A retired orthopaedic surgeon, Dr. Kelly has worked with Catholic Charities to oversee the building of its Free Health Care Center, which opened in downtown Pittsburgh in November 2007. As the center’s Medical Director, he has helped expand its operations from three to five days a week, providing free care to nearly 2,200 of the region’s uninsured. He continues to oversee day-to-day operation of the center as well as recruitment and credentialing.

Michael A. Stocker, MD ’68, GME ’69, MPH, has been appointed the new Chairman of the Board of the New York City Health and Hospitals Corporation by New York City Mayor Michael R. Bloomberg. The 16-member board oversees the corporation, which is the nation’s largest municipal health care system. A retired internist, Dr. Stocker was most recently President and CEO of Empire Blue Cross Blue Shield, and after the company was acquired by WellChoice in 2005, he served as President and Chief Executive of its eastern region before retiring in 2006.

1970s
Robert Wondergem, PhD ’77, Professor of Physiology at East Tennessee State University’s (ETSU) James H. Quillen College of Medicine, has been named Executive Director of the ETSU Research Foundation. The foundation administers intellectual property, real property used for research and development, and other financial matters involving research at ETSU. It accepts and oversees selected contracts and grants from private industry, foundations and other non-governmental agencies. Dr. Wondergem joined the Quillen College in 1978 and taught its inaugural class of medical students. During his tenure, he has trained numerous graduate students while continuing his research into the mechanisms by which intracellular calcium and membrane ion channels contribute to the growth, migration and metastasis of various cancer cells.

Zeljko J. Bosnjak, PhD ’79, received the American Society of Anesthesiology (ASA) 2008 Excellence in Research Award. The award is given annually to one candidate in recognition of research that has led to the advancement of the science and clinical practice of anesthesiology. Dr. Bosnjak’s research has led to a better understanding of the cellular mechanisms of anesthetic action and the cardiovascular response to anesthetic drugs. He is Professor of Anesthesiology and of Physiology and Vice Chairman of Research in the Department of Anesthesiology at The Medical College of Wisconsin.

1980s
Arthur R. Derse, MD, GME ’83, JD, is this year’s recipient of the American Society for Bioethics and Humanities’ Distinguished Service Award. Dr. Derse is Director of Medical and Legal Affairs and Associate Director of the Center for the Study of Bioethics at The Medical College of Wisconsin. He is also Director of the Medical Humanities program and Professor of Bioethics and of Emergency Medicine at the Medical College.

Andrew Haig, MD ’83, received the 2008 Distinguished Clinician Award from the American Academy of Physical Medicine and Rehabilitation. The award honors individual physiatrists who have achieved distinction on the basis of their scholarly level of teaching and their outstanding performance in physiatric patient care. Dr. Haig is tenured Professor of PM&R at the University of Michigan, where his clinical work focuses on spinal disorders and electrodiagnostic testing. His research has focused on multidisciplinary team assessment of disability, international/industrial rehabilitation and the physiology of back muscles. Among his many accomplishments, Dr. Haig founded the University of Michigan Spine Fellowship, developed an award-winning inpatient rehabilitation program and an occupational medicine program in private practice and is the founding president of the International Rehabilitation Forum, a not-for-profit consortium of academic rehabilitation programs.

Mary E. Cronin, MD, GME ’84, received the 2008 Lifetime Achievement Award from the Wisconsin Chapter of the Lupus Foundation of America. The award is the organization’s highest honor and recognizes those who have made considerable and longstanding contributions to the Lupus Foundation of America and patients coping with lupus and related diseases. In addition to caring for lupus patients for 25 years, Dr. Cronin, Associate Professor of Medicine (Rheumatology) at The Medical College of Wisconsin, has overseen numerous clinical trials for rheumatic illnesses, including lupus.

Nancy Szatkowski, PhD ’84, was appointed to the Ozaukee County Board to fill the remainder of the term of a departing board member, which runs through April 2010. Dr. Szatkowski is a freelance photographer, and her degree is in pathology.

Tom P. Aufderheide, MD, GME ’86, has received the 2008 Award for Outstanding Contribution in Research from the American College of Emergency Physicians. The award recognizes his many accomplishments and significant impact on the practice of emergency medicine. Dr. Aufderheide is Professor of Emergency Medicine at The Medical College of Wisconsin. He is Associate Chair for Research Affairs and Director of the National Institutes of Health-funded Resuscitation Research Center and Co-Director of the Adult Translational Research Unit at the Medical College. Dr. Aufderheide is an internationally recognized researcher in emergency cardiac care.

