She’ll be coming ’round the mountain

Alumna climbs to post as Denali Medical Director

Physicians consider antibiotics resistance when prescribing

Increased demand stretches resources of free clinics
From innovative ideas to infrastructure, many factors contribute to fulfilling an ambitious mission like the Medical College's to advance patient care, make new discoveries, educate the next generation of physicians and improve the health of our community. Nothing is more important, however, than having talented and engaged faculty. Leadership is essential to guiding their efforts and meeting the College's strategic goals. During my first year-and-a-half as Dean, following extensive national searches, the College has recruited five new department chairs and a Senior Associate Dean for Clinical Affairs.

The first was internationally recognized skin cancer biology researcher Sam T. Hwang, MD, PhD, Chairman and Professor of Dermatology. He joined the College from the National Cancer Institute in Bethesda, Md.

Next, Douglas Evans, MD, was appointed the Donald C. Ausman Family Foundation Professor of Surgery and Chairman of Surgery. A widely respected cancer surgeon specializing in pancreatic cancer and tumors of the endocrine system, Dr. Evans was recruited from the University of Texas M.D. Anderson Cancer Center in Houston.

Already an established faculty leader at the Medical College, Dennis J. Maiman, MD '77, PhD, GME '82, Fel '84, was selected as Chairman of Neurosurgery. He is an internationally recognized expert in spinal disorders and spinal cord injury.

Janet Rader, MD, Chairman and the Jack A. & Elaine D. Klieger Professor of Obstetrics and Gynecology, also leads the Women's Health Research Program. Coming from the Washington University School of Medicine in St. Louis, Dr. Rader is a gynecologic oncologist and geneticist focused on the genetic epidemiology and treatment of cervical, ovarian and endometrial cancers.

Most recently, John A. Corbett, MD, Chairman and Professor of Biochemistry, was recruited from the University of Alabama, Birmingham. He is an expert in the mechanisms of B-cell destruction, particularly related to the pathogenesis of type I diabetes mellitus.

Lastly, Jon Pryor, MD, MBA, Senior Associate Dean for Clinical Affairs and CEO of Medical College Physicians, was the former Chairman of Urologic Surgery at the University of Minnesota and a consultant in health care for McKinsey and Company.

Together with administration, new and established faculty leaders will be instrumental in ensuring programmatic growth and the success of the Medical College's strategic plan.

Jonathan I. Ravdin, MD
Dean and Executive Vice President

In the fall, I gave an address at the Medical College’s Convocation that summarized my reflections on transformational leadership. It is a subject to which I have given much thought, especially since I made my decision to retire as President and CEO at the end of this school year or after a successor is chosen.

True leadership is future-oriented. Through self-reflection, consultation and change, leaders should find a new place of truth within themselves that propagates service, connection and action. They must develop a vibrant platform from which to conduct their lives, a capacity for outreach, a commitment to right action, a reverence for truth and a willingness to accept daunting challenges and obstacles along the way.

We all have a stake in the progress of the Medical College, but as alumni, faculty and staff of an academic medical center, we have a vested interest in the success of our country’s health care delivery system. We join many bright minds engaged in the challenge of reform, but we must not only be present for this dialogue. We must help lead it.

The nation entrusts the health of its people to us – the academic health centers. We continue to educate and train the providers of the care that will help alleviate the suffering of disease. Medicine must speak for the patient in advocating for a health care delivery system that provides reasonable cost, improved access and high quality.

It is incumbent on academic medicine to ensure that whatever system is adopted by Congress – whether Democrat, Republican or Independent – is a system that centers on the needs of the patient. As an institution, the Medical College must vigorously develop the ways and means to be an example of how cost-effective, high quality health care can be delivered for all who come to us for it. To reach these goals, we must model and provide the type of leadership that can truly transform people and institutions for the better.

T. Michael Bolger, JD
President and CEO
She'll be coming 'round the mountain

As Medical Director for Denali National Park, alumna Jennifer Dow trains park rangers in emergency medical care techniques, patrols the mountain range to aid climbers and rangers, and helps perform high-altitude rescues on the tallest peak in North America. Remote locations and extreme conditions characterize her work on the mountain and impact the Anchorage hospital emergency department she staffs.

Classes represented in this story: '94

To Rx or not to Rx

As resistance renders various antibiotics useless against increasing numbers of infections, providers must carefully balance that public health concern with the individual needs of their patient. With experts citing overuse as the key factor in resistance, physicians practice prudence and evidence-based medicine when prescribing antibiotics and use education to manage patients’ expectations and misconceptions.

Classes represented in this story: '74, '80, '89, '93

Nice shoes & fresh vegetables

Demand for care at free clinics across the country has increased in step with a higher unemployment rate and more employers scaling back benefits to cope with a depressed economy. Free clinic leaders and volunteers demonstrate the need for creativity to acquire and stretch thinning resources as both public and private support have become scarce despite higher numbers of patients qualifying for assistance.

Classes represented in this story: '67, '70, '84, '93

Masters of disaster readiness

Three alumni use their expertise in emergency care, planning and public health to respond to various disasters at the federal, state and local level. Their actions help safeguard their communities and ensure the unknown doesn’t become the unmanageable.

Classes represented in this story: '58, '82, '96
Liver cells created from human skin cells by College scientists

Scientists at The Medical College of Wisconsin have successfully produced liver cells from patients’ skin cells, opening the possibility of treating a wide range of diseases that affect liver function. The study was led by Stephen A. Duncan, DPhil, the Marcus Professor in Human and Molecular Genetics and Professor of Cell Biology, Neurobiology and Anatomy, along with postdoctoral fellow Karim Si-Tayeb, PhD, and graduate student Ms. Fallon Noto.

Liver disease is the fourth leading cause of death among middle-aged adults in the United States. When liver function goes awry, it can result in a wide variety of disorders including diabetes and atherosclerosis and in many cases is fatal.

The Medical College research team generated patient-specific liver cells by first repeating the work of James Thomson and colleagues at the University of Wisconsin-Madison, who showed that skin cells can be reprogrammed to become cells that resemble embryonic stem cells. They then tricked the skin-derived stem cells into forming liver cells by mimicking the normal processes through which liver cells are made during embryonic development.

Although the investigations are still at an early stage, the researchers believe the reprogrammed skin cells could be used to investigate and potentially treat metabolic liver disease. The liver may be particularly suitable for stem-cell-based therapies because it has a remarkable capacity to regenerate.

Radiation dose reduced with newly discovered CT technique

Radiologists at The Medical College of Wisconsin have discovered that prospective electrocardiogram (ECG) gating allows them to significantly reduce the radiation dose patients receive during computed tomography (CT) angiography, a common, noninvasive technique used to evaluate vascular disease. ECG gating is a method of capturing images of the heart and great vessels when there is the least movement.

The study results are published in the October issue of the American Journal of Roentgenology. Medical College researchers at Froedtert Hospital compared the use of retrospective ECG gating (when the radiation beam is on constantly) and prospective ECG gating (when the radiation beam is turned on only intermittently) during CT angiography.

W. Dennis Foley, MD, Professor of Radiology and Chief of the Froedtert & The Medical College of Wisconsin digital imaging section, was lead author of the study.

AIDS intervention research to continue with new NIMH grant

The Medical College of Wisconsin’s Center for AIDS Intervention Research (CAIR) received a five-year, $11.16 million grant from the National Institute of Mental Health to continue its HIV prevention research.

A national and international resource in AIDS prevention, CAIR faculty and staff develop, conduct and evaluate new interventions to prevent HIV among people most vulnerable to the disease. Research findings are disseminated to the scientific community and also directly to service providers so they can integrate behavioral and social science advances in their service programs to reduce the public health toll of HIV/AIDS. CAIR’s research also focuses on the prevention of adverse health and mental health outcomes among people living with HIV infection and their loved ones.

CAIR is one of only five HIV behavioral research centers in the country designated by the NIMH, a distinction the center has held since 1994. Jeffrey A. Kelly, PhD, Professor of Psychiatry and Behavioral Medicine and Director of CAIR since its inception, is principal investigator for the renewal grant.
Study shows Transcendental Meditation has positive effects

Patients with coronary heart disease who practiced the stress-reducing Transcendental Meditation® technique had nearly 50 percent lower rates of heart attack, stroke and death compared to non-meditating controls, according to results of a first-ever study presented during the American Heart Association’s annual meeting in November. The trial was sponsored by a $3.8 million grant from the National Heart, Lung and Blood Institute and was conducted at The Medical College of Wisconsin in collaboration with the Institute for Natural Medicine and Prevention at Maharishi University of Management in Fairfield, Iowa.

