

# MOCW

*magazine*

## On the Other Side of the Stethoscope

When Doctors Become Patients

## MEDICAL COLLEGE OF WISCONSIN EXECUTIVE LEADERSHIP

John R. Raymond, Sr., MD –  
*President and Chief Executive Officer*  
 Joseph E. Kerschner, MD –  
*Provost and Executive Vice President; Dean, School of Medicine*  
 Ravindra P. Misra, PhD –  
*Dean, Graduate School of Biomedical Sciences*  
 George E. MacKinnon III, PhD, MS, RPh –  
*Founding Dean, School of Pharmacy*  
 Christopher P. Kops, CPA, MBA –  
*Executive Vice President for Finance and Administration;  
 Chief Operating Officer*

## MEDICAL COLLEGE OF WISCONSIN BOARD OF TRUSTEES

Stephen Roell – <i>Chair</i>	Paul Hankwitz, MD '74, GME '78
Mary Ellen Stanek, CFA – <i>Immediate Past Chair</i>	Jacqueline D. Herd-Barber
Cory L. Nettles – <i>Vice Chair</i>	Ted D. Kellner, CFA
Jay B. Williams – <i>Secretary</i>	Joseph E. Kerschner, MD '90, FEL '98
Thomas J. Spero – <i>Treasurer</i>	Elizabeth (Betsy) Brenner
Elizabeth (Betsy) Brenner	Justin Mortara, PhD
Ricardo Diaz	Wayne Oldenburg
Philip B. Flynn	Janis M. Orlovski, MD '82
David Gay, CPA	John R. Raymond, Sr., MD
Linda Gorens-Levey	Kristina M. Ropella, PhD
Paul W. Griepentrog	Roy Silverstein, MD
Jon D. Hammes	Owen J. Sullivan

## ALUMNI ASSOCIATION EXECUTIVE COMMITTEE

Neil R. Guenther, MD '83, GME '88 – *President*  
 Brian J. Bear, MD '84, GME '89  
 Barbara B. Calkins, MD '96  
 Timothy A. Crummy, MD '97  
 Ronald J. Gerrits, PhD '99  
 Matthew Goldblatt, MD '97, GME '04  
 Marie L. Nakata, MD '89, GME '93

*Executive Director of Alumni Relations:* Seth M. Flynn  
 alumni@mcw.edu / (414) 955-4781

## MCW MAGAZINE STAFF

Sara L. Wilkins, MA, MPA – *Executive Editor*  
 Teresa Manion – *Production Manager*  
 Angela K. Nelson – *Content Strategist*  
 Kristin Pelisek – *Art Director*  
 Lyniece Rzepka – *Web Production Editor*

## Contributing Writers:

Holly Botsford, Anthony Braza, John Burlingham,  
 Greg Calhoun, Alex Krouse, Maureen Rimmel,  
 Sai-Suma K. Samudrala, Michelle Schaefer,  
 Karri Stock, Sara L. Wilkins

## Chief Development Officer/Vice President of Development:

Alice G. Archabal  
*Vice President of Communications, Experience and  
 Brand Strategy:* Mara Lord, MBA  
*Director of Communications and Brand Strategy:*  
 Mary Reinke, MBA, MS  
*Chief Historian:* Richard Katschke, MA

## CONTACT US

Phone: (414) 955-4725  
 Fax: (414) 955-6699  
 E-mail: MCWmagazine@mcw.edu

Medical College of Wisconsin  
 8701 Watertown Plank Rd.  
 Milwaukee, WI 53226

## CONNECT WITH US



## TO DONATE A GIFT OR PLEDGE

Phone (414) 955-4700  
 www.mcw.edu/giving

## LEADERSHIP MESSAGE

# Celebrating 125 Years as a Cornerstone Institution

The late 19<sup>th</sup> century was a time of significant growth for Wisconsin, transforming it from a frontier to a modern and increasingly industrial state. Milwaukee was at the epicenter of this transformation. Fifteen-story-high City Hall, completed in 1895, was considered the tallest habitable building in the world until 1899. Milwaukee's population of more than 285,000 inhabitants positioned it as the 14<sup>th</sup>-largest city in the US in the 1900 census; in 1850, the city's population was a mere 20,000.

Forward-looking civic leaders recognized that Milwaukee – befitting its stature – would need to strengthen its responsibilities for citizen welfare. A major component of this aspiration included creating a medical school to increase the supply of physicians in the city. Thus, in May 1893, the Wisconsin College of Physicians and Surgeons (WCPS) was incorporated; in October it opened with 22 faculty members and 42 students. Concurrently, the Milwaukee Medical College (MMC) and School of Dentistry opened in September 1894, with 20 faculty and 96 students.

MMC affiliated with Marquette College in 1907, signaling the national decline of privately owned professional schools and the enhanced prestige of partnering with a high-quality university such as Marquette. An added incentive was that MMC had a great football team – and football was quite popular at Marquette. For financial and academic reasons, MMC and WCPS merged to become the Marquette University School of Medicine (MUSOM) in January 1913; alumni of the previous institutions were adopted as alumni of MUSOM. In 1967, Marquette and the medical school parted ways, resulting in the medical school becoming a private freestanding institution. Three years later, it was renamed the Medical College of Wisconsin. (See “A Moment in History” on page 35 for more historical detail.)

As 2018 begins, we are poised to celebrate 125 years as a cornerstone institution in the region and the state. During this time we have created new knowledge that spans the entire healthcare continuum – from bench to bedside to community. We have created – and continue to create – the knowledge that changes lives through training the next generation of healthcare professionals, through biomedical research, through clinical breakthroughs and specialty expertise, and through engagement with our communities.

We hope that you will join us as we commemorate our storied past and look forward to our exciting and innovative future.

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

“During this time we have created new knowledge that spans the entire healthcare continuum – from bench to bedside to community.”



# CONTENTS



## COVER STORY

16 / ON THE OTHER SIDE OF THE STETHOSCOPE: WHEN DOCTORS BECOME PATIENTS  

4 / NEWS FOR ALUMNI 

8 / LEARNING TO “ACT LIKE A DOCTOR” 

9 / SCORING A HOLE-IN-ONE FOR CANCER RESEARCH    

10 / PREDICTING PROSTATE CANCER   

12 / CONNECTING THE DOTS: IMPROVING CANCER OUTCOMES FOR THE UNDERSERVED   

14 / GIVING IT OUR BEST SHOT: AWARD EXPANDS IMMUNIZATION ACCESS FOR WISCONSIN FAMILIES   

22 / A COMPREHENSIVE APPROACH TO PEDIATRIC GI CARE  

24 / SUPPORT FROM MCW-GREEN BAY COMMUNITY EXCEEDS EXPECTATIONS  

26 / “PAY IT FORWARD,” SAYS ALUMNA AND MCW TRUSTEE  

27 / SUPPORTING EDUCATIONAL EXCELLENCE: QUALITY OB-GYN TRAINING LEADS TO CLOSE TIES AND PLANNED GIFT  

## INSIDE EVERY ISSUE

6 / STAT REPORT	32 / IN MEMORIAM
28 / HAPPENINGS	34 / CHANGE AGENT
30 / ALUMNI NOTES	35 / A MOMENT IN HISTORY

 ALUMNI  CLINICAL  COMMUNITY ENGAGEMENT  DISCOVERY  
 PHILANTHROPY  SCHOLARSHIP

ON THE COVER: Medical College of Wisconsin physicians share life-changing stories about their experiences as patients, which have led them to become better doctors. PHOTO CREDIT: Jay Westhauser.



# NEWS FOR ALUMNI

## Highlights From the Alumni Association Strategic Planning Process

Time and time again, the Alumni Association Board of Directors has lamented the need for a strategic plan. Many of us are fully aware that this effort is a significant undertaking – as we have experienced the process in our professional lives. To gain momentum, it became apparent that we needed to seek external resources, which could provide deep insight, strategy and experience.

After evaluating many organizations, international firm Marts & Lundy was selected to conduct a comprehensive assessment and facilitate a strategic planning process, leveraging its reputation and expertise.

The goal of the assessment, which was completed in December 2017, was to evaluate the current state of alumni engagement efforts as well as identify resources needed to move forward as an integral component of MCW's overall advancement effort.

In short, the focus of this assessment was how to best position the Alumni Association – an organization that serves a base of more than 17,500 graduates – as an essential portal for all forms of alumni engagement at MCW, including advocacy, mentoring, recruitment and fundraising.

This assessment is both timely and relevant, as MCW continues its transition from a medical college to a comprehensive health



“What do alumni want, need and expect from the MCW/Marquette Alumni Association?”