1990s
Eric Woodard, MD, Fel ’91, has been appointed Chief Medical Officer of InVivo Therapeutics Corporation, a
Army Lt. Col. Michael K. Rosner, MD ’95, was recognized by the Green Bay Packers at the Dec. 28, 2008, football game vs. the Detroit Lions at Lambeau Field as part of Operation Fan Mail. Dr. Rosner is Chief of Neurosurgery at Walter Reed Army Medical Center in Washington, D.C. He also is Program Director for the National Capital Consortium Neurological Surgery residency program and Director of the military’s Blast Spinal Column Injury Program. He was deployed to Baghdad, Iraq, in 2005 during Operation Iraqi Freedom as part of the 207th Neurosurgery Team attached to the 86th Combat Support Hospital. Operation Fan Mail is a program of the Packers and Festival Foods that recognizes military families at each Packers home game and salutes the family on the field during pre-game activities. Dr. Rosner is pictured at the game with his wife, Maj. Inger Rosner, and two sons, Jacob and Nate.

Jennifer Thomas, MD ’93, GME ’96, is a general pediatrician at Wheaton Franciscan Healthcare in Racine, Wis. She is a specialist in breastfeeding medicine, a board-certified lactation consultant and was just elected Vice-Chief of the Chapter Breastfeeding coordinators for the Section on Breastfeeding for the American Academy of Pediatrics. She will assume Chief responsibilities later in the year. Dr. Thomas was also recognized as a Fellow of the Academy of Breastfeeding Medicine in 2008. She is currently pursuing an MPH degree from The Medical College of Wisconsin. Her activities also include distance running and maintaining her Web site, www.drjen4kids.com. She and her husband, psychiatrist Upton Thomas, MD ’00, GME ’04, have three sons.

Subhajit Datta, MD, Fel ’94, has joined the medical staff of Marion General Hospital in Marion, Ohio. A cardiothoracic surgeon, Dr. Datta provides open-heart surgery and angioplasty services. He is associated with CRB of Ohio, Inc., in Columbus.

Jerald Marifke, MD ’94, GME ’97, has been appointed Assistant Professor of Medicine (Endocrinology, Metabolism and Clinical Nutrition) at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. Dr. Marifke’s clinical interests include evaluation and management of male hypogonadism.

Yan Zhang, PhD ’94, has joined NuGen Technologies, Inc., as Vice President of Marketing. Based in San Carolos, Calif., NuGen is a privately held company that develops and commercializes nucleic acid amplification and sample preparation systems. In the position, Dr. Zhang is responsible for leading NuGen’s growing presence in small and/or degraded RNA sample preparation solutions in addition to new, strategic markets for the company’s flagship amplification technology.

Mark Howard, MD ’95, has joined the medical staff at Progress West HealthCare Center in O’Fallon, Mo. Dr. Howard is a family practitioner and a diplomate of the American Board of Family Medicine. His clinical interests include pediatrics, sports medicine, preventive care, weight management and osteoporosis.

Thomas Heinrich, MD ’96, GME ’01, has been appointed Vice Chairman for Clinical Services in the Department of Psychiatry and Behavioral Medicine at The Medical College of Wisconsin, where he is an Associate Professor. In this position, he oversees development of the department’s academic specialty and subspecialty clinical programs. Dr. Heinrich also serves as Chief of Consultation Psychiatry at Froedtert Hospital and Director of the Division of Psychosomatic Medicine.

Charles E. Cady, MD ’97, has been appointed Medical Director of the Wisconsin Emergency Medicine Services (EMS) and Trauma Care System. Dr. Cady is Assistant Professor of Emergency Medicine at The Medical College of Wisconsin, which was awarded the contract for this state system. Dr. Cady is also the Medical Director for the Kenosha Fire Department, Assistant Director of Medical Services for the Milwaukee County EMS system and Medical Director for the Workplace Automatic Defibrillator Program.

Stephen Kurtin, MD ’97, GME ’02, and his wife, Traci, have relocated back to Wisconsin after practicing medicine in Phoenix, Ariz., for the last six years. Dr.
Kurtin has joined the Blount Orthopaedic Clinic in Milwaukee. He and Traci have four children – Lindsay, Mackenzie, Maya and Brendan.