The nine-year, randomized control trial followed 201 African American men and women, average age 59 years, with narrowing of arteries in their hearts who were randomly assigned to either practice Transcendental Meditation or to participate in a control group that received health education classes in traditional risk factors. All participants continued standard medications and care.

The study found:
- a 47-percent reduction in the combination of death, heart attacks and strokes in the participants.
- clinically significant reduction in blood pressure associated with decrease in clinical events.
- significant reductions in psychological stress in the high stress subgroup.

Theodore Kotchen, MD, Professor of Medicine and Associate Dean for Clinical Research, was co-author of the study.

Alumnus faculty member elected to Institute of Medicine

Tom P. Aufderheide, MD, GME ’86, was one of 65 people in the U.S. and five foreign associates elected to membership in the Institute of Medicine (IOM) of the National Academy of Sciences. Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. Dr. Aufderheide, an internationally recognized researcher in emergency cardiac care is Professor of Emergency Medicine and Associate Chair of Research Affairs for Emergency Medicine at the Medical College.

Genetic link between stress and high blood pressure found

New international research has, for the first time, established a link between a novel gene, phosducin, and the blood pressure response to stress in mice as well as humans. The studies were directed by scientists at the University of Freiburg and Muenster in Germany and The Medical College of Wisconsin, in collaboration with other institutions in Europe and Canada. The results were first published online in the *Journal of Clinical Investigation* in advance of the print issue.

The German team found that mice lacking the phosducin gene developed high blood pressure under various conditions of stress. The findings were then tested using DNA from 342 African Americans enrolled in an ongoing high blood pressure study at the Medical College and 810 French Canadians at the University of Montreal. The volunteers were then asked to perform certain standardized stress-related activities, which confirmed the beneficial action of the gene in humans.

### LEADERSHIP UPDATE

**New Chairman of Biochemistry appointed**

John A. Corbett, PhD, joined the Medical College in December as Chairman of Biochemistry. He comes to the Medical College from the University of Alabama-Birmingham, where he was Professor of Medicine (with joint appointments in the departments of Cell Biology, Microbiology and Immunology and Pathology) and held the Nancy R. and Eugene C. Gwaltney Family Endowed Chair in Juvenile Diabetes Research. Dr. Corbett directed the Comprehensive Diabetes Center at UAB.

Dr. Corbett has served on multiple editorial boards and National Institutes of Health Study Sections, has a long history of extramural support and has been an active mentor of PhD, MD/PhD and MD students. His research is directed at uncovering the mechanisms responsible for diabetes development. These studies focus on the mechanisms regulating metabolic function and health of insulin-secreting beta cells in the pancreas. His laboratory is also researching inflammation and the innate immune responses activated during virus infection.

After earning his PhD in biochemistry from Utah State, Dr. Corbett completed a postdoctoral fellowship at Washington University School of Medicine before joining the biochemistry faculty of St. Louis University. He joined UAB in 2007.
At 14,000 feet, base camp altitude for any high-mountain rescue on Denali, temperatures are continuously below freezing. Your hands are always cold, and fine dexterity is a challenge. National Parks Service rangers maintain two double walled tents, including one that is heated just above freezing to keep their radios working. Drinking water consists of melted snow, and solar panels must be moved three times a day to keep battery equipment charged.

Now imagine practicing medicine.
For several months a year – climbing season on and around the tallest mountain in North America – this is the office of Jennifer Dow, MD ’94. Since 2001, Dr. Dow has been the Medical Director for Denali National Park in Alaska, initially working with the south, mountaineering side but adding the responsibilities of the north side in about 2004.

“My responsibilities, both by design and by self-infliction, include training, participating in the training that the rangers do so that I can actually perform the same duties that they do, if need be, but also then providing the medical training for what they may encounter on Denali,” she said.

Extreme medicine
Dr. Dow trains the rangers to be able to perform emergency medical services in the event of a mountain rescue and also to care for themselves as they face the dangerous elements. At the time she started, the National Parks Service did not have a standardized set of protocols, so she developed her own, dictating what level of medical intervention the rangers could attempt and when they needed to refrain. The skills Dr. Dow teaches the rangers are comparable to those of an EMT, plus a set of extended skills for their unique environment.

In addition to being available to the rangers every hour of every day to provide medical advice and support by phone or radio dispatch, Dr. Dow also spends weeks at a time on the mountain as part of a rotating ranger patrol directly providing services to both the rangers and especially the many mountain climbers who test their resolve on Denali’s peaks.

“I take an exceptionally active role as the medical director because my own feeling is that I need to understand exactly what the rangers are doing and what extreme conditions they are going to find themselves facing vs. what I may be imagining that they’re facing, which is why I choose to spend so much time up on the mountain,” she said.

What Dr. Dow and the rangers do often see is altitude-related illness including high-altitude pulmonary edema and high-altitude cerebral edema. The debilitating nature of these conditions renders the climber unable to proceed up or down the mountain, so the ranger/medical team’s job is to get them back down to the base for recovery or transport. On Denali, the difficulty reaching the injured or ill person rivals that of providing care.

In 2008, they had a solo climber fall from a height of about 16,000 feet down a slope approximately 2,000 feet onto the Peters Glacier, which is the wrong side of that particular ridge. Rescue required the teamwork of myriad climbers whom the rangers recruited off the mountain to assist. Patrol teams usually consist of five people, but a significant rescue requires many more. This is where Dr. Dow notices a strong sense of community and mountain ethics on Denali.

“Climbers will stop what they’re
doing and help participate in a rescue,”
Dr. Dow said. “People from all over the
world will come together to haul ropes
and do what needs to be done to get
someone off the mountain safely, and
that is something that has been very
striking to me. The rangers I work with
are also very well trained. They are out
in the most extreme situations, and we
work with minimal equipment, and they
manage to pull off some amazing feats.”

The fallen climber was rescued by
the ranger team and in Dr. Dow’s care
within 11 hours, remarkable under the
circumstances. For that incident, she had
remained at high-altitude base camp
coordinating communications and med-
ical direction for the rescuers. She then
treated the patient through the night.

He survived.

The extreme conditions on the
mountain make every lesson Dr. Dow
conveys during pre-season medical
refresher courses and in-season training a
matter of safety and survival.

“You’re dealing with altitude, cold
and wind,” she said. “You have to be pre-
pared for the extreme conditions with the
right gear. Also, you have to be aware of
what all of your colleagues are doing –
making sure they are staying warm
enough, that they are staying fed, that
you don’t add additional victims to a res-
cue because we’re so focused on getting
whomever we are retrieving that we for-
get about taking care of ourselves.”

Dr. Dow had experience with moun-
taineering, skiing and survival skills from
Jennifer Dow, MD ’94, Medical Director for Denali National Park and emergency medicine physician, is pictured with the A-Star helicopter, used for rescues in the Alaskan mountain range.

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College’s 2009 Annual Report available to alumni

The 2009 Medical College of Wisconsin Annual Report is now available online or in print upon request. The report, titled Transforming Medicine, highlights examples of how the Medical College is transforming scientific advances, education and the health of people and communities.

View the report online at mcw.edu/AnnualReport2009.htm or obtain a printed copy from the Office of Public Affairs by calling (414) 955-4736 or e-mailing csathoff@mcw.edu.

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Jennifer Dow, MD ’94, Medical Director for Denali National Park and emergency medicine physician, is pictured with the A-Star helicopter, used for rescues in the Alaskan mountain range.
Approaching 50-year milestone, alumnus continues long history of giving back to the Medical College

It has been nearly 50 years since Robert J. Toohill, MD '60, donned his robes and walked to the front of a crowded auditorium to receive his medical school diploma. Only about three months remain before he relives that moment, and Dr. Toohill is working to encourage as many of his classmates as possible to join him in that unique experience.

Dr. Toohill is serving on his 50th reunion committee at The Medical College of Wisconsin, helping prepare for an anniversary that is celebrated by alumni participation in the Class of 2010’s commencement ceremony in May. As a local alumnus and Medical College faculty member, he thought it appropriate to be involved, and he is personally looking forward to reconnecting with old friends, many of whom he hasn’t seen since graduation.

“I’ve been here continuously since 1967,” he said. “Remembering what things were like when we left in 1960 and coming back to see this campus will be impressive to those who haven’t been here since.”

A full-time faculty member at the Medical College since 1978 and currently Professor of Otolaryngology and Communication Sciences, Dr. Toohill has forged a distinguished career and helped his department reach new levels of excellence.

He served as the department’s second ever Chairman from 1985-96. When he first started in that position, there were only three full-time faculty members in the department. By the time he stepped down as chairman, the full-time faculty had grown to 13, and they had become a leading referral center for otolaryngology in southeastern Wisconsin.

Today, the Department of Otolaryngology and Communication Sciences has 20 full-time clinical faculty, plus five PhD research faculty and is continuing to grow, which makes Dr. Toohill proud.