– Dr. Neil Guenther

sciences university. This also places the Alumni Association, in conjunction with the Office of Alumni Relations, in the position of evaluating how to best serve MCW's expanding medical education offerings (campuses in Milwaukee, Green Bay and Central Wisconsin), the Graduate School, the School of Pharmacy and Residency/Fellowship programs – yet with limited incremental resources. Graduates of all these programs are what constitute our alumni community.

The assessment included an analysis of alumni outreach and engagement activities; Association relationships with campus academic and administrative partners; Association interaction with development activities; and the Alumni Association itself – staff, and board culture and structure. It provided dozens of insightful findings and forward-thinking recommendations; key themes included programming, communications and benefits/services.

In broad terms, the Alumni Association Mission Statement should be reevaluated

with a strategic plan that focuses on:

- overt support of the MCW mission and vision – now and into the near-term
- promotion of institutional advancement through collaborative campus partnerships
- serving the needs of alumni and understanding their concerns
- cultivating students to be supportive and engaged alumni
- identification of key performance indicators, particularly those that focus on volunteerism (mentoring), event attendance, interface with MCW communications and donor participation
- fostering a highly-resourced and supportive working environment

The Alumni Association Board of Directors looks forward to engaging additional alumni in these efforts. Our goal is to have a draft of the Alumni Association's strategic plan by summer 2018.

The Alumni Association Board of Directors continues to ask, “What do alumni want, need and expect from the MCW/Marquette Alumni Association?” A strategic plan will address those questions and shape our alumni engagement efforts for years to come. ■

Stay Engaged! Share your email address with the Alumni Association at [mcw.edu/alumni](mailto:mcw.edu/alumni).

Part of  
Alumni  
Weekend!

# Save the Date!

Join MCW as we Celebrate 125 Years  
of Knowledge Changing Life

**Saturday, September 22, 2018**  
**10 am – 7 pm**

MCW Milwaukee Campus  
(Following Alumni Awards Breakfast)

Featuring live music, games, food, beverages – and an exclusive Alumni area!

Watch for details  
[mcw.edu/125](http://mcw.edu/125)

125  
*years of knowledgechanging life*

  
**MEDICAL  
COLLEGE  
OF WISCONSIN**

# STAT REPORT



*Bret C. of Appleton, Wis., addresses the media at a news conference on February 1, 2018, to announce that his lymphoma is in remission as a result of a new immunotherapy clinical trial conducted at MCW.*

Photo courtesy of Alex Boyes

## Cancer Patient in Remission After CAR-T Therapy

Physicians and researchers from the Medical College of Wisconsin, Froedtert Hospital, Children's Hospital of Wisconsin and BloodCenter of Wisconsin have successfully used a new immunology treatment developed by MCW researchers – chimeric antigen receptor (CAR) T-cell therapy – to extend the life of a 52-year-old Wisconsin man with lymphoma. This new treatment genetically alters a person's immune system to uniquely personalize it to target cancer cells – a significant departure from more routine

chemotherapy.

The first patient to participate in this phase I clinical trial, Bret C. of Appleton, was diagnosed with mantle cell lymphoma, a cancer of the immune system, in 2011. Despite chemotherapy, stem cell transplants, medications and other clinical trials, his cancer kept returning. He received the CAR T-cell dose in late October 2017, and just six weeks later, his cancer was in full remission.

While CAR T-cell therapy has been under development since 2012, Bret was the first patient to participate in the

first-in-human clinical trial for a novel dual-targeted CAR T-cell against CD19 and CD20 antigens using the CliniMACS Prodigy device. The modified cells can identify cancer cells, attach to the cancer cells, and effectively destroy the cancer cells. A pediatric clinical trial for CAR-T treatment at Children's is expected to start later in 2018.

The CAR-T therapy clinical trial is an outstanding example of how MCW researchers rapidly translate basic science research into clinical applications. MCW, along with its hospital partners at



Photo courtesy of Alex Boyes

Among the heroes of MCW's CAR-T immunotherapy clinical trial are (l-r) Parameswaran Hari, MD, FEL '02, MS '06; Nirav Shah, MD; the patient (Bret C.); Bryon Johnson, PhD, FEL '92; and David Margolis, MD, GME '92, FEL '95.

Froedtert and Children's, is unique in the region in having this expertise to bring these rapid advances in knowledge to change clinical care and the lives of our community in this fashion. The successful launch of this clinical trial is the result of decades of collaborative cancer and cellular immunotherapy research at MCW's Blood Marrow Transplant program. Pioneers in the field of immunotherapy, these researchers have helped discover and develop how the body's own immune system has the power to fight cancer cells, leading to innovative ideas of alternatives to chemotherapy, radiation and transplants. This knowledge paved the way for the CAR T-cell treatment, which trains the patient's own immune cells to kill the cancer rather than relying on foreign, toxic substances.

The immunotherapy clinical trial is continuing as the research team tracks the progress of the second participant, who received a dose of

CAR T-cells in December 2017. A third patient began treatment in February 2018, with one new participant being dosed every six weeks.

This clinical trial is a great leap forward in personalized medicine and the future of cancer treatment – not just in the Milwaukee region but around the globe. Very few cancer centers in the world offer the combination of resources and this high level of personalized medicine expertise.

This critical equipment was made possible through philanthropic dollars raised by the Children's Hospital of Wisconsin Foundation together with the MACC Fund, Midwest Athletes Against Childhood Cancer, Inc. Additional philanthropic support for this study came from the Drive Fore a Cure Foundation, which was started by a long-term supporter of the MCW Cancer Center, Dennis Bush. (See story on page 9.) ■

## Introducing "The Hub"

MCW's new Hub for Collaborative Medicine is open for business.

The eight-story, 334,000-square-foot Hub for Collaborative Medicine, located on the Milwaukee Regional Medical Center campus at the corner of West Connell Avenue and North 87th Street, supports and enhances innovation and collaboration across all four of MCW's missions.

The Hub brings clinicians together and closer to MCW's research, educational and community engagement endeavors, creates a modern workplace that fosters innovation, collaboration and collegiality, helps MCW attract and keep the best people, and supports clinical growth at Froedtert Hospital.

The Hub is a mix of private and shared offices, open workspaces, collaboration and conference spaces, and amenity areas, and includes connections to the Medical Education Building and Wisconsin Diagnostic Laboratories via skywalks.

Construction on the Hub began in the summer of 2015. Staff moved into the two-story executive wing in late fall 2017. Clinical departments and divisions followed shortly thereafter, with final occupants relocating through February 2018. The Hub is expected to house about 1,500 faculty and staff at full capacity. ■





# Learning to “Act Like a Doctor”

When I began my Clinical Apprenticeship course in the second semester of my first year, I interviewed a patient who stated that after being examined by so many students, fellows and residents during his recovery at Froedtert Hospital, he could tell who among them would become a good doctor. He was referring to those individuals who were courteous and also unashamed to listen, feel, touch and prod while completing the physical exam. When reflecting on this encounter, I realized that during the process of learning how to “act like a doctor,” the individuals who are grading me are not just the lecturers, course directors or peers – but also the patients.



“I realized that...the individuals who are grading me are not just the lecturers, course directors or peers – but also the patients.”

– Sai Suma K. Samudrala  
2<sup>nd</sup>-year MCW medical student

The progression of medical school education at MCW includes courses in “how to be a doctor” in addition to structured science courses during the first two years. The Foundations of Clinical Medicine (FCM) course taught us how to conduct the medical interview – a critical component to providing patient-centered care. This was our first exposure to taking vital signs and conducting basic cardiac, respiratory, abdominal, ENT and musculoskeletal exams on standardized patients and classmates. While the idea of taking blood pressure manually seems menial, it was the most important skill I learned in FCM.

FCM was followed by Bench to Bedside (BtB), which further expanded the various components of the physical exam and instructed us in the ethics of the profession. The eye exam was most memorable. We had the opportunity to study both a functional and anatomic assessment of the eye, using the slit lamp and funduscope to visualize the tiniest details, such as the muscles of the iris. Through critical reasoning exercises, we learned to navigate through a patient’s constellation of symptoms. An essential skill we garnered was writing notes, and more specifically, how to arrive at an assessment and plan based on the interview and physical exam.

In these exercises, a clinician acted as the patient, and our small groups were tasked with questioning him/her while the clinician provided integral feedback. This helped us gather information more pertinent to the patient’s specific issue and narrow our focus on the most relevant differential diagnoses. The end of each semester was marked by a graded performance



Photo courtesy of Jay Westhauser

Sai-Suma Samudrala (left) practices her blood pressure technique on her classmate, Allison Cohen (right).

on our actions as “doctors” through standardized patient encounters. These interactions allowed us to gain the patient’s perspective – as we received direct feedback from them regarding our methods.