George Harold Waxter, MD ’97, is continuing his work as a locum tenens physician in Hawaii, now on the island of Oahu. Originally working as a hospitalist, he is now in various outpatient clinics there. Dr. Waxter has also engaged in ocean swimming to several offshore islands, hiking and cliff jumping as well as a shark cage dive and a swim with dolphins.

Stephen Martinez, MD ’98, has been appointed Medical Director of Occupational Medicine at Primary Health Medical Group. He serves as Director of Urgent Care for the group and sees patients at the group’s specialist center in Boise, Idaho. Dr. Martinez is a diplomate of the American Board of Family Medicine and a member of the American Academy of Family Physicians.

Marcie Berger, MD, GME ’99, has been appointed Assistant Professor of Medicine (Cardiovascular Medicine) at The Medical College of Wisconsin and to the medical staffs of Froedtert Hospital and Waukesha Memorial Hospital. Dr. Miller’s clinical interests include catheter-based treatments for atrial fibrillation and pacing therapies for congestive heart failure.

Anand Krishnan, MD ’99, completed a fellowship in pediatric neurology at University of California-San Francisco in 2006. He has since been practicing at Kaiser Permanente in Oakland, Calif. He is married to Kristine Krishnan (since 2003) and they have two children, Dhaliya, 3, and Safiyyah, 1.

2000s

John Houle, MD ’00, completed his plastic surgery residency at Southern Illinois University in 2006. He earned board-certification in 2008 and is currently in private practice in St. Cloud, Minn. Dr. Houle specializes in microsurgical free-tissue transfer and body contouring surgery. He has one son, 5-year-old William, and he continues to enjoy hunting and fishing.

Chad Huberty, MD ’00, finished his family practice residency at University of Pittsburgh Medical Center in 2003 followed by a year of locum tenens work as both an outpatient clinician and hospitalist in Tappahannock, Va., Hagerstown, Md., and Myrtle Beach, S.C. While in Myrtle Beach in 2004, he was offered an opportunity to take over the practice of an internist who was moving away. Dr. Huberty has since been in private practice with Carolina Health Specialists, a large, multispecialty group. He married Wendi (a Myrtle Beach native) in June 2008.

Cresta Wedel Jones, MD ’01, recently completed a fellowship in maternal-fetal medicine at the University of Vermont. She has begun work as an attending perinatologist with the Wheaton Franciscan Group in Milwaukee.

Trevor Miller, MD ’01, has been appointed Assistant Professor of Obstetrics and Gynecology at The Medical College of Wisconsin and to the medical staffs of Froedtert Hospital and Waukesha Memorial Hospital. Dr. Miller is a perinatologist caring for high-risk patients, and his clinical interests include bleeding or clotting disorders as well as kidney and cardiovascular complications in pregnancy.

Arvind P. Pathak, PhD ’01, is Assistant Professor of Radiology and Oncology at the Johns Hopkins University School of Medicine.

Carley Davis, MD ’02, has been appointed Assistant Professor of Urology at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. Her clinical interests include general urology and treatment of kidney stones.

Peter Drobac, MD ’02, is working with Partners in Health (PIH), a social justice organization that aims to improve health in some of the world’s poorest settings. He is an internist, pediatrician and infectious disease specialist in the Division of Global Health Equity at Brigham and Women’s Hospital, a teaching affiliate of Harvard Medical School. In addition to teaching social medicine at Harvard and serving as a faculty advisor to the Harvard Global Health Delivery Project, Dr. Drobac works with PIH to strengthen the health system in Rwanda.

Ruta Bajorunaite, PhD ’03, has been appointed Assistant Professor of Population Health (Biostatistics) at The Medical College of Wisconsin. Her research interests include survival analysis and competing risks. She previously held an adjunct faculty position at the College and was assistant professor of mathematics and computer science at Marquette University.

Nima Shemirani, MD ’04, was a member of a three-person team of Medical College of Wisconsin Otolaryngology and Communication Sciences residents that won the American Academy of Otolaryngology-Head and Neck Surgery Foundation’s second annual Academic Bowl. The competition involved four teams that competed in a clinically oriented test of knowledge. Also on the team were Chris Cederberg, MD, and Ericka King, MD.

William R. Smith, MD, GME ’04, was named the University of Wyoming’s College of Health Sciences’ 2008 outstanding alumnus for its Division of Medical Education. Dr. Smith was part of the inaugural WWAMI medical school class (a publicly supported medical education partnership between Wyoming, Alaska, Montana, Idaho and the University of Washington School of Medicine). Dr. Smith was chief resident during his training at The Medical College of Wisconsin and is board-certified in emergency medicine. He is now Medical Director for Grand Teton National Park, Teton County Search and Rescue, and Jackson Hole Fire/EMS. A major in the U.S. Army Reserve, he was expected to complete his second deployment to Iraq in January.