“We have recruited top-notch people – to a person they are very good doctors and good surgeons,” he said. “Our ability to attract patients as a referral center is quite firm. That’s good for our students and residents, but it’s especially good for our patients.”

The department’s commitment to collaborative research is also aligned with his interests. For 25 years, Dr. Toohill has studied the diagnosis and treatment for extravesophageal manifestations of gastroesophageal reflux, which can result in stomach contents infiltrating the throat, lungs, sinuses and even ear canals. He was one of the first to discover that reflux of stomach acid into the esophagus can be a cause of vocal problems.

With his research predominantly funded through the VA system, Dr. Toohill has become a nationally recognized expert on nasal and sinus diseases as well as laryngeal and swallowing diseases. He has a special interest in the voice box and helping patients with injured voice boxes regain productivity at work and home.

For the last seven years, Dr. Toohill has been a mentor to young faculty members in sinus diseases and the nose, voice and throat. The part-time responsibilities suit him well and he is still active in research and clinical care. Dr. Toohill’s commitment to the Medical College is evident in his financial support as well.

When he retired as chairman, alumni of the department established the Toohill Research Fund. Otolaryngology residents are required to do a research project, and this is the only fund supporting ENT residents. Over the past 10-12 years, it has raised close to $1 million. Former residents have helped sustain it, and Dr. Toohill is a frequent supporter.

“When residents come into the program, they don’t have the knowledge or wherewithal to get a research grant,” said Dr. Toohill, who is a Zeit Fellow. “To have this money available for their project is a valuable thing. There is much good that benefits a resident doing a research project, even if they are going into community practice.”

Dr. Toohill was president of the Alumni Association in 1990. He recalls writing a personal letter to every living member of the Class of 1960 at the time and enjoyed meeting and befriending alumni from many different classes. He now hopes members of his class and others will be generous in their support of the Medical College, including through the upcoming 1960 reunion gift. With competition continuing to stiffen for National Institutes of Health grant support, private funding is becoming increasingly important, and alumni have an opportunity to make a difference, he said.

MORE INFORMATION

The Class of 1960 50th Reunion Committee is chaired by Anthony P. Ziebert, MD ‘60, GME ’63, Fel ’64, and William G. Weber, MD ’60. For information on the Toohill Research Fund or other giving options call (414) 955-4700 or visit mcw.edu/giving.
Almost as impressive as the ability of antibiotics to treat some of the most threatening infections humans face is the ability of bacteria to develop resistance to those drugs. While drug resistance has always caused concern, the pace of pharmaceutical innovation had, for many years, outpaced microbial adaptation.

As antibiotic use continued unabated, however, and most pharmaceutical companies began to abandon antibiotic development due to increasingly staunch regulations and to pursue the more lucrative business of chronic disease medications, resistance reached unprecedented levels. The World Health Organization now cites microbial resistance among its top three global problems after lack of clean water and malnutrition.

While the ramifications are global, the roots, and potentially the solutions, are decidedly local.

“Antibiotics, which are still a wonderful tool in our armamentarium to treat illness, unfortunately are a tool we overused,” said Susan K. Rowe, MD ’80, a family practitioner at Midelfort Clinic in Eau Claire, Wis. “We trained the public to think there was an antibiotic to treat all infections. We overprescribed. Some of that overuse was considered good medical practice at the time.”

Ear infections are a good example, Dr. Rowe said. Physicians used to treat even fluid in the ear with antibiotics. Now, they more often try to educate patients, provide treatment for the pain and let the body resolve the infection on its own, knowing it can be revisited if needed.

Is it a virus or isn’t it?

Determining between viral and bacterial infection is a daily charge of the general practitioner, who constantly needs to balance the wider public health concern of antibiotic resistance with individual concern for providing appropriate care to a patient. The infectious disease community has consistently beat the drum for more judicious use of antibiotics, as they have long recognized the correlation between increased use and increased resistance.

“Antibiotics are a double-edged sword,” said Gary Doern, PhD ’74, Professor Emeritus of Clinical Microbiology at the University of Iowa, “You have to use them to treat infections, but their usage is going to lead to their obsolescence and create resistance. So what does that mean? It means that we simply have to be a little more circumspect about when we use antibiotics.”

Dr. Doern is an expert on antibiotic resistance and estimates more than half of antibiotic usage in community-based and ambulatory practice is not necessary. This includes prescriptions ordered not just by physicians, but other health care providers. Hospitals contribute, Dr. Doern said, not through overuse but by reliance on broad-spectrum antibiotics. Since it is unlikely that new antibiotics will be developed at any reasonable pace, he says practitioners must ask themselves two questions:

“Are you going to use an antibiotic in the first place, and if the answer to that is yes, which drugs do you choose?” he said. “And there is a whole lot of improvement on both fronts to be gained and together, we can hope to solve the problem.”

One of the key challenges is overcoming the lack of adequate diagnostic tests for many infectious diseases or the cost involved with those that do exist, doctors said.

“Unfortunately, the clinical manifestations of infections are notoriously
imprecise,” Dr. Doern said. “Patients don’t just walk in the door with a neon sign reliably defining themselves as having a bacterial infection that merits antibiotics vs. any of the other things that look exactly the same. So what we have long been taught is that when in doubt, do no harm.”

Practicing physicians say an emphasis on clinical-based medicine can help make these judgments more objective and hopefully, more precise. Knowing the prevalence of a viral vs. bacterial cause for cough, for example, is useful information as is a primary care provider’s knowledge of a particular patient’s history, including frequency of infections, said Michael R. Miller, MD ’89, GME ’93. Dr. Miller practices family medicine in Hubertus, Wis.

“I really try, if it’s borderline, to see if we can go without antibiotics and see if they improve with simple measures,” he said. “If not, we can always fall back on them. Some patients come in and it’s pretty obvious they need antibiotics, but for those that aren’t so obvious, it’s using evidence-based medicine, clinical judgment and leaning toward not using antibiotics if possible.”

**Demanding patients**

Patient expectations can also be misaligned with clinical wisdom. While some patients visit the clinic just looking for answers, others arrive with predetermined motives and demand antibiotics because they are convinced of their necessity.

“Some patients just want to make sure they don’t have strep,” Dr. Miller said. “It’s those coming in who are expecting antibiotics where I have to take more time to explain why they don’t need them.”

Dr. Rowe said patients often see a cause and effect relationship between antibiotic use and getting better, and it is hard to convince them otherwise, that their illness could or should resolve on its own. Robert J. Werra, MD ’57, a family physician in Ukiah, Calif., said patients in general aren’t concerned with the big public health picture; they are concerned about their own health.

“People want to get an antibiotic because they want to be cured, and they know antibiotics cure infections, and they have symptoms of infection,” he said. “So we always have the dilemma of are we going to give these people antibiotics or do we think it’s a virus and we’re not going to give you antibiotics and create drug resistant germs?”

Dr. Werra said he works to strike a balance between the individual and not contributing to the problem of resistance and relies on his clinical experience and observations to determine if antibiotics are justified or not.

“We’re torn between what science says is well documented and good for society and what we have as a primary obligation to our individual patient, and I admit that I tend to come down on the side of the individual,” he said.

**Teaching the public**

Jennifer Thomas, MD ’93, GME ’96, a pediatrician at Lakeshore Medical Group in Franklin, Wis., said she sees every contact with her patients and parents as an opportunity to educate about such topics as antibiotic use and resistance. She even operates a Web site, drjen4kids.com, that receives 70,000 hits a week and provides tools and information to help guide parental decisions and proper expectations.

Dr. Thomas, like many of her alumni colleagues, believes that educational efforts – particularly one-on-one dialogue between provider and patient – has had a positive effect on patient awareness of antibiotic resistance as well as when antibiotics are effective. She has seen expectations for antibiotics decline, but also has observed a new cycle beginning.

“I don’t see as much demand for antibiotics like I used to when I started 10 years ago, but during the H1N1 outbreak, everyone wanted antivirals,” she said. “The time it took to explain who was eligible reminded me of my early days in pediatrics. The same principles apply – we don’t need Tamiflu-resistant H1N1 because we overused it.”

Dr. Rowe said H1N1, interestingly, has helped reinforced the message that antibiotics are not a cure-all. The public health message for H1N1 has emphasized that it is a virus and there is no treatment for it (save for at-risk patients). The best therapy is to stay home, don’t risk infecting others and the illness will resolve with time.

Still, it is difficult to change practice patterns and patient expectations, Dr. Rowe said. Sending a consistent message to patients and providers is important, and making careful, educated decisions about antibiotics is essential.