Concurrent to BtB, we were enrolled in the Clinical Apprenticeship course, where each medical student was assigned to a physician to shadow weekly, practice medicine and learn from the approach and attitude of the physician. My preceptor was Tepsiri Chongkraitatanakul, MD, FEL ’13, a transplant nephrologist at Froedtert Hospital. Under his guidance and mentorship, I interviewed several patients, conducted relevant physical exams and improved my writing of concise notes.

The last section of these “how to” courses, prior to entering clinical clerkships, is the Foundational Capstone course. With the feedback I have received so far from clinicians, patients and peers, I hope to develop skills that will enable me to distinguish abnormal from expected appearances, sounds and movements of the patient. ■

– SAI-SUMA K. SAMUDRALA

# Philanthropy and Cancer Research Score a Hole-In-One

Legendary golfer Jack Nicklaus said, “Resolve never to quit, never to give up, no matter what the situation.” This holds true for a team of philanthropists, researchers and clinicians associated with the Medical College of Wisconsin (MCW) who are working to prevent, treat and cure blood cancers.

Diagnosed in 2004, Dennis Bush was treated for stage IV lymphoma at Froedtert & the Medical College of Wisconsin by Parameswaran Hari, MD, FEL '02, MS '06, the Armand J. Quick/William F. Stapp Professor of Hematology at MCW. In 2005, Bush received an experimental stem cell transplant as part of a clinical trial – and has now been in remission for almost 13 years. Dr. Hari and his team have dedicated their careers to studying and treating blood disorders, blood cancers, bone marrow transplantation and the use of cell-based therapies.

In 2005, Bush launched an annual charity golf event, Drive Fore a Cure, dedicated to raising funds exclusively for Dr. Hari, Timothy Fenske, MD, MS, MCW associate professor of medicine, and the MCW research team to support local cancer research and treatment advances. In 2016, Bush partnered with a friend, Larry Goeman, to take their philanthropic efforts to the next level by combining Drive Fore a Cure and the annual Uncle Larry Fest. In 2017, the combined event, hosted at Scenic View Country Club in Slinger, Wis., raised \$65,000. Froedtert and MCW physicians have greatly helped many event golfers, relatives and friends after they heard presentations by the team at events.

“Larry underwrites the event and works tirelessly so that 100 percent of all contributions go directly to research at MCW,” says Bush. “I know from first-hand experience the importance of clinical trials in discovering new treatments and potential therapies. I also know how important it is to philanthropically support these advancements.” The team is now planning for a 2018 event to maintain the support and expand the research. ■

– MAUREEN REMMEL



“I know from first-hand experience the importance of clinical trials in discovering new treatments and potential therapies. I also know how important it is to philanthropically support these advancements.”

– Dennis Bush, former patient and donor

## The Power of Philanthropy

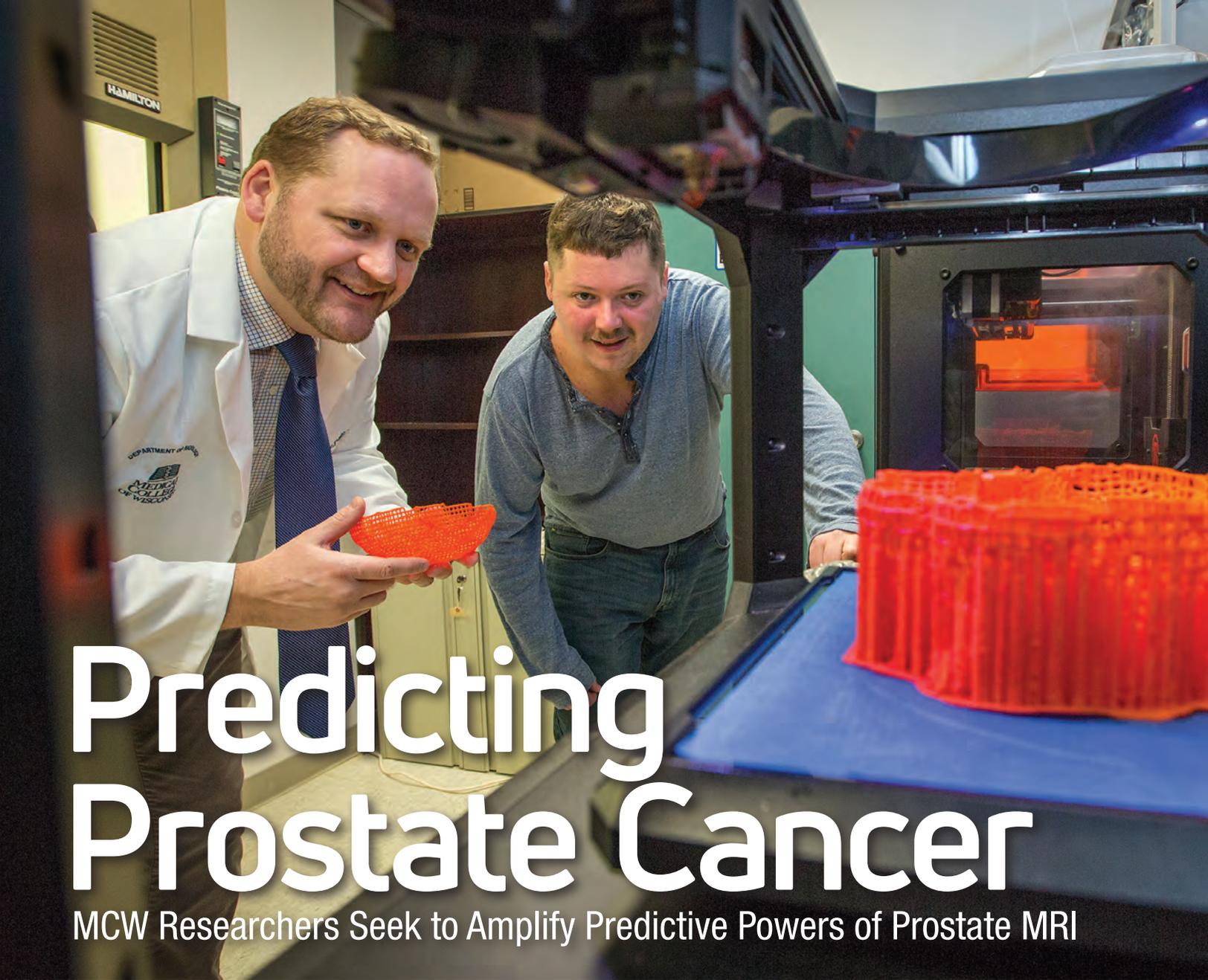
The philanthropic efforts of Drive Fore a Cure have raised more than \$400,000 for Dr. Parameswaran Hari and his team. These funds have provided the sole support for groundbreaking research into chimeric antigen receptor (CAR) T-cell therapy. Specifically, Nirav Shah, MD, assistant professor of medicine (the principal investigator of the study), Dr. Hari, MCW faculty and staff, Froedtert Hospital, Children's Hospital of Wisconsin and the BloodCenter of Wisconsin, have partnered to achieve a medical first-in-the-world clinical trial for CAR T-cell therapy. T-cells are white blood cells that are part of the immune system and develop from stem cells in the bone marrow.

“CAR T-cell therapy is the process of taking somebody's own T-cells and genetically modifying them to fight that individual's cancer,” says Dr. Hari. “Our patient, who received this breakthrough treatment in October 2017, responded positively. Now, there is hope for patients who have not had success with other therapies such as chemotherapy and radiation.”

“While we are only a few, we can make a difference with locally funded events that serve as the foundation for driving national, life-changing outcomes,” Larry Goeman and Dennis Bush add.

To learn more about the 2018 Drive Fore a Cure, visit [mcw.edu/cancer-center/fundraising-events](http://mcw.edu/cancer-center/fundraising-events).





# Predicting Prostate Cancer

MCW Researchers Seek to Amplify Predictive Powers of Prostate MRI

**M**achines that think for themselves – beyond being mere tools for humans – have fascinated writers and filmmakers for decades. Depictions of “beings” possessing artificial intelligence have ranged widely from the compassionate protagonist, David, in Steven Spielberg’s film *A.I.* to the dangerous computer villain, HAL, in Stanley Kubrick’s film *2001: A Space Odyssey*.

While the promise and peril of this technology continue to be debated by scholars and authors of fiction, applications of artificial intelligence quietly abound in daily life, enabling services such as bank fraud prevention programs, facial and voice recognition, and research into self-driving automobiles. Biomedical scientists are quickly embracing the technology as a way to improve analysis of massive amounts of data, such as screening patients for eligibility in clinical trials by filtering numerous eligibility criteria simultaneously. At the Medical College of Wisconsin, scientists are applying the technology to

enhance what future radiologists will see when looking at MRI scans of the prostate, brain and potentially other organs.