Brad Thiel, MD ’04, has been appointed Assistant Professor of Psychiatry and Behavioral Medicine at The Medical College of Wisconsin and to the medical staff of Clement J. Zablocki VA Medical Center. His clinical interests include adult psychiatry.

Seth Foldy, MD, MPH ’05, has been appointed to the Institute of Medicine’s Committee on Effectiveness of National Biosurveillance Systems. Dr. Foldy is
Associate Clinical Professor of Family and Community Medicine and Population Health at The Medical College of Wisconsin.

Betsy Manor, MD ’05, has been appointed Assistant Professor of Family and Community Medicine at The Medical College of Wisconsin and to the medical staff of Columbia St. Mary’s Hospital. Her clinical interests include maternity care, reproductive health and adolescent medicine.

Elizabeth (Nelson) Miller, MD ’05, is currently Chief Medicine Resident at the University of Minnesota School of Medicine and will begin a pulmonary/critical care fellowship there in July 2009.

Priya Pais, MD, GME ’05, has been appointed Assistant Professor of Pediatric Nephrology at The Medical College of Wisconsin and to the medical staff of Children’s Hospital of Wisconsin. Her clinical interests include treatment of acute and chronic kidney disease in children, related heart complications and ambulatory blood pressure monitoring to manage high blood pressure.

Joseph Bovi, MD, GME ’07, has been appointed Assistant Professor of Radiation Oncology at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. Dr. Bovi’s clinical interests include general radiation oncology and, specifically, tumors of the central nervous system.

Niles Roberts, MD, GME ’07, has been named the 2008 recipient of the American Association of Neuromuscular and Electromdiagnostic Medicine’s Golseth Young Investigator Award. Dr. Roberts’ project, Measuring Sensory Nerve Action Potential Electrical Power, was selected from among many applicants for the award, which is presented annually for original research in clinical neurophysiology. Dr. Roberts is a research fellow in Physical Medicine and Rehabilitation at The Medical College of Wisconsin.

Titus Chang, MD, Fel ’08, has joined the Department of Allergy at Dreyer Medical Clinic of Aurora, Ill. Dr. Chang’s clinical interests include allergy and immunology, childhood asthma and food allergies, and immune deficiencies. He is also affiliated with Provena Mercy and Rush-Copley Medical Centers.

Gagan Kumar, MD, MA, Fel ’08, has been appointed Assistant Professor of Medicine (General Internal) at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. Dr. Kumar’s clinical interests include inpatient hospital medicine. His research interests include hearing sciences.

Horatiu Olteanu, MD, PhD, Fel ’08, has been appointed Assistant Professor of Pathology at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. Dr. Olteanu’s clinical interests include diagnostic hematopathology. His research interests include exploring new ways to improve the diagnosis, prognosis and treatment of blood diseases through a combination of methods, such as molecular analysis.

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

Frank P. Falsetti, MD ’42, of Ft. Myers, Fla., died Nov. 20, 2008. He was 93 years old. A pathologist, Dr. Falsetti served in the U.S. Army, trained at Mayo Clinic and practiced in Milwaukee from 1951 to 1981. He and his wife, Mary enjoyed 27 years of retirement on Sanibel Island, Fla., and in Ft. Myers. Mary preceded him in death last year. Dr. Falsetti’s survivors include seven children and nine grandchildren.

Edwin W. Prentice, MD ’42, of Reno, Nev., died June 13, 2008. He was 91 years old. After serving in the U.S. Army during World War II as a captain in the medical corps, Dr. Prentice joined a family practice in Muskegon, Mich. He relocated his practice to Reno in 1965 and retired from medicine in 1992. His survivors include his wife, Sonja; two sons; three daughters; one stepdaughter; and 18 grandchildren.

Richard K. Chambers, MD ’46 (November), died Nov. 20, 2008, at Shorehaven Health Center in Oconomowoc, Wis. He was 85 years old. Dr. Chambers was a retired family physician in practice for more than 48 years. He was active in his church and an advocate for preservation of the planet. He was preceded in death by his wife, Helga, and two sons. His survivors include four sons, three daughters, 17 grandchildren and 10 great-grandchildren.