“You don’t have to use a cannon if a water pistol will take care of it,” Dr. Rowe said. “We have to make sure we are appropriately selecting the right drugs for first-line drugs and saving the big guns for down the road. And of course, treating what needs to be treated, and not treating what doesn’t.”
Nice shoes & fresh vegetables
Alumni discuss economy’s effect on free medical care

Doing more with less has long been the forte of free medical clinics. And with the unemployment rate hovering near 10 percent, more Americans are in need of free medical services while fewer companies, governments and private donors are able to provide the financial support they had in the past. Clinics are becoming more and more reliant on their volunteer staff to assure that the influx of patients receive quality care.

“With the downturn in the economy, we have seen an increased volume, although we were busy from the day we opened our door,” said Edward G. Kelly, MD ‘67, volunteer Medical Director for Catholic Charities Free Health Care Center in downtown Pittsburgh. “Most of the increase in volume has been the result of patients losing their jobs and, consequently, their benefits.”

After retiring from orthopaedic surgery in 2003, Dr. Kelly joined Operation Safety Net, a group of doctors, nurses and formerly homeless volunteers who travel the city in a van searching street corners, underpasses and riverbanks for homeless people who need medical help. He still volunteers with this group, affiliated with Pittsburgh Mercy Health System.

In 2007, he helped start the Catholic Charities Free Health Care Center.

“We’re seeing a population of patients that we didn’t see when we first opened,” Dr. Kelly said. “We’re seeing a fair number of people that had pretty stable employment situations. Then all of a sudden as the economy went south, these people who are college educated and live in suburban areas are without a job, without benefits.”

Clinic volunteers can often recognize this new group of patients by how they’re dressed.

“We have seen a fair amount of people come in who are described by the volunteers as ‘people with nice shoes,’” Dr. Kelly said.

According to George Schneider, MD ‘70, GME ‘75, founder and volunteer Medical Director of the Greater Milwaukee Free Clinic, the same type of newly uninsured are visiting free clinics in Milwaukee.

“We’re seeing more people who had jobs, had health insurance coverage six months or a year ago,” Dr. Schneider said. “They lost their jobs and never thought they would be coming to a free clinic.”

James Gauthier, MD ’93, MPH ’98, is the Medical Director for Occupational Health Group, a division of Health Group of Alabama, with offices in Decatur, Madison and Huntsville. He is a volunteer physician as well as President of the Board of Directors at the Community Free Clinic in Decatur.

The screening process that the Decatur clinic uses to verify financial eligibility reveals that many seeking free medical services lost jobs with local employers that have closed, such as Delphi, Pilgrim’s Pride and Wolverine Tube. Others lost jobs at companies that laid off workers. Demand for services has increased to the point that potential new patients are waiting three months for their eligibility appointment.

Paul Gregerson, MD ‘84, is Chief Medical Officer of JWCH Institute, a pri-
private, non-profit health agency that operates six clinics and four family planning sites for indigent and underserved in Los Angeles County, Calif. JWCH was established in 1960 by the attending staff of physicians at the L.A. County hospital.

While he sees an increase in patients accessing care at JWCH because of lost benefits due to lost jobs, Dr. Gregerson also notes that some of the newly uninsured are patients whose spouse is covered by his or her employer’s health insurance, yet the co-payment to cover other family members has become unaffordable.

In Milwaukee, Dr. Schneider has noticed more people going without medical care longer than they should because they are uninsured. They think if they wait it out, their condition may improve. By the time these patients come into the clinic, their condition is more complicated.

“They know if they go to an emergency room, they’re going to get a big bill,” Dr. Schneider said.

“We see diabetics with blood sugars that are sky high. In any other situation, these people would be admitted to the hospital,” he said, noting they now wait until one of the two evenings a week that the clinic is open to be treated. “We manage to treat them as an outpatient and get good results.”

To help care for the growing number of patients, many free clinics now depend on physician assistants and nurses in certain areas to alleviate the demand on physicians.

An increase in demand for their services and cramped quarters prompted JWCH Institute to close its 8,000-square-foot Skid Row Clinic and move into a new 22,000-square-foot facility a block away and conveniently located alongside the L.A. County Departments of Health Services, Mental Health and Public Health. Hours were also expanded at their Bell Gardens and Norwalk clinics.

Some free clinics, such as the Decatur clinic and JWCH Institute, receive government support as well as private donations. Others, such as Pittsburgh’s Catholic Charities clinic and the Greater Milwaukee Free Clinic, are completely supported by private donors. Diversification among donors, however, has little advantage here since both government and private sector funding sources have dried up compared to the support they provided in the past. Most government budgets are stretched to the max while private donors are experiencing investment losses and other financial insecurities.

To handle the influx of new patients, the Community Free Clinic in Decatur has pursued new funding sources. They were successful in receiving $10,000 in donations from a fundraising letter, two additional grants and increased funding from the Decatur City Council.

Marsha Davis, MD ’93, GME ’97, an internal medicine and pediatrics specialist at Davis Medical Clinic in Mequon, Wis., volunteered at the Ozaukee County Free Clinic for eight years before shifting her volunteer efforts toward securing supplies for free clinics supported by various churches.

She regularly donates medications, and when she downsized her clinic, she donated much of her extra equipment to the free clinics in the Milwaukee area.

“We increasingly rely on the Patient Assistance Program to obtain expensive medications for qualifying patients,” Dr. Gregerson said regarding patients in L.A. County. “This is a program whereby the major pharmaceutical companies such as Eli Lilly and Pfizer donate medications to indigent and homeless patients who meet the poverty threshold.”
Dean, Dolly, Gustave, Ike. Charles R. Bauer, MD ’58, rattles off the names of hurricanes like he’s reminiscing about old pets. But hurricanes aren’t merely a pet project for Dr. Bauer. Preparing health care providers in southeastern Texas for the arrival of natural disasters is a serious and significant part of his professional life.

Charles R. Bauer, MD ’58

Dreadful things that man might do — or could do — with hazardous materials chill Dr. Bauer. Preparing health care providers in southeastern Texas for the arrival of natural disasters is a serious and significant part of his professional life.

Local Masterworks

In his daily job as Professor of Surgery & Emergency Medicine and Director of the Center for Public Health Preparedness & Biomedical Research at the University of Texas Health Science Center in San Antonio, Dr. Bauer prepares for a variety of disaster situations, most recently dealing with the H1N1 flu pandemic that claimed its first U.S. death in his state in April 2009.

“At this minute in San Antonio we’re between waves,” Dr. Bauer said of the virus that hospitalized 100,000 and killed 4,000 people in the first six months of its arrival in the United States. “We’re monitoring and working with the local health departments in the process of how to distribute the vaccine and teaching people how to protect themselves from the virus.”

Like most other parts of the country, Dr. Bauer is concerned about the threat of terrorist attacks, random acts of violence and the possibility of mass exposure to hazardous materials. But from a South Texas point of view, Dr. Bauer’s main concern is natural disasters. “We don’t know where or when they’re coming,” he said, “but we know they’re coming.”

Dr. Bauer was the first trauma physician leader for the Southwest Texas Regional Advisory Council (STRAC), an organization that responds to hurricanes affecting Texas as well as neighboring states such as Louisiana and Mississippi. During hurricane Katrina, he coordinated the medical triage of hospital-to-hospital patients arriving at Kelly Air Force Base in Bexar County, Texas. Eight aircraft brought in 320 patients who were transferred to San Antonio area hospitals. In addition, more than 900 general population evacuees requiring shelter were treated in area clinics or emergency departments.

In his spare time, Dr. Bauer trains with the Texas State Guard Medical Brigade, also known as the Texas Medical Rangers, a volunteer organization that responds to public health emergencies and disasters at the request of the governor. Each year, the Texas Medical Rangers join forces with the Department of State Health Services on a medical mission to the Rio Grande Valley, a four-county area along the Texas-Mexico border with a population of over 1 million. There they set up temporary medical facilities throughout the area for two weeks to care for thousands of indigents.

In 2008, the Rio Grande Valley operation was more than a drill for hurricane readiness. Hurricane Dolly hit that part of the state just before the health care crew arrived. Dr. Bauer assisted with the care of several National Guardsmen requiring medical care and helped coordinate care for local residents. Two months later, Dr. Bauer and the other volunteers were able to apply what they learned from the Rio Grande Valley on the eastern side of the state in response to the powerful hurricane Ike.

Federal Headmasters

As Dr. Bauer prepares for the unknown in South Texas, Clare Helminiak, MD ’82, MPH ’98, works to predict what local disasters will need backup from the federal government. Dr. Helminiak is the Deputy Director for Medical Surge in the U.S. Office of Preparedness and Emergency Operations (OPEO), a component of the Department of Health and Human Services (HHS). She prepares and provides federal medical resources to communities where medical infrastructures are maxed out due to a disaster.