Peter LaViolette, PhD '11, MS, MCW assistant professor of radiology and biomedical engineering, began his scientific career as a high-energy nuclear physics researcher. After several years, however, he knew that he needed to make a change. “I loved doing research, but I was just too disconnected from relevant medical applications,” he says. Dr. LaViolette, while working in imaging software development at Massachusetts General Hospital and considering moving back to his home state of Wisconsin,



Dr. Peter LaViolette and graduate student Sean McGarry demonstrate the 3-D printers they use to make custom molds of organs from MRI scans.

Photo courtesy of Gary Porter

learned from a colleague about MCW's pioneering history in medical imaging and functional MRI. This prompted him to enroll at MCW, where he earned a doctoral degree in biophysics.

"My imaging research at MCW began in brain cancer, as I was interested in comparing physical tissue to MRI scans to improve what we can extract from the MRI data. No one had programmed software to conduct this comparison, so we built it ourselves," explains Dr. LaViolette. While doing so, he realized he could further analyze the data generated by applying machine learning.

Machine learning is a radically different approach to interfacing with a computer than traditional program-

ming. Rather than discretely telling the computer every parameter of a problem with handwritten code, machine learning developers and scientists apply artificial intelligence to set up frameworks whereby computers teach themselves. In games like chess, for example, developers prepare a handful of algorithms that enable a computer to read and evaluate the moves and outcomes of a massive number of matches. By learning how moves and positioning affect wins and losses, machine learning programs have demonstrated the ability to routinely predict the best possible move in each scenario – which has enabled machines to compete with elite chess players who have honed their skills over many years.

For Dr. LaViolette, a similar approach allows his lab to teach a computer how to predict the location and severity of prostate tumors from the data in MRI scans.

"While Dr. LaViolette continues to study brain imaging, we realized that the prostate was an excellent model for machine learning research because it is a less complex organ, and we can draw on better definitions of tumor severity," remarks Sean McGarry, an MCW graduate student working in the LaViolette lab.

Kenneth A. Iczkowski, MD, MCW professor of pathology and urology who collaborates with Dr. LaViolette, notes, "As a pathologist interested in how tumor growth patterns affect treatment and clinical outcomes, I jumped at the chance to work together. Others have tried to correlate the cancer patterns I analyze on glass slides with MRI scans, but never as precisely as this." Patients whose cancerous prostates are being removed and who agree to participate have an MRI scan taken before surgery. Afterwards, Dr. LaViolette uses dimensions calculated from the MRI scan to print a custom 3-D mold of each prostate. This mold allows the prostate to be sliced and processed into glass slides

that precisely match the MRI scan. Dr. Iczkowski then analyzes the tissue for tumor severity (grade), growth pattern and location, and sends annotated images to Dr. LaViolette. Finally, Dr. LaViolette and McGarry feed the annotated pathology and the MRI data into a machine learning program. By comparing the images, the software learns what features in the MRI are predictive of tumors of varying severity or growth pattern.

The long-term goal is to improve the staging and monitoring of patients who have prostate cancer but may not need surgery. It also may allow for more targeted biopsies and radiation therapy, which would improve the accuracy of diagnosis and reduce side effects from damage to healthy tissue. This aligns well with advances in the overall field of prostate cancer treatment.

*"...Dr. LaViolette staunchly supports our freedom of curiosity. That ability to explore is what will allow us to continue advancing this science."*

*– Sean McGarry, MCW graduate student*

"More and more, active surveillance and watchful waiting are being seen as reasonable approaches.

Not every prostate cancer case is aggressive and needs immediate surgery or radiation. But we need

more information to get better at monitoring patients and staging their treatments," says Dr. LaViolette.

Within the next five years, Dr. LaViolette believes he and colleagues from radiology, radiation oncology, urology and pathology will be ready for a clinical trial to improve the targeting and dosing of radiation therapy for prostate cancer. Until then, he, McGarry and Dr. Iczkowski will continue to fine-tune their machine learning algorithms and improve their power to predict tumor characteristics by interpreting MRI scans.

"I really enjoy this lab because Dr. LaViolette staunchly supports our freedom of curiosity. That ability to explore is what will allow us to continue advancing this science," comments McGarry. Dr. Iczkowski adds, "As we improve, the potential is very promising to apply this approach to other solid organ tumors." ■

– GREG CALHOUN



# Connecting the Dots

## Improving Cancer Outcomes for the Underserved

**R**educing the burden of cancer among underserved populations is a lofty goal, but Melinda Stolley, PhD, is well-positioned to generate some big ideas. The cancer incidence rate for Hispanics and African Americans continues to rise, and Dr. Stolley is employing every option she can to change this. It is a mission that stems, in part, from her childhood experiences with her parents, especially the conversations they had around the dinner table.

“My dad covered the civil rights movement for *Life* magazine, and my mother wrote on social justice issues and was very service-oriented,” says Dr. Stolley, associate director of cancer prevention and control for the MCW Cancer Center and professor of medicine. “I was raised in a house with a social justice bent, and I’ve tried to apply that to my career.”

Cancer disparities are more prevalent in low-income and racial/ethnic minority groups, likely owing to the interaction of socioeconomic, cultural, dietary, stress, environmental and biological factors. These factors can impact incidence rates (new cases), prevalence (all existing cases), cancer deaths (mortality) and cancer survivorship.

Dr. Stolley came to MCW in 2015 from the University of Illinois Chicago College of Medicine with an established research portfolio in the areas of health disparities and cancer survivorship, and extensive experience building successful community-based research programs and connecting with minority populations to address cancer disparities. Her research has been consistently funded by the National Institutes of Health for 16 years.

She was recruited to continue her research and help the MCW Cancer Center build a community-engaged cancer

research infrastructure. The collective goal of these efforts is to determine which modifiable factors her team should focus on to impact cancer risk, survivorship and recurrence outcomes. Her team includes Kathleen Jensik, MSW, community program manager; Lauren Matthews, MPH, community program coordinator III; Magdalisse Henderson, community program coordinator II; Jermaine Murry, MS, community program coordinator I; and Karmel Cardenas, clinical research assistant II.

Shortly after arriving at MCW, Dr. Stolley received a Greater Milwaukee Foundation grant to help achieve greater health equity. As part of this project, her team conducted focus groups with African American and Hispanic community members to better understand their perceptions of healthcare and the unequal cancer burdens.

Themes emerged from these groups, including the desire for more educational opportunities to learn about cancer prevention, screenings and care; the desire for a more diverse workforce; and a general mistrust of physicians.

“From these focus groups, we got personal stories that allow us to think more about next steps instead of just crunching numbers,” comments Dr. Stolley. “Plus, these events helped us build trust within these communities because nobody had ever asked them about their cancer experiences before.”

Milwaukee resident Samuel Thompson, diagnosed in 2013 with inoperable prostate cancer, was asked to participate in the focus group to share his story with others – and was very thankful for

the opportunity. “I learned about the importance of watching my diet and staying physically fit,” says Thompson. “It also helped me realize the need to do more outreach in the central city among male African Americans. They need to understand it is okay to talk about prostate cancer and get tested early. Like it or not, we are at a greater risk for getting cancer.”

Because one in five African American males will be diagnosed with prostate cancer in their lifetimes, Dr. Stolley’s team organized a prostate cancer program at Milwaukee’s Pilgrim Rest Baptist Church to help men at risk for the disease as well as survivors. More than 70 men and women attended, and almost 30 men were screened for prostate cancer.

Darryl Davidson, City of Milwaukee men’s health manager, works with Dr.

“...male African Americans...need to understand it is okay to talk about prostate cancer and get tested early.”

– Samuel Thompson, cancer focus group participant



Stolley and her team on a variety of projects including the prostate cancer program. He says that they can take credit for helping raise awareness in the community about cancer, screening, treatment options and survivorship. “Dr. Stolley and her team assisted with getting the men who attended the prostate cancer program to consider prioritizing their health and take an active approach to knowing their health status. This is a committed team of professionals who have prioritized our community to reduce cancer disparities,” Davidson remarks.

Since conducting the focus groups, Dr. Stolley and her team have begun



*Dr. Stolley (second from left) credits her team for helping connect the dots among the MCW, local and national resources available to help reduce the burden of cancer among underserved populations. Her team includes (l-r) Jermaine Murry; Karmel Cardenas; Kathleen Jensik; Magdalisse Henderson; and Lauren Matthews.*

Photo courtesy of Gary Porter

implementing and planning a variety of interventional and educational programs that help address breast cancer and prostate cancer disparities in the greater Milwaukee area; these all have a research component to help gauge effectiveness.