Thomas C. Puchner, Sr., MD ’46 (November), Fel ’58, formerly of Elm Grove, Wis., died Oct. 14, 2008. He was 85 years old. Dr. Puchner practiced as a non-invasive cardiologist for more than 40 years, including at St. Joseph’s Hospital in Milwaukee. He served as a Navy flight surgeon during the Korean Conflict. Dr. Puchner was an avid golfer and fisherman as well as a life-long, loyal Notre Dame supporter and alumni. His survivors include his wife, Dorothy; five children, including Thomas C. Puchner, Jr., MD ’84, GME ’87, and John D. Puchner, MD ’89; and 14 grandchildren.

Jack E. Groh, MD ’52, of Phoenix, Ariz., died on his wedding anniversary, July 8, 2008, while visiting his grandchildren in Alaska. He was 83 years old. Dr. Groh began a family practice in Milwaukee in 1951 before moving his family to Phoenix and continuing his practice in Scottsdale until his retirement in 1994. He was preceded in death by his wife, Laverne, and a son. His survivors include two sons, three grandchildren and two great-grandchildren.

Edward G. Colbert, MD ’53, of Camarillo, Calif., died July 20, 2008. He was 81 years old. Dr. Colbert first became interested in mental health while serving in the U.S. Navy as a hospital corpsman during World War II. Following his training in psychiatry, he began his career in 1959 as Director of the Xavier Clinic at St. John’s Hospital in Santa Monica, Calif., the medical center’s first psychiatric service. Shortly after moving to private practice in 1961, he...
published the first American article on the use of lithium to treat bipolar disease in the *Journal of the American Medical Association*. The exposure from that finding led to many speaking roles and leadership opportunities with numerous professional organizations, including President of the Los Angeles County Medical Association, Bay District. After his retirement in 1993, Dr. Colbert redirected his energies to humanitarian projects in the U.S. and Mexico, public health affairs, church activities and politics. Dr. Colbert was preceded in death by his first wife, Mary Therese. His survivors include his second wife, Mary Dady; seven children; four step-children; and nine grandchildren.

**Richard Lose, MD ’53,** of Sonoma, Calif., died Nov. 3, 2008. He was 84 years old. An enlisted Marine, Dr. Lose attended medical school on the G.I. Bill and trained in family medicine. While in practice in Sonoma, he served two terms as Chief of Staff at Sonoma Valley Hospital, was President of the Sonoma County chapter of the American Academy of Family Physicians as well as delegate, and a board member of Blood Bank. Dr. Lose retired from active medical practice in 1994 but continued with locum tenens work for another 10 years. He was active in the Sonoma Garden Club and honored as a life member, and he volunteered with the Boy Scouts. His survivors include his wife of 56 years, Florence; two daughters; one son; and five grandchildren.

**Raymond M. Shirley, MD ’55,** of Duluth, Minn., died July 14, 2008. He was 80 years old. Dr. Shirley was a radiologist who returned after retirement to continue practicing in a community hospital. A U.S. Navy veteran, he was a fourth-degree Knight of Columbus and a volunteer with Inter-Group. He was an accomplished pianist and enjoyed gardening, reading and theater. His survivors include his wife, Charlotte; six children; and eight grandchildren.

**John P. Mullooly, MD ’60, MS ’59,** of Wauwatosa, Wis., died Oct. 21, 2008. He was 78 years old. Following his training, Dr. Mullooly practiced internal medicine at St. Joseph’s Hospital in Milwaukee from 1964 until his retirement in 1998. He was Assistant Clinical Professor of Medicine at The Medical College of Wisconsin from 1966-94. He was Past President of the Wisconsin Society of Internal Medicine, Milwaukee Academy of Medicine, Milwaukee Catholic Physicians’ Guild, Milwaukee Internists’ Club and the Wisconsin Medical Society.

Dr. Mullooly was also a delegate to the American Medical Association and the editor of the *Marquette Medical Review* and the *Linacre Quarterly* for more than 36 years. He was preceded in death by his wife of more than 45 years, Mary Evelyn. His survivors include six children and 13 grandchildren.

**Donald Kullerstrand, MD ’61,** of Oregon, Wis., died Nov. 1, 2008. He was 81 years old. Dr. Kullerstrand was an obstetrician at Webster Clinic in Green Bay, Wis., and later opened his own practice before retiring in 1992. He served in the U.S. Army in Korea for two years and was active in the church. His survivors include his wife, Evelyn; three daughters; two sons; and 12 grandchildren.