Reacting on extremely short notice,
to encourage development of health care coalitions that organize the various types of people in a health care community. Members of the coalition perform drills together and get to know each other as well as what their roles and capabilities are to break down the “stovepipes” that bind health care providers.

Additionally, Dr. Helminiak coordinated the HHS H1N1 Flu Task Force, which completed its work in December and has since transitioned to the HHS H1N1 After Action Review, also under her leadership. She is also Chief Medical Officer for the U.S. Public Health Service, providing leadership and coordination of medical professional affairs for the Office of the Surgeon General.

All disasters are local before they become a national problem, Dr. Helminiak said. Therefore, accessing state and local capabilities, developing a good working relationship with them and understanding where and when some backstopping may be needed is an important responsibility of HHS.

“Because that’s how things really get done,” she said. “It’s at the state, local and regional level, and then as needed the federal government can step in with resources that meet the needs that arise.”

Forging the communication gaps among all levels of government to remove what she refers to as the “stovepipes in preparedness and response” is one of the proactive aspects of Dr. Helminiak’s job.

“The director of public health doesn’t talk to the fire chief who doesn’t talk to the police chief who never talks to the ambulance company who never talks to the primary care doctor who never talks to the hospital CEO,” she said.

Dr. Helminiak provides grant money from the Hospital Preparedness Program to encourage development of health care coalitions that organize the various types of people in a health care community. Members of the coalition perform drills together and get to know each other as well as what their roles and capabilities are to break down the “stovepipes” that bind health care providers.

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OPEO activates additional health care workers to state, local, tribal and territorial communities through the National Disaster Medical System – a group of 7,000 civilian doctors, nurses and pharmacists who are recruited and trained to respond to medical emergencies nationwide. Dr. Helminiak also oversees the Hospital Preparedness Program, which provides about $400 million annually to 62 state and territorial grantees to enhance their hospital capabilities.

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As a Medical College of Wisconsin graduate student in Physiology, David C. Zawieja, PhD ’86, spent “long hours in a dark room looking at things under the microscope.”

Today he is Professor and Vice Chairman of Systems Biology and Translational Medicine at Texas A&M Health Science Center in Temple, Texas. He also is Director of the Cardiovascular Research Institute’s Division of Lymphatic Biology and Director of the Integrated Microscopic Imaging Laboratory.

Although he has administrative and teaching duties, most of his time is devoted to pure research. His specialty is the lymphatic vascular system, and he still spends long hours studying microscopic structures and processes. “We’re focusing on the transport of fluids from interstitial spaces back into the venous system and the crucial role this has in immune function,” he said.

Incentive for his efforts is manifested in the “millions who have diseases related to the lymph system,” and he laments the paucity of therapies available to them. He has published scores of papers, given dozens of lectures and symposia and is an associate editor for both Microcirculation and Lymphatic Research and Biology.

He is particularly proud of a 2003 paper titled “Molecular and Functional Analyses of the Contractile Apparatus in Lymphatic Muscle” that he co-authored with four other researchers (Mariappan Muthuchamy, Anatoliy Gashev, Niven Boswell and Nancy Dawson).1 It appeared in the Federation of the American Societies for Experimental Biology Journal and included the “first description of contractile proteins found in lymphatics.”2

“We were able to examine the vessels at the cellular and molecular levels to prove something that hadn’t been appreciated before,” he said. “Our research showed that the lymph vessel muscle is actually a hybrid between smooth and striated. Lymphatics act like heart muscles, GI muscles and serve as conduits, all at the same time. Our findings shook the paradigm, and it’s satisfying to be part of a discovery like that. Now we’re working on how it occurs; frankly, we still don’t know.”

When Dr. Zawieja began working at Texas A&M in the late 1980s, the institution’s medical school was relatively new and small, with just one campus. Since then, it has grown to what he describes as three-and-a-half campuses.

1 http://www.fasebj.org/cgi/content/full/17/8/920
2 Ibid.

“Our research showed that the lymph vessel muscle is actually a hybrid between smooth and striated.”

“We have an excellent research reputation and offer a close student-to-professor ratio, and that has contributed to our success,” he said.

Dr. Zawieja grew up in Milwaukee and received his bachelor’s degree from the University of Wisconsin-Green Bay (“I was a Packers fan at birth”) and then began graduate school at the Rensselaer Polytechnic Institute in Troy, New York.

“While home on vacation from Rensselaer, I visited The Medical College of Wisconsin with a friend and was very impressed,” he said, “so I wound up transferring. People at the school had huge impacts on my life, and I am absolutely enthralled by what I learned and how things have worked out. I wouldn’t change one iota.”

Advice he received from the late William (Billy) Joe Barber, PhD, his graduate school advisor, still guides him. “Billy always told me it was important to try as much as possible to ignore preconceived notions in science. ‘A little naïveté can go a long way,’ he used to say.”

Despite his many responsibilities, Dr. Zawieja finds time to serve on the Scientific/Medical Advisory Council of the Lymphatic Research Foundation.

Dr. Zawieja lives in Temple with his wife, Cindy, who is director of student nutrition in the school system of Belton, a nearby community. Three of their children—Danica, Scott, and Alyssa—are in college and the fourth, Kyle, is a high school junior.
1950s

Abraham J. Twerski, MD ’59, recently published A Formula for Proper Living: Practical Lessons from Life and Torah with Jewish Lights, Woodstock, Vt. Dr. Twerski draws from his extensive professional experience as a psychiatrist and spiritual counselor, as a life-long student of Jewish wisdom texts, and from his personal experience as the son of a Chassidic rabbi to present practical lessons for life in the book. Dr. Twerski is the author of 50 books and the founder and Medical Director Emeritus of Gateway Rehabilitation Center, based in Aliquippa, Pa.

1960s

Eugene P. Sinclair, MD ’61, received the American Society of Anesthesiologists (ASA) Distinguished Service Award in October 2009. The award is the ASA’s highest honor, bestowed on an individual for lifetime achievements and service in the specialty of anesthesiology and the society. A member of the ASA since 1965, Dr. Sinclair served as an alternate delegate to the ASA House of Delegates from 1976-84. He served as an ASA delegate and director from Wisconsin from 1974-1994. He was then elected to the office of Vice-Speaker of the ASA House of Delegates in 1994 and climbed the leadership ranks until he was installed as ASA President in October 2004. Dr. Sinclair held a private practice position at Columbia Hospital in Milwaukee for 25 years, serving as chair of the anesthesia department for 21 years. He retired from clinical practice in 2006 and lives with his wife, Jean, in Elm Grove.

1970s

Alan A. Wartenberg, MD ’72, GME ’80, received a Nyswaner-Dole Award from the American Association for the Treatment of Opioid Dependency in April 2009. The award is given to an individual who has made significant contributions to the care of patients with opioid dependency. In addition, Dr. Wartenberg received a Hero of the Field Award in the RX for Excellence program of the Massachusetts Medical Law Review for his work in assisting individuals facing incarceration who were drug dependent. He is semi-retired and working part-time with the Opioid Treatment Program of the Providence Department of Veterans Affairs Medical Center.

John A. Weigelt, MD ’74, will serve as Director of a three-day General Surgery Review Course sponsored by the American College of Surgeons. Dr. Weigelt is the Milton & Lily Lunda/Charles Aprahamian Professor of Trauma, Professor of Surgery, and Chief of Trauma and Critical Care Surgery at The Medical College of Wisconsin.

Carlyle H. Chan, MD ’75, has been appointed to the Accreditation Council for Graduate Medical Education Residency Review Committee for Psychiatry. He was nominated by the American Medical Association, and his three-year term begins in April. Dr. Chan is Professor of Psychiatry and Behavioral Medicine at The Medical College of Wisconsin.

Ron Kirschling, MD ’79, and his family were honored by Assumption High School recently as the entire family, including patriarch Melvin Kirschling, Dr. Kirschling’s father, received the school’s 2009 Alumni of the Year award. Dr. Kirschling practices at the University of Wisconsin Cancer Center at Riverview Hospital. He previously practiced at Mayo Clinic in Rochester and came to Wisconsin Rapids via Duluth.

1980s

Lincoln L. Berland, MD, GME ’81, has been named Professor Emeritus in the Department of Radiology at the University of Alabama at Birmingham (UAB) School of Medicine. Dr. Berland joined the UAB faculty in 1983 as associate professor and was named full professor in 1989. He help a number of clinical and administrative positions in the department, including most recently

Class of 1973 alumni earns lifetime achievement

D. Michael Strong, PhD ’73, was one of three national recipients of the AABB (formerly the American Association of Blood Banks) prestigious President’s Award on Oct. 24, 2009, in recognition of his extraordinary public service and contributions in the health care arena. The award recognizes leadership in the championing of the United States Biovigilance Network, the first and only collaboration between government and the private sector focused on tracking and analyzing adverse reactions and incidents associated with blood collection and transfusion as well as organ and cell donation and transplantation. Dr. Strong is also a former president of AABB. He has received lifetime achievement awards from four separate professional associations.
as Vice Chair for Quality Improvement and Patient Safety and Chief of the 3D imaging laboratory. He is internationally recognized for his research in ultrasound and computed body tomography.