In May 2017, the national faith-based breast cancer awareness program, Pin-A-Sister, was held in Milwaukee for the first time because of Dr. Stolley's team. Three churches participated, and approximately 1,000 women committed to obtaining regular mammogram screenings. The program was held again in October 2017, and a Pin-A-Brother program will be added to encourage regular prostate cancer screenings.

While in Chicago, Dr. Stolley undertook Moving Forward, a National Cancer Institute-funded interventional study of 250 African American breast cancer survivors that helped them make and maintain positive changes in weight, eating habits, physical activity and social support networks. "We knew that weight loss interventions for breast cancer survivors do work, but few of these programs were

designed for or targeted African Americans," notes Dr. Stolley. "We created a program that truly resonated with these women, who were then able to make positive changes for themselves, their families and their community. We're now bringing the program to Milwaukee."

Dr. Stolley's team is launching similar intervention programs to help Milwaukee's African American and Latina breast cancer survivors and African American prostate cancer survivors. They also are launching a healthy eating and exercise program, Every Day Counts, tailored toward women with metastatic breast cancer. The program will offer personalized coaching, text messaging and monthly cooking classes to determine if a plant-based diet, moderate activity and resistance training impact body composition and serum biomarker levels.

The adaptation of Dr. Stolley's Moving Forward weight loss program to Milwaukee Latina breast cancer survivors is a new effort and will be conducted in partnership with the United Community Center. The results will eventually lead to

a pilot study of the adapted intervention.

Another program in the planning stages is Men Moving Forward, a healthy eating and exercise program for African American prostate cancer survivors aimed at increasing muscle and decreasing fat.

Dr. Martin Luther King, Jr., once said that "of all the forms of inequality, injustice in health is the most shocking and inhuman." From the focus of her work, her passion, drive and determination, one can't help but think that Dr. Stolley agrees. She has assembled a team and reached out to national organizations as well as other MCW researchers to do everything possible to reduce the burden of cancer among underserved populations. "I have an amazing team which helps our efforts so much," shares Dr. Stolley. "There are so many resources available at MCW, within our community and around the country – and we are doing all we can to connect the dots." ■ – ANTHONY BRAZA



For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)



# Giving it our Best Shot

## Award Expands Immunization Access for Wisconsin Families

**WISCONSIN SENIORS 60 AND OLDER:**

**30%**

RECEIVED SHINGLES VACCINE

**50%**

RECEIVED RECOMMENDED DOSES OF PNEUMOCOCCAL VACCINE

**WI ADOLESCENTS:**

**30%**

RECEIVED RECOMMENDED DOSES OF HPV VACCINE

**40%**

RECEIVED MENINGOCOCCAL VACCINE

**WI ADULTS:**

**FEWER THAN 25%**

RECEIVED RECOMMENDED DOSES OF HPV VACCINE

**WISCONSIN IS RANKED**

**41<sup>ST</sup>**

IN PERTUSSIS CASES\*

\*America's Health Rankings

Advances in medicine have allowed health practitioners to provide immunizations, preventing a wide range of serious diseases. Immunizations, however, like any medication, cannot work in patients who do not receive them.

The State of Wisconsin has failed to meet all federal vaccination goals in many age and race demographics, according to America's Health Rankings and Wisconsin Immunization Registry (WIR) data. The Medical College of Wisconsin hopes to help the state meet and exceed federal goals in the future by partnering with the Pharmacy Society of Wisconsin (PSW) and the Wisconsin Pharmacy Foundation (WPF) to expand immunization access in the state.

This partnership project was awarded one of five funding investments in November 2017 through the Advancing a Healthier Wisconsin (AHW) Endowment to advance policy and systems change for health. The AHW Endowment is providing \$489,121 to support the 30-month project, starting in January 2018. Stewarded by the MCW School

*"This project is allowing us to expand...the pharmacist's role as a healthcare provider."*

*– Dr. George E. MacKinnon III*

of Medicine, the AHW Endowment has invested more than \$220 million in 375 initiatives benefiting the health of the people of Wisconsin since 2004.

"This investment aims to increase the number of vaccines administered to residents of all ages and therefore reduce the prevalence of vaccine-preventable diseases in Wisconsin," says Erica Martin, manager of practice and population health initiatives at PSW. "During the 2016-17 season, only about 44 percent of Wisconsin residents ages six months and older got a seasonal flu shot."

"Our goal to increase access to immunizations in the state will result in better preventive care for patients and healthier communities," says Kenneth G. Schellhase, MD, MPH, MCW professor of family and community medicine and principal investigator on the project. "Better access to

immunizations will reduce the healthcare costs of preventable illnesses."

The WPF will work with MCW's School of Medicine (specifically the department of family and community medicine) and the MCW School of Pharmacy to address policies and systems that serve as barriers to patient access to vaccines. Policy and systems changes will include developing a consistent statewide vaccination protocol and training, engaging pharmacists as immunizers, enhancing the role pharmacists play in the medical neighborhood and addressing medical claims payment policies – which should lead to sustainable and expanded patient access to recommended vaccines. The ultimate goal is to increase the number of vaccines administered in the state, thereby reducing the prevalence of vaccine preventable diseases.

"The medical home is expanding to the medical neighborhood. This project is allowing us to expand the services provided in the medical neighborhood in our state, particularly the expansion of the pharmacist's role as a healthcare provider,"



## COMMUNICATION IS KEY:

MORE THAN  
**50%**

OF PARENTS INCORRECTLY BELIEVE A PRIMARY CARE PROVIDER WILL REACH OUT WHEN THEIR CHILD NEEDS A VACCINE

**90%**

OF PARENTS INCORRECTLY BELIEVE THEIR CHILD IS CURRENT ON VACCINES\*

\*CS Mott Children's Hospital National Poll on Children's Health, released in 2017

notes George E. MacKinnon III, PhD, MS, RPh, founding dean of the MCW School of Pharmacy.

“The system changes implemented by the project will most likely impact vaccination gaps associated with barriers to primary care access,” Martin adds. “For some patients, visiting their primary care provider in order to obtain an immunization can involve both financial and practical hurdles. The pharmacy setting, therefore, may provide a greater opportunity for uninsured or underinsured patients to receive immunizations.”

Research showed that patients did not forego

primary care visits even if receiving immunizations elsewhere, and revealed that a significant number of individuals receiving vaccines in nontraditional settings – including pharmacies – do not have primary care providers. Equipping pharmacists with the tools needed to provide immunizations can help them play an important role in identifying those individuals without a medical home. Pharmacists can partner with medical practices in their communities to expand communication among providers, ultimately improving patient care.

Effective communication is a key component of the medi-

cal neighborhood and will be one of the focuses of this partnership project. Communication among providers in the medical community will be expanded by utilizing the WIR to ensure continuity in a patient’s relationship with her/his medical home.

“Pharmacists are one of the most accessible providers in the healthcare profession, uniquely positioned to provide care to patients in medically underserved areas,” Dr. MacKinnon remarks. “The MCW School of Pharmacy will ensure that the pharmacist has been educated and trained as a healthcare provider to extend the level of care in our diverse communities throughout the state.

We are excited to partner with PSW, the MCW School of Medicine and others to extend interprofessional training – not only to pharmacy students but to practicing pharmacists as well.”

“Wisconsin’s pharmacists applaud the focus of the AHW Endowment on immunization rates and look forward to implementing meaningful solutions to improve access,” shares Sarah Sorum, PharmD, PSW vice president of professional and educational affairs. “Wisconsin pharmacists are well-positioned to make a meaningful impact on public and population health initiatives.” ■

– MICHELLE SCHAEFER



# On the Other Side of the Stethoscope

## When Doctors Become Patients

By Anthony Braza • Sara L. Wilkins

Viewing life from another person's perspective often allows us to see and think about things differently, and may affect how we interact with those around us. For a physician, a change in perspective can be especially powerful if it results from experiencing life as a patient. Illness has the ability to profoundly change a physician or a physician-in-training, and the process of transitioning from healthcare provider to patient can be quite eye-opening.

Most physicians do their very best to show compassion, provide support and empathy – but this often is insufficient. Sometimes doctors must look through the eyes of those for whom they care in order to better serve their needs. By being “on the other side of the stethoscope” and “wearing a gown,” providers can learn to better empathize with

patients and, ultimately, more effectively ease the pain of living with disease.