**John A. Kenny, MD ’60, GME ’66,** of Mequon, died June 17, 2008. He was 73 years old. Dr. Kenny maintained a private practice at the Dermatology Clinic in Green Bay for 38 years. His survivors include his wife of 47 years, Judith; four children; and one grandson.

**Donald Masse, MD ’64,** of Oak Park, Mich., died from leukemia June 19, 2008, at his winter home in Lakeland, Fla. He was 73 years old. Dr. Masse was a partner in a Detroit obstetrics and gynecology practice for more than 30 years. Before his retirement in 2003, he was a member of the Detroit Medical Society and served for more than 20 years as a clinical teacher of medical residents. Dr. Masse served in the U.S. Army and was a member of the Cypress Lakes Veterans Association in Lakeland. His survivors include his wife of 44 years, Mary; one son and one daughter.

**Thomas E. Lass, MD ’67, GME ’71,** of Brookfield, Wis., died Dec. 8, 2008. He was 67 years old. Dr. Lass served in the U.S. Army from 1971-73 before returning to the Milwaukee area to practice anesthesiology at St. Joseph’s Hospital. He joined West Allis Memorial Hospital in 1976, where he stayed for more than 25 years, introducing many of today’s advanced interventional pain management procedures. He joined Advanced Pain Management in 2002 to devote his practice to this field. He was also associated with Elmbrook Hospital and St. Luke’s Medical Center. Among his many professional memberships were the American Medical Association, the American Society of Anesthesiologists, and the American Society of Interventional Pain Physicians. He loved golf, travel and photography. His survivors include his wife, Susan; three children; and three grandchildren.

**Philip J. Hinton, MD ’71,** of Johnson City, Tenn., died May 4, 2008. He was 63 years old. Dr. Hinton was a surgeon who operated a private practice in Johnson City for 30 years before joining the staff at the VA Medical Center in October 2007. Dr. Hinton served in the U.S. Navy. He was a cancer survivor and often participated in the Relay for Life, for which he had previously served as grand marshal. He was an avid supporter of Lance Armstrong’s Live Strong Campaign and a cycling enthusiast who had traveled across the state of Virginia on his bike. His survivors include his wife of more than 28 years, Vicki; a daughter; and a son.

**William M. Tombari, MD ’75,** of Derry, N.H., died Oct. 7, 2008, following a brief battle with cancer. He was 59 years old. Dr. Tombari was a senior partner in Derry Pediatrics and had served as Chairman of the Board for Parkland Medical Center. He enjoyed golf, skiing and woodworking. His survivors include his wife, Sandra, and three children.

**Santosh Balah, MD, GME ’76,** of Greendale, Wis., died Sept. 9, 2008. She was 64 years old. Dr. Balah served as Director of Rehabilitation at St. Francis Hospital in Milwaukee for many years where her patients included those with orthopaedic, stroke and spinal injuries. She most recently worked as a staff physician with Advanced Pain Management from 2002-05. In the community, she was a founding supporter and remained active with the Hindu Temple of Wisconsin. Her survivors include her husband, Rajinder, and a daughter.

**Lee Alan Pavlicek, MD, GME ’91,** of Naperville, Ill., died Oct. 11, 2008, at home after a courageous battle with brain cancer. He was 48 years old. Dr. Pavlicek was an anesthesiologist at Edward Hospital in Naperville. His survivors include his wife of 15 years, Donna, and four children.
Alumni events

Alumni dinners
Tucson, March 2, 2009
Oshkosh, April 21, 2009

Specialty receptions
American College of Physicians
April 23, 2009
Backup date: April 24, 2009

Alumni Association Board meeting
May 1, 2009

Symposium for Senior Physicians
May 19, 2009

Bob Herzog Alumni Scholarship Golf Classic
Aug. 17, 2009

For more information about alumni events, contact us by:
Phone: (414) 955-4781
E-mail: alumni@mcw.edu
Internet: www.mcw.edu/alumni and click on Alumni Programs

2009 Alumni Weekend
May 1 – 2

Friday
2009 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 Jonathan I. Ravdin, MD
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 1959
50-year Reunion
May 15 – 16

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
8701 Watertown Plank Road
P.O. Box 26509
Milwaukee, WI 53226-0509
414-456-4781
alumni@mcw.edu

Together Again

May 1 - 2
Milwaukee, WI
Join the party

Alumni Weekend 2009
See page 23 for more information