**David Gregg, MD '82, GME '87,** has been appointed Assistant Professor of Radiology at The Medical College of Wisconsin. Triple board certified in diagnostic radiology, pediatric radiology and vascular and interventional radiology, Dr. Gregg’s clinical interests are in interventional radiology techniques, vascular imaging and neuroradiology. He has been a staff radiologist for Children’s Hospital of Wisconsin since 1987 and for Infinity Healthcare in Milwaukee since 2007. He was director of the radiology residency program at Children’s Hospital for 18 years.

**David C. Warltier, MD '82, PhD '76, GME '88,** received the inaugural Foundation for Anesthesia Education and Research Mentoring Excellence in Research Award from the American Society of Anesthesiologists. The award recognizes the outstanding contributions and commitment of an individual who epitomizes the ideal mentor and one who has significantly advanced the science and specialty of anesthesiology. Dr. Warltier is Chairman and Professor of Anesthesiology at The Medical College of Wisconsin.

**Tom P. Aufderheide, MD, GME '86,** was selected by the American Heart Association’s Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation to receive the 2009 Resuscitation Best Abstract Award for his abstract titled *Ventilation Rate and the Use of the Impedance Threshold Device Are Correlated with Hemodynamics during CPR in Humans.* Dr. Aufderheide is Professor of Emergency Medicine and Associate Chair of Research Affairs for Emergency Medicine at The Medical College of Wisconsin.

**Gary R. Seabrook, MD, Fel '89,** has completed a one-year term as President of the Midwestern Vascular Surgery Society. He also delivered the Presidential Address at the organization’s annual scientific meeting on Sept. 11, 2009. His address, *The Carotid Bifurcation – Intrigue and Passion,* reviewed the diagnosis and treatment for carotid artery disease that has developed over the last 50 years. Dr. Seabrook is Professor of Surgery and Chief of Vascular Surgery at The Medical College of Wisconsin.

**1990s**

**Asriani Chiu, MD ’92, GME ’95, Fel ’97,** received the Distinguished Service Award from the Sixteenth Street Community Health Center for her work with its asthma and allergy patients. The center provides health care, health education and social services to low-income residents of Milwaukee’s south side. Dr. Chiu is Associate Professor of Pediatrics (Allergy) at The Medical College of Wisconsin.

**Mark Slovenkai, MD, Fel ’93,** has been appointed Chief of Foot and Ankle Surgery at New England Baptist Hospital. Dr. Slovenkai also serves as Assistant Professor of Orthopaedic Surgery at Tufts University School of Medicine. He is a long-standing member of the American Orthopaedic Foot & Ankle Society and is active on its Humanitarian Committee and volunteer efforts in Vietnam. He is a partner at Boston Sports and Shoulder Center and a consultant to the Boston Celtics.

**Matthew Goldblatt, MD ’97, GME ’04,** has been appointed Assistant Professor of Surgery (General Surgery) at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. His expertise is in laparoscopic procedures including surgical management of gastroesophageal reflux disease, complex abdominal wall reconstructions and hernia repairs, and bariatric surgery. Before joining the Medical College, he was assistant professor of surgery at Wright State University and a general laparoscopic surgeon at Wright-Patterson Medical Center at Wright-Patterson Air Force Base in Dayton, Ohio.

**James K. Fullerton, MD ’99,** was recently elected to serve on the Board of Directors at the Springfield Clinic, a multi-specialty group in Springfield, Ill. He also serves as Chairman for the clinic’s Department of General Surgery, and he is Clinical Assistant Professor of Surgery at the Southern Illinois University School of Medicine. Dr. Fullerton specializes in advanced surgical endoscopy and pancreatobiliary surgery. He lives in Springfield with his wife, Sarah, and three children.

**2000s**

**John Houle, MD ’00,** was married Sept. 5, 2009, to Kourtney Bradford, MD, a graduate of Southern Illinois School of Medicine who is finishing her family medicine residency at University of Minnesota-St. Cloud. The couple married in St. Louis and honeymooned in Italy.

**Jonathan M. Bock, MD ’01,** has been appointed Assistant Professor of Otolaryngology and Communication Sciences at The Medical College of Wisconsin and to the medical staffs of Froedtert Hospital, Children’s Hospital of Wisconsin and the Zablocki VA Medical Center. Dr. Bock’s clinical emphasis is laryngology, professional voice care and head and neck surgery and oncology. His research has focused on head and neck molecular oncology and molecular laryngology.

**Brandon Barton, MD ’03,** finished a fellowship in movement disorders in July 2009 and started two part-time positions effective that date: 1) Assistant Professor at Rush University Medical Center Department of Neurological Sciences, Movement Disorders Section; and 2) Neurology Attending Director in the National VA Parkinson’s Disease Consortium Center at the Jesse Brown VA Medical Center.

**Erin Dawson, MD ’03,** has moved to Port Orchard, Wash., after doing locum tenens work for three years after finishing her family practice residency.

**Matthew Hayat, PhD ’03,** is currently a faculty member at Johns Hopkins University. A biostatistician, Dr. Hayat holds the rank of assistant professor.

**Amitpal S. Johal, MD ’03,** is working as a gastroenterologist at Geisinger Medical Center in Danville, Pa. He specializes in endoscopic ultrasound, Barrett’s ablation and Spiral enteroscopy.

**Michael T. Werner, MD ’03,** was one of only 13 family medicine physicians in
the United States to receive a 2009 Pfizer Teacher Development Award from the American Academy of Family Physicians Foundation. The award recognizes community-based physicians who teach family medicine on a part-time basis and provides funding for each recipient to attend an activity of choice to further their professional development and teaching skills. Dr. Werner practices family medicine in Kaukauna, Wis., at the Kaukauna Clinic and serves as a part-time clinical assistant professor with the University of Wisconsin Fox Valley Family Medicine Residency Program in Appleton.

Alexandra Harrington, MD '04, GME '08, Fel '09, has been appointed Assistant Professor of Pathology at The Medical College of Wisconsin and to the medical staff at Froedtert Hospital. Dr. Harrington specializes in diagnosing diseases of the blood, bone marrow and lymph nodes, and her research is focused on application of flow cytometry to the diagnosis of bone marrow disorders, such as myelodysplastic syndromes, and ancillary studies.

John Rhee, MD, MPH '04, has been named Deputy Editor-in-Chief for the Archives of Facial Plastic Surgery, a semi-monthly professional medical journal published by the American Medical Association. Dr. Rhee is Professor of Otolaryngology and Communication Sciences at The Medical College of Wisconsin.

Saeyeal K. Lee, MD '05, has joined The Medical College of Wisconsin’s Primary Care Initiative as a staff obstetrician and gynecologist. He also has been appointed to the medical staffs of Froedtert Hospital and Children’s Hospital of Wisconsin. He practices at the Westbrook Health Center in Waukesha, Wis.

Lindsay A. Schmidt, MD '05, will begin her new position as Assistant Professor of Pathology at the University of Michigan in July 2010 following the completion on her fellowship in pulmonary pathology, also at the University of Michigan. Dr. Schmidt is married to Michael Schmidt, MD '04, who is currently a member of a trauma and emergency surgery group at St. Vincent’s Hospital in Toledo, Ohio. The couple plans to move to Ann Arbor in the spring.

Avi Bernstein, MD '06, GME '09, has been appointed Assistant Professor of Medicine (General Internal Medicine Hospitalist) at The Medical College of Wisconsin and to the medical staff of Froedtert Hospital. His clinical interests are quality improvement, patient safety and medical education.

Bulent Cetindag, MD, Fel '06, has joined the faculty at Southern Illinois University School of Medicine as Assistant Professor of Surgery. He specializes in trauma and critical care and general surgery. He is a member of the Southern Illinois Trauma Center and belongs to the American College of Surgeons.

Jonathan M. Fritz, JD, MS '06, has joined the Madison, Wis., office of law firm of Michael Best & Friedrich LLP. Dr. Fritz is a partner in the firm’s Intellectual Property, Life Sciences and Venture Best Practices. Dr. Fritz, who holds a degree in bioinformatics from the Medical College, practices all aspects of intellectual property law with a focus on patent prosecution in the areas of life sciences and information technology. He has provided counsel to independent inventors and Fortune 500 companies. He is also the President-Elect of the Wisconsin Intellectual Property Law Association.