The following are invaluable lessons realized by medical students, residents, fellows and physicians at the Medical College of Wisconsin. Through their own experiences as patients, they have identified with their patients and developed a keener under-

standing of the daily struggles their patients face. And they believe they have become – or are in the processing of becoming – better doctors as a result.

The life-changing stories below have influenced how MCW physicians provide care. We are grateful for their willingness to share their experiences and their lessons learned.



### Julie Biller, MD

“Two things in particular happened to me that impact the way I practice medicine: my miscarriage and my carotid artery dissection,” shares Julie Biller, MD, MCW professor of medicine (pulmonary).

“I had a miscarriage during my first pregnancy. I began bleeding and called my obstetrician. He was so great. He was so clear in his description of what the potential possibilities were, which really helped reduce my anxiety. He was so great at his communications that it had a lasting im-

pact. People really want to hear, in a clear fashion, what's happening to them – even if there is some uncertainty.”

Dr. Biller's second meaningful incident – which she refers to as her “bad haircut story” – occurred 20 years ago. “I had gone to get my hair cut, which for women means a haircut and a shampoo. The stylist left my head hanging in the shampoo bowl too long and when I sat up, I had blurry vision. At first, I thought it might be a cornea problem, but then my vision normalized so I thought everything was okay. The next day, I started to notice that I had numb-



“I had no idea what it was like for many patients before I became one.”

— John Owen  
4<sup>th</sup>-year MCW medical student  
(shown here with his wife, Dr. Julie Owen)

ness on one side of my face and I began to develop a headache.”

She was caring for hospitalized patients at the time, and the symptoms remained for several days. “So how does a physician get healthcare? A friend who was a pediatric neurologist met me on a weekend, and he heard the whole story. He was worried about a disease like MS, so I had to have an MRI. To my surprise, they pulled me out of the machine to tell me I had dissected my carotid artery. I was ready to leap out of the scanner anyway...who knew that I was claustrophobic?”

A second MRI confirmed more details of the carotid artery dissection – which is a separation of the layers of the artery wall supplying oxygen-bearing blood to the head and brain. The most serious outcome of this dissection is a severe stroke. “There is actually a name for this condition: beauty parlor stroke syndrome,” Dr. Biller notes wryly.

Dr. Biller spent a few days in the hospital and was on anticoagulation medicine for several months. She says that an “aha moment” occurred when several of her male physician colleagues were looking at her MRI images and didn’t understand how

the dissection could have been caused by getting a haircut. “I realized that this was a bunch of men who just get their hair cut without shampooing, so I had to explain to them the gender differences regarding treatment in the salon. It made me realize that we all have assumptions of what an activity means, and that we have to ask additional questions to understand what exactly was involved – because on this occasion their frame of reference was different from my frame of reference.”

*Continued on next page*



*Dr. Todd Burner examines a patient at the Zablocki VA Medical Center.*

*Continued from previous page*

## Julie Biller, MD

Within three to four weeks, some of her symptoms returned. “One of my doctors told me, ‘Julie, you are human just like everyone else. You need to take a leave of absence to take time to recover.’ That was excellent advice. Healthcare providers try to minimize disruption in their professional lives because of concern for the patients they take care of, but we really need to take time to heal. And going through the experience of allowing time to heal my body was a teachable moment for me – and something that I pass along to my patients: ‘Take the time to heal and listen to your bodies.’”

As for other lessons learned, “Being clear about a patient’s specific problems comes from my miscarriage experience and was reinforced with my dissection. I want my patients to know the range of what their workup might be, as well as the options for evaluation. I want them to be alert to potential problems that might need to be communicated back to their healthcare team sooner rather than later. Within a reasonable boundary, I will share that I have been hospitalized and that I know it can be scary – but that we will work through it together. I try to give them as much information as possible. I often relate that I have had MRIs and that they were not easy to go through – but the chest scans I order for my patients are a lot less stressful than the MRIs!”

After two decades, Dr. Biller still is very careful about her head placement. “It has worked to my advantage because I’ve been able to opt out of certain things with my kids – like going on rollercoasters.” ■

## Todd Burner, MD

“I was making breakfast for my daughter when I felt this numbness and tingling go all the way down the back of my left leg, and almost immediately it affected my gait. At first I thought it was sciatica, since I had been working out the night before. I finished breakfast and limped into a meeting at MCW – and halfway through the meeting I realized I was going to be hobbling into the ER rather than to my office. It was a long, horrible walk...”

Thus began the arduous journey of Todd Burner, MD ’01, GME ’04, FEL ’08, assistant professor of medicine (rheumatology), who in 2010 contracted Guillain-Barré syndrome (GBS), a rare disorder in which a person’s own immune system damages their nerve cells, causing muscle weakness and oftentimes paralysis. GBS can cause symptoms that usually last for a few weeks. The exact cause of GBS is unknown, but it is often preceded by an infectious illness such as a respiratory infection or the stomach flu – and rarely, recent surgery or an immunization.

That first day, Dr. Burner spent a total of 12 hours in the Froedtert Hospital emergency room, but physicians were unable to find “the smoking gun” and he was discharged. Later that night he began retaining urine, for which he ultimately had to endure a Foley catheter for many weeks. Follow-up neurological testing revealed GBS, and Dr. Burner was immediately admitted to Froedtert Hospital. During his four-day stay there, he was administered four separate infusions of intravenous immunoglobulin (IVig), which, according to Dr. Burner, “binds to the bad antibodies in your system and washes them out and/or neutralizes them.”

Following his discharge from Froedtert, Dr. Burner’s left leg was still very weak and significantly swollen, and he continued to retain urine. “It was horrible, and it didn’t get better right away. We did what we could and held our breath. I had two weeks of suffering at home and then came back to work with a cane and the catheter. It was debilitating, but I hobbled around and took care of patients, which was important to me. A month or so later, the catheter was removed, I was improving via physical therapy, and I ultimately bounced back.”

Dr. Burner is a rheumatologist who sees patients at the Zablocki VA Medical Center in Milwaukee. “I enjoy working with veterans. They are appreciative, and I appreciate the service they have given to our country. It’s important for me to try to figure out how I can pay them back in some way.”

Dr. Burner’s clinical duties are twofold: taking care of hospitalized patients and treating rheumatology patients in the clinic. An interesting twist to this story is that as a rheumatologist, Dr. Burner treats patients with arthritis, autoimmune diseases and pain disorders affecting joints, among other maladies – some of whom require regular infusions of IVig on an out-patient basis.

“My experience with GBS has made me a better doctor, a better communicator. It took my level of empathy to a new high. In the hospital, when I heard my doctor talk to me about things I talk to my own patients about all the time, it was like an out-of-body experience. All of sudden I’m the patient – and he did a great job talking to me. It made me think about how my patients think about the ways I talk to them – which in turn made me think about how I can better communicate to my patients. There is a certain group of them with whom I share my experiences; I tell them a brief version of my story and how it has made me a better doctor – and they appreciate that. It also taught me what it means to be hospitalized, what it does to families, how to discuss illnesses with children. It has made me understand where the families are coming from and helped me to communicate better with them. Without a doubt, it has affected every realm of my practice.” ■

["My experience with Guillain-Barré syndrome] taught me what it means to be hospitalized, what it does to families, how to discuss illnesses with children."

— Dr. Todd Burner

## Gabrielle Geddes, MD

"My mother was diagnosed with multiple sclerosis (MS) when I was 12 years old, and over the next few years she was mostly bedridden. I was her primary caregiver, and we had a lot of medical stuff around because she was getting shots and infusions. I learned how to administer injections, and through this, I learned a lot about IVs and such — and I found it interesting. But by the time I was in high school, I began to have my own autoimmune health issues, which continue to this day."

Gabrielle Geddes, MD, GME '15, assistant professor of pediatrics (genetics), has been face-to-face with illness and disease since childhood — as both a caregiver and a patient with chronic maladies. "During med school I started having more significant health issues, including my first episode of optic neuritis — which is an inflammation of the optic nerve often associated with MS. During my internship year, I had another episode. Things got worse, and I was examined by a neurologist who — because I had an abnormal reflex in my hand — told me he thought I had MS. All my scans were negative, and I saw a rheumatologist who started me on an immunosuppressive drug. Then I got septic and was hospitalized."

Dr. Geddes had several more bouts and at one point was told by a doctor who had not examined her that her condition was "all in her head." Another physician diagnosed her with neuromyelitis optica (NMO), which he said could likely lead to blindness, paralysis and perhaps even death over a five-year period. "This was five years ago, and I'm still here...but I thought I was going to die of this."

"I decided to go ahead with my training

"The insight...has made me be much more humble about being uncertain about things."