Kuruvalli Vaishnavi-Muqeet, MD, GME '07, Fel '08, has been appointed Assistant Professor of Physical Medicine and Rehabilitation at The Medical College of Wisconsin and to the medical staffs of Froedtert Hospital and the Zablocki VA Medical Center. Dr. Vaishnavi-Muqeet has subspecialty expertise in spinal cord injury medicine.

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

John L. “Jack” Burns, Jr., MD '42, of Marshfield, died May 7, 2009. He was 94 years old. Following medical school, Dr. Burns entered the Army Air Corps. After flight surgeon school in Texas, he completed his service with the 8th Air Force in England and France through 1946. He was also one of the first of four Wisconsin doctors to be called during the Korean conflict. After briefly practicing general medicine in Chittenango, N.Y., he returned to the Milwaukee area for further training. In 1951, he became the 15th physician on the staff of Marshfield Clinic and the first and only anesthesiologists in the Marshfield area until 1959. After contributing to the training of many nurse anesthetists, Dr. Burns retired in 1981. During his 30 years at Marshfield, he was the first in the area to introduce inhalation therapy and was well known for introducing diagnostic and therapeutic nerve blocks. His survivors include four sons, one daughter; six grandchildren; and one great-granddaughter. He was preceded in death by his wife, H. Pauline.

Andrew G. Goesl, MD '42, of Texarkana, Texas, died Nov. 24, 2009. He was 93 years old. During his medical training, Dr. Goesl worked with Dr. Jonas Salk researching what would become the Salk polio vaccine. Following his service in the U.S. Navy and Coast Guard during World War II, Dr. Goesl was influential in setting up the streptomycine conferences in the Veterans Affairs hospital system. During the early 1960s, he was instrumental in establishing and training personnel for the intensive care units in both Christus St. Michael and WRMC Hospitals. He also supported many local non-profits through his family foundation. His survivors include his wife, Sarah; two sons; one daughter; six grandchildren; and one great-grandson.

Donald W. Mulder, MD '43, of Rochester, Minn., died Aug. 31, 2009. He was 92 years old. From 1946-47, Dr.
Mulder was on active duty in the Medical Corps of the U.S. Naval Reserve and was on staff at the National Naval Medical Center in Bethesda, Md. He did residencies in both neurology and psychiatry and was later called to active duty again, appointed chief investigator of the head injury research project conducted at the U.S. Naval Hospital in Yokosuka, Japan. The following year, he led the U.S. Navy research project on ALS conducted on Guam. Dr. Mulder joined the staff of Mayo Clinic in 1950 as a consultant and instructor in neurology. He became a full professor in 1964. He served on the Mayo Clinic Board of Governors from 1963-69, as Chairman of Neurology from 1966-71 and President of the Staff in 1977. In 1978, he was appointed the Fred C. Anderson Professor of Neurology. He was preceded in death by his wife, Gertrude.

Carroll R. Olson, MD ’43, of West Allis, Wis., died Nov. 4, 2009. He was 90 years old. Dr. Carroll was an internist in Milwaukee for 60 years. His survivors include two sons and three daughters. He was preceded in death by his wife, Thelma; wife, Dolores; and a son.

Leonard Lieberman, MD ’44, of Shorewood, Wis., died Dec. 10, 2009. He was 89 years old. After serving in Germany as a doctor for the U.S. Army, Dr. Lieberman practiced medicine with Milwaukee County for 30 years.

Charles E. Rogers, MD ’45, of Port Washington, Wis., died July 8, 2009. He was 88 years old. In 1954, he retired from the U.S. Navy as captain after 20 years of service. He went on to practice surgical oncology. Dr. Rogers was on the staff of several hospitals and in 1966, joined the medical staff of St. Francis Hospital. There, he focused his efforts on improving the quality of health care and established one of the country’s early ambulatory surgery units. He served as director of surgery at St. Francis from 1970 until his retirement in 1995. He was an active community volunteer in Port Washington as well. His survivors include his wife of 44 years, Zita; one son; and two grandchildren.

Kay W. Kennedy, MD ’46 (November), of Mt. Pleasant, S.C., and Catawba Island, Ohio, died June 11, 2009, at the Charleston Hospice Center after a long fight with cancer. Prior to beginning his obstetrics and gynecology career, Dr. Kennedy served in the U.S. Navy at the Naval Hospital in Beaufort, S.C. He started his private practice in 1954 in Canton, Ohio. In 1958, he joined the Canton Obstetrical and Gynecology Clinic where he practiced until 1976. He then joined the Stark County Women’s Clinic where he practiced until his retirement in 2002. His many professional affiliations included Clinical Professor at Northeastern Ohio University College of Medicine (1975-2002), American College of Obstetrics and Gynecology, American College of Surgeons, Ohio State Medical Association, American Medical Association, American Uro-Gynecology Society and the International Society of Urogynecology. And avid fly fisherman, Dr. Kennedy was a long-time member of local trout clubs and traveled extensively for his sport. His survivors include his wife of 61 years, Patricia; two sons; three daughters; and eight grandchildren. He was preceded in death by two sons.

Frederick W. Ackerman, MD ’47, died at his Rossmoor home near Walnut Creek, Calif., on July 26, 2009. He was 84 years old. Dr. Ackerman served as a surgeon in the Air Force, attaining the rank of captain while stationed in Spokane, Wash. He was the first board-certified surgeon in Contra Costa County. He practiced surgery in Concord from 1954 until his retirement in 1983, serving as Chief of Surgery at Mt. Diablo Hospital for many years. Dr. Ackerman was a founding member of John Muir Memorial Hospital and served on its first board of directors. He was President of the Alameda-Contra Costa County Medical Society from 1966-67. From 1975-78, he was Chairman of the Board of Directors of the California Medical Association. During that time, he was a registered lobbyist, instrumental in the passage of medical insurance liability legislation. He also served on the American Medical Association Council of Legislation from 1974-83 and served as its Chairman from 1979-81. Following retirement, Dr. Ackerman served on the board of the Hospice of Contra Costa, including as president. He was active in the Rotary, as well as many hobbies including golf, fly fishing, boating, travel, poker and music. His survivors include one son, one daughter, six grandchildren and his companion, Barbara La Vigne. He was preceded in death by his wife of 52 years, Gloria.

James J. Klobucar, MD ’47, of Whittier, Calif., died March 3, 2009, from congestive heart failure. He was 85 years old. Dr. Klobucar began his career as a general practitioner with a stop-out with the Army during the Korean War. He later practiced orthopaedic surgery and upon retiring from medical practice, used his medical expertise and law degree to work as a lawyer for the state of California until 1987. His survivors include his wife of 61 years, Doris; one son; three daughters, eight grandchildren; and two great-grandchildren.

Leroy E. Bostian, MD ’49, of Villanova, Pa., died May 20, 2009. He was 85 years old. After practicing in Sioux Falls, S.D., Dr. Bostian became one of Aberdeen’s first psychiatrists at the Northeastern Mental Health Center, including the Redfield Hospital, in Aberdeen, S.D. His survivors include his wife, Carol; two sons; three daughters; and numerous grandchildren and great-grandchildren. He was preceded in death by an infant son.

Richard A. Hughes Sr., MD ’49, of West Long Branch, N.J., and Queensbury, N.Y., died Aug. 11, 2009. He was 88 years old. Dr. Hughes was a U.S. Air Force veteran and served in World War II. He began practicing general medicine in 1951 in Make Luzerne, N.Y. and then opened a private practice in Glens Falls, N.Y. with his wife, Betty (Voelker) Hughes MD ’49. He then opted for additional training in ENT and proceeded to practice in Glens Falls and Queensbury until retirement in 2004 at age 83. Dr. Hughes had strong interests in medical education, art, antiques, reading and golf. He was an active member of the New York State Medical Society, serving for many years as Councilor. His survivors include four sons; three daughters; and 17 grandchildren. He was preceded in death by his wife, Betty, and more recently by his companion Betty Jean Baxter.

John C. Linn, MD ’51, of Shorewood, Wis., died of complications from strokes on Nov. 13, 2009. He was 89 years old. Dr. Linn served as a reconnaissance pilot during World II in Europe, flying more than 125 missions and was awarded the Silver Star and Air Medal. His love of flying continued in his private life, and he piloted aircraft into his late 80s. He practiced obstetrics and gynecology at St. Mary’s Hospital in Milwaukee for almost
40 years and took a special interest in providing support and medical attention to single, pregnant women. After his formal retirement in 1989, Dr. Linn joined his wife volunteering at St. Ben’s Clinic for the Homeless for 10 years working with the clinic’s OB/GYN, substance abuse and mental health patients. His survivors include his wife of 61 years, Olive; six sons; two daughters; 43 grandchildren; and 11 great-grandchildren. He was preceded in death by a son.

Donald H. McDonald, MD ’51, of Winneconne, Wis., died Oct. 31, 2009. He was 87 years old. Dr. McDonald was a Winneconne area physician for nearly half a century, having opened the McDonald Clinic in September 1952 while practicing continuously until retirement in 1998. During his medical career, he held numerous professional memberships and served on committees locally, regionally and statewide. Dr. McDonald was an active staff member at Mercy Medical Center, Oshkosh; Medical Director of Omro Care Center; Clinical Instructor in Family and Community Medicine, Medical College of Wisconsin; Adjunct Professor, Department of Nursing, UW-Oshkosh; and was a charter Fellow of the American Academy of Family Physicians. For decades, Dr. McDonald offered high school and college students with interests in the medical sciences to work in his clinic under staff direction. He supported academic as well as athletic programs, including American Legion Baseball, Badger Boys and Girls State and the Winneconne High School scholarship program. In 2005, Dr. McDonald helped fund the McDonald Family Memorial Hall in The Medical College of Wisconsin’s Health Research Center. Prior to his medical training, Dr. McDonald enlisted in the Armed Services in 1942. He attended officer candidate school and advanced to first lieutenant air transport command in 1945. He then served as Adjuntant and Chief Executive Officer at Army Air Force Hospitals until his discharge. His survivors include his wife of 53 years, Patricia; six children (Donald J. McDonald, MD ’83, GME ’87; Robert McDonald, MD ’84, GME ’92; Mary McDonald, MD ’85; Meghan McDonald, MD ’86; Shaun McDonald, MD; and Ms. Heather Sleeman); and 14 grandchildren.

John A. Malone, MD ’52, died Aug. 29, 2009. He practiced family medicine for 55 years. Dr. Malone was on staff at Aurora St. Luke’s Hospital and St. Francis Hospital in Milwaukee, where he was Chief of Staff at the latter. Dr. Malone was a police physician for the Milwaukee Police Department and was an Air Force veteran. He traveled the world extensively and visited all seven continents with his wife. He was a voracious reader and had many interests from fishing to opera. His survivors include his wife, Kristie.

Lloyd P. Maasch, MD ’53, of Weyauwega, Wis., died at home Aug. 13, 2009. He was 81 years old. Dr. Maasch spent a year in solo family practice from 1953-54 prior to a two-year commitment to the U.S. Navy as a medical officer. He returned to his private practice in Weyauwega in 1957, which became a dual family practice in 1981. Dr. Maasch was a staff member of New London Family Medicine Center and Riverside Medical Center in Waupaca, Wis. He was an Adjunct Professor at the University of Wisconsin-Oshkosh School of Nursing and served as coroner of Waupaca County, beginning in 1982. He was medical director of Bethany Home, Lakeview Manor, Manawa Community Nursing Center, Weyauwega Health Care Center and Crystal River Nursing Home and Rehabilitation Center. His professional memberships included the Wisconsin Medical Society, the American Medical Association, the American Academy of Family Practice and the Wisconsin Academy of Family Practice, by whom he was named Family Physician of the Year in 1988. He was a local Lions Club member for more than 50 years and active with the American Legion and his local Lutheran Church. His survivors include his wife of 59 years, Patricia; one son; one daughter; and five grandchildren. He was preceded in death by two sons and one daughter.

Roger L. Ruelh, MD ’54, of Brookfield, Wis., died Dec. 11, 2009. He was 85 years old. Dr. Ruelh served in the U.S. Air Corps as a cryptographer in the South Pacific during World War II. After his training, he became an attending physician in internal medicine at Milwaukee County Hospital for 40 years and also served as Assistant Director of Mental Health at Milwaukee County. His survivors include his wife, Rosa; one son; three daughters; and 10 grandchildren.

George S. Chriss, MD ’57, of Jacksonville, Fla., died July 23, 2009. He was 81 years old. Dr. Chriss practiced general medicine in Jacksonville for 34 years. His survivors include his wife of 58 years, Sara; two sons; one daughter; and seven grandchildren.

Michael J. Regan, MD ’59, died Sept. 1, 2009, in Corvallis, Ore., after a gradual decline from the effects of Parkinson’s disease. He was 74 years old. After a period of national service for the Centers for Disease Control and Prevention in Atlanta following medical school, Dr. Regan completed his residency and entered private anesthesiology practice in Medford, Ore., where he worked for 33 years and raised his family. Dr. Regan loved classical music, especially piano and chamber music. He was an avid amateur radio operator and his lifelong ambition to become a pilot was reached 10 years ago. His survivors include his wife, Barbara; two sons; one daughter; and five grandchildren.

George A. Bishop, MD ’61, of Baton Rouge, La., died of a heart attack on May 16, 2009. He was 76 years old. During the 1960s and early 1970s, Dr. Bishop pioneered modern treatments for the mentally ill at East Louisiana State Hospital in Jackson. It was under his guidance that segregation there ended and racially integrated treatment programs began. He was Associate Professor of Psychiatry and conducted research with the Tulane Department of Psychiatry. In Baton Rouge with the Department of Health and Human Services, Dr. Bishop served as Assistant Director of Mental Health for Substance Abuse, Assistant Commissioner of the Office of Mental Health and as Medical Director at Greenwell Springs Hospital. He retired in 1998 as Medical Director for the Capital Area Human Services District. Dr. Bishop also served as the consulting psychiatrist at the Louisiana Training Institute, Elayn Hunt Correctional Facility and the East Baton Rouge Parish Prison. He continued to work at the Baton Rouge Mental Health Clinic part time until 2008. He was active in the Louisiana Psychiatric Medical
Robert J. Frank, MD, GME ’64, of Richardson, Texas, died Nov. 6, 2009. His survivors include his wife, Cherri; two sons; one daughter; and two grandsons. He was preceded in death by one son.

Robert G. McConnell, MD ’67, of Seattle, Wash., died April 30, 2009. He was 67 years old. Dr. McConnell joined Group Health in Seattle in the mid-1970s, where he spent 20 years as a key member of the orthopaedic surgery staff. In the mid-1980s, Dr. McConnell began to travel to Pakistan and Afghanistan to treat war refugees and mine victims as a member of Orthopaedics Overseas. He also served as a U.S. Air Force flight surgeon in Vietnam and the first Gulf War, retiring as a colonel. He journeyed often on his beloved boat, “Grand Voyager,” especially through the Inside Passage to Alaska. He had diverse hobbies, including model railroad trains, stamps, vintage pens, jazz and specimen mineral eggs. His survivors include his life partner, Duong Nguyen.

Donna B. Burke, MD ’68, died Oct. 9, 2009, in Milwaukee after a two-month struggle against complications of a heart attack. She was 69 years old. Trained in adult and child psychiatry, Dr. Burke established the Elmbrook Family Counseling Center in Brookfield, Wis., 28 years ago and remained its Medical Director. Dr. Burke was passionate about her home and garden and loved playing cards with her family and cooking. Her survivors include her husband of 41 years, Eugene P. Burke, MD, GME ’67, and three sons.

Donald J. Wilson, MD ’87, DDS, GME ’91, of Milwaukee died Dec. 2, 2009. He was 54 years old. Following training in anesthesia and cardio-pulmonary surgery, Dr. Wilson returned to Milwaukee to practice at Columbia-St. Mary’s.

Benjamin T. Schmidt, MD ’88, GME ’89, of Waterloo, Wis., died Sept. 7, 2009, after the farm tractor he was driving rolled over near his home. He was 48 years old. He was a family practice physician with an office in Waterloo that he opened in 1992. Dr. Schmidt served as Medical Director of the Waterloo Fire Department and EMS and was Medical Director for the fire serve program at Milwaukee Area Technical College since 1996. He was the Waterloo Fireman of the Year in 1997 and received the fire department’s Dedicated Service Award in 2001. He has received the American Medical Association Physicians Recognition Award every year since 1996. Dr. Schmidt was on the medical staffs of Watertown Regional Medical center and Columbus Community Hospital. His survivors include his wife, Marilyn; one son; and two daughters.
ALUMNI EVENTS

Alumni dinners
Tucson, March 2, 2010
Washington, D.C.,
March 23, 2010

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

Alumni Association Board meetings
April 30, 2010

Symposium for Senior Physicians
May 17, 2010

Alumni Scholarship Golf Classic
TBD August, 2010

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

2010 ALUMNI WEEKEND
April 30 - May 1

Friday
2010 Alumni Banquet at the Pfister Hotel, including recognition of reunion class gifts and presentation of Alumnus 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 1960
50-YEAR REUNION
May 21 - 22

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

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