— Dr. Gabrielle Geddes

in genetics and gained some level of control by telling myself I would kill myself if things got really bad. But they didn't. I still have chronic stuff but nothing severe. I thought: 'This is what the future holds for me, and I am going to be just like my mom.' Ultimately, this has made me more dedicated to medicine and to my patients because I thought that whatever time I have left to live, my purpose is to be a doctor. I feel a deep calling that is almost religious. This is my exact purpose in life... that I am here to help, however I can. So I rededicated myself to my work."

Dr. Geddes is now supported by a local excellent care team, including a neuro-ophthalmologist who told her there was no way she had NMO; rather, he diagnosed her with autoimmune optic neuropathy. She also sees rheumatologist David Gazeley, MD, FEL '11.

"The insight that this has given me is that we are often wrong in medicine. That's true in genetics, too. Sometimes in genetics I like being wrong because I have said a patient would succumb to his/her disease and they didn't. Also, I know how stressful it is to be wrong about those types of things, especially since I am usually talking about

children. It has made me more humble; when someone asks me something I am perfectly content with saying, 'I don't know' or 'nobody knows that' or 'let me look to find more information.' It has made me be much more humble about being uncertain about things — and in genetics there is so much uncertainty.

"I also like to think it has given me a bit more compassion. I think in a way, medicine has given me more than I've given it. My specialty is children with congenital heart disease, so if I wake up stiff, and it's hard to move, and I'm in pain, I know there is a kid with one ventricle running down the hallway — so I have to get up and get moving. Ultimately, my patients have given me more than I've given them. I have more ability to cope with the stresses of being chronically ill and the annoyance of being chronically ill. I am on a teratogenic immunosuppressive drug, so I likely can't have children because they would be born with major birth defects — but my patients are my children, so that's okay. I think that also gives me more insight and empathy when I am talking to people about their reproductive issues." ■

*Continued on next page*



Photo courtesy of Gary Porter



## Kenneth Lee, MD

In 2004, Kenneth Lee, MD '93, GME '97, FEL '99, associate professor of physical medicine and rehabilitation, was stationed in Iraq treating his wounded battle buddies when he himself was badly injured by a suicide car bomb. The incident caused traumatic brain injury, post-traumatic stress disorder, and nerve and joint damage that led to years of therapy, surgery and deep, dark depression. The darkness continued until his fellow veterans gave him a renewed sense of purpose.

"We are trained to have a battle buddy. That battle buddy mentality comes out when I am treating a fellow veteran. They are patients, but they also are my comrades."

Throughout his rehabilitation – the surgeries, the physical therapy (PT) and occupational therapy (OT), the sessions with the psychiatrist – as well as throughout his own internal battles, Dr. Lee paid attention to what he liked, what he didn't like, and how he felt along the way. These notes paved the way for changes he made to how he interacted with and treated his veteran patients.

As an example, he says he remembers how boring PT and OT were, and how they seemed to drag. So he launched an adaptive sports and recreation league to make therapy more engaging and interesting for his patients. This includes activities such as sled hockey, wheelchair lacrosse and goal ball. The veterans at the Zablocki VA in Milwaukee enjoy their therapy with a renewed sense of worth.

"So many of these paralyzed veterans have it worse than I ever had it, and seeing their resilience and perseverance as they participate in these sporting events helped bring me through my ailments. We help each other. Now, I am enjoying life with

my family members and my spinal cord injury veterans, all of whom have saved my life and career."

Dr. Lee's spinal cord injury patients face many of the problems he faced and experience many of the same feelings, and he shares that he helps them as much as he can along the way because he can relate.

"Being a veteran, and having been a patient at the VA, I understand so much about what they are going through. Like when they don't want to deal with the pain, or are feeling lonely and scared and want to harm themselves. Or when they start wrapping the emotional aspects of their injuries into the physical parts and worry too much about what people think about how their injuries make them look. I can relate on so many levels. The first time I went to the YMCA after my injuries, parents took their children out of the pool because they thought I had a disease.

"We always tell our patients there are support services available to them. Because I have used almost all of them, now I can look my patients in the eyes and tell them with complete certainty those services work. They help. And they believe me because I can talk to them in their own language. And from my experiences, I also try to convey how strong and important family support can be. I want them to understand it gets much easier if they bring others into it."

Dr. Lee also tries to impart lessons he learned onto the medical students and residents. "It is important for them to know that patients have lives away from what they are being treated for, and that there is life after care. I like bringing students and residents to the adaptive sports events to see the fruits of their work – to see what patients are getting better for." ■

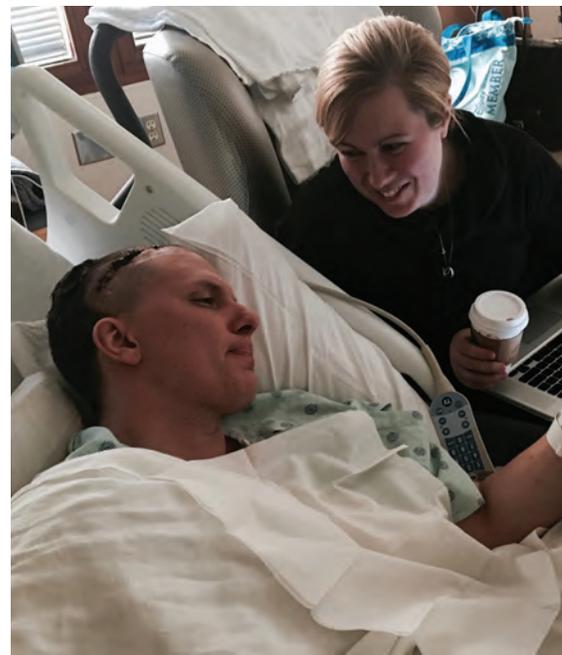
## John and Julie Owen, MD

In his third year of medical school, on the last day of his general surgery rotation, current MCW-Milwaukee medical student John Owen woke up in the back of an ambulance. He later found out he had had a massive seizure, which led to work-ups and testing and the eventual diagnosis of an 8cm right frontal tumor. John had brain cancer.

Little did he, or his wife, Julie R. Owen, MD '13, GME '17 (who was a third-year psychiatry and behavioral medicine resident at MCW at the time), know the impact this event would have on their lives and their careers.

Prior to medical school, John Owen had worked as a nurse in the Froedtert Hospital emergency department for four years while Julie went through medical school at MCW-Milwaukee. He and his wife have had plenty of opportunity to interact with patients. But, as they both say, those interactions will be different going forward.

"Being a patient will make me a much slower doctor. I had no idea what it was like for many patients before I became one," he says. "I'm much more accepting of a whole variety of presentations. Whether patients come in and they are



“I am always thinking about how the diagnosis and interaction sounds on the other side of the desk.”

– Dr. Mary Horowitz

grumpy, or tired, or not engaged or not motivated, I’ve felt all of those, so I can appreciate them. I’m much slower to judge than I ever was before. I’m ashamed to say that.”

Dr. Julie Owen adds, “I know what suffering feels like. I know what challenging situations feel like. Having that firsthand experience impacts how I treat patients. Having gone through this with John, I have cultivated a deeper sense of empathy for others. I’d like to think I always had it, but it has definitely grown after being on the patient side of things.”

The Owens agree that their chosen careers made going through this both easier and more difficult.

“I am thankful for the additional understanding of what is going on and what is involved, and for knowing the physicians who cared for me,” John Owen remarks. “But I also know all of the other possibilities. I’ve cared for people whose experience with brain cancer didn’t go well, and it’s not a pretty sight. Thinking about that for myself was very difficult.”

Dr. Julie Owen echoes those sentiments. “The perspective you have as a physician is so valuable when you are thinking about your own situation, but the knowledge base – what the data and research indicate – can be difficult to overcome.”

John Owen had to extend his medical school training by one year because of the treatment, but has no regrets. MCW developed a plan to allow him to graduate on time, but it would have required him to give up all his electives, some of which he needed to go into emergency medicine – a trade-off he wasn’t willing to make.

Having gone through this, he has a new perspective he likes to share. “Before, I approached my life with the assumption I had 80 or 85 years. But now I realize I may never get a ‘later’; later may never come. You have no idea what people are going through when they see you in the store or make a disparaging gesture. We need to give people more credit. Give people more slack. No matter what your problem is that day, others have it worse.” ■



### Mary Horowitz, MD, MS

**T**welve years ago, Mary Horowitz, MD ’80, GME ’85, FEL ’89, MS ’91, the Robert A. Uihlein Professor of Hematologic Research, was diagnosed with stage IIB breast cancer. A few years later, her husband, Mark, was diagnosed with frontotemporal dementia, a progressive degeneration of the areas of the brain responsible for decision-making, behavioral control, emotion and language. She will quickly point out which one has been more difficult.

“When I was diagnosed, I knew the language and understood what was happening and what I needed to do – and that my chances for survival were good,” says Dr. Horowitz, an oncologist and blood and marrow transplant researcher. “But I didn’t know much about his disease, and what I learned was harder to handle. There is little that can be done, and I can only watch him get worse and worse. I’ve had 10 years of continual loss.”

Each of these experiences has led Dr.

Horowitz to different insights about the care she provides.

“I am very comfortable in a hospital and around healthcare providers; I have no clue how patients who aren’t oncologists handle this. It can be so scary in a hospital, and people don’t process news as fast when they are having emotional reactions.” To exemplify this last point, Dr. Horowitz shares that when she went in to receive her diagnosis, she brought along a colleague, and was so glad she did because she didn’t remember anything her oncologist said.

“I always thought I was empathetic, but now when I’m with a patient, I talk slower and give them time to process the news and come up with their follow-up questions. I repeat whenever I think it might be necessary and will sit down so they don’t feel rushed or flustered. I am always thinking about how the diagnosis and interaction sounds on the other side of the desk.”

As a world-class leader in blood and marrow transplant research and scientific director of MCW’s Center for International Blood and Marrow Transplant Research, Dr. Horowitz travels quite a bit for work. Her husband now requires daily check-ins, which makes logistics difficult during these trips and has given her a new appreciation for single parents.

“My husband’s care gave me much more sympathy for single parents. It can be difficult to balance work with the needs of someone who requires help for everyday social interaction, and to feel happy and safe. This is the first time in my 40-year career where balancing home life and my career has become difficult for me. When our children were small, my husband shared those responsibilities and they were manageable.” ■



For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)

“We help each other. Now, I am enjoying life with my family members and my spinal cord injury veterans, all of whom have saved my life and career.”

– Dr. Kenneth Lee



# A Comprehensive Approach to Pediatric GI Care

**G**abriella Tavare had not had a spontaneous bowel movement since starting solid foods when she was six months old. In 2010, when she was two-and-one-half, Gabbie and her mother, Kristel, traveled nearly 250 miles from their home in Eau Claire, Wis., to Children's Hospital of Wisconsin to meet with Manu Sood, MD, MCW professor and chief of pediatrics (gastroenterology). Dr. Sood served as director of Children's motility program, which specializes in functional and motility disorders where the nerves and muscles in the gastrointestinal (GI) tract don't work correctly.

"We would be in the emergency room almost every week doing some sort of clean-out process because Gabbie just couldn't get any output,"

Kristel recalls. Despite various combinations of stool softeners and laxatives, the Tavare family wasn't any closer to knowing how to help their youngest family member.

But Gabbie's gastroenterologist at Marshfield Clinic had seen Dr. Sood speak at conferences, and he referred her to Children's motility program – one of only a few centers in the country diagnosing and treating children with motility and GI bowel disorders.

Motility testing revealed Gabbie had slow transit constipation due to dysfunction of her colon's nerves and muscles. Since laxatives did not provide relief for her, Dr. Sood suggested the family try a novel surgical treatment: a cecostomy tube, wherein a surgeon places a catheter in the first part of the colon that can then be injected with medicine to flush feces out through the rectum. This would not

only help manage Gabbie's constipation but also support her in achieving fecal continence.

"We have this family-oriented approach with our program where we make sure we include the patients in our decision-making, and our goal is not just to treat constipation but to help our patients achieve social continence," he says.

"It wasn't really a choice for us," Kristel says. "We said, 'Look, we can't keep doing this. Gabbie constantly has a whole

bottle of laxatives in her, and she's still not having a bowel movement.' She was miserable, and it was affecting her quality of life; we had even pulled her from preschool at that time."

Although it took six months before Gabbie's body began accepting

the tube, Gabbie started to thrive. She soon even began to excel at her favorite pastime, gymnastics.

"Gabbie loves gymnastics, and we were the family that wasn't going to let any of this stop her from participating," Kristel says. "The button for the cecostomy tube hung off her belly enough that it could get caught on the bars or something else, so we just made some little double-layered fleece squares – her 'button buddies' – to put over her button."

Between gymnastics meets, Gabbie returned to Children's every six months to check in with Dr. Sood, whom Gabbie loves. "He was great with her," Kristel says. "I always put these fun flowery clips in Gabbie's hair, and Dr. Sood would joke that she needed to bring him one, which we'd always forget."

Today 10-year-old Gabbie competes regionally at a level seven in the Junior

Olympics Program. "I tell Gabbie's story to many of my patients," Dr. Sood remarks, "a bubbly girl doing cartwheels down the clinic hallway with a cecostomy tube."

A focus on the biopsychosocial model of health is just one reason the motility program at Children's is internationally known. "We see a range of common and complicated motility disorders," says Katja Kovacic, MD, MCW assistant professor of pediatrics and current director of the motility program, "and we have a comprehensive treatment approach, so we coordinate with surgery and urology on step-up therapies."

Included in this comprehensive approach is an emphasis on mental health and pain management, including having a psychologist embedded in the GI division for ongoing support as well as targeting both areas in research studies. The motility program is supported by a state-of-the-art motility lab to help with diagnostic evaluation and enable the team to make more informed and patient-specific management plans. "We are taking advantage of MCW's nationally renowned expertise in functional magnetic resonance imaging research and technology to look at how the brain perceives bowel sensations and regulates bowel function," says Dr. Sood.

The program also focuses on less invasive diagnostic testing and therapies. Dr. Sood helped adapt high-resolution manometry technology for evaluating colon motility in children, and his solid state manometry colonometry catheter is now used all over the country.

"We have these novel approaches of achieving continence, including the use of cecostomy tubes and sacral neuromodulation," adds Dr. Kovacic. The latter involves a neurostimulator implanted in the lower spine to address a potential

*"Gabbie loves gymnastics, and we were the family that wasn't going to let any of this stop her from participating."*

*– Kristel Tavare*



*Gabbie Tavare and Dr. Manu Sood are all smiles after she presented him with a special sunflower hair clip.*

Photo courtesy of Gary Porter

communication problem between the brain and the bowels. “I think I’ve seen some of my happiest patients with this therapy.”

To address pain, Dr. Kovacic has been working with colleagues at MCW on a clinical trial that uses another form of neuromodulation to alter how the brain perceives chronic abdominal pain. The device sits behind the ear similar to some hearing aid models. (See Summer 2017 issue of MCW Magazine.)

Many patients travel across state lines to see Drs. Sood and Kovacic for motility issues, including rare disorders such as chronic intestinal pseudo-obstructions. These patients have the symptoms of a mechanical obstruction of the bowel without any such physical impediment.

**“We have this family-oriented approach with our program where we make sure we include the patients in our decision-making.”**

**– Dr. Manu Sood**

Better quality of life is the motility program’s main objective for all patients, including Gabbie. After a few years of using her cecostomy tube every day, she transitioned to an every-other-day routine. Even though Gabbie still wasn’t having spontaneous bowel movements between flushes, at her appointment just about a year ago, Dr. Sood suggested the family try only flushing twice each week and adding in a laxative.

Instead of a laxative, Kristel had

“It’s a life-threatening disorder,” says Dr. Sood, “but with our surgical colleagues, we’ve been able to provide patients with a better quality of life, and we’ve had a good success rate of preventing full-blown intestinal failure.”

Gabbie try a magnesium supplement. “She emptied without doing a flush, which she hadn’t really before,” Kristel recalls. “So we continued with the supplement, and she’s been having bowel movements on her own ever since.”

Gabbie initially wasn’t ready to have her cecostomy tube taken out, so her family and care team at Children’s gave her time to adjust and feel confident in her newfound continence. A few months later, Gabbie began gymnastics competition without her cecostomy tube and “button buddies” for the first time, but she still needed to see Dr. Sood for one more thing. On a snowy day in February 2018, after a successful fourth-place finish at a meet in Milwaukee, Gabbie and her dad made a special detour to Children’s to drop off a gift: a hair clip with a sunflower for Dr. Sood. ■ – KARRI STOCK



For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)



# Support from MCW-Green Bay Community Exceeds Expectations

Even though they had done their due diligence when applying and interviewing for medical schools, the inaugural class of students at the Medical College of Wisconsin-Green Bay didn't – and couldn't – have known exactly what they were getting into.

A three-year program structured to reduce student debt and allow quicker entry into the physician workforce. Classrooms and labs housed at St. Norbert College in DePere, Wis. Lectures via video conferencing from the faculty at MCW-Milwaukee, and in-person instruction from faculty associated with St. Norbert, Bellin College, the University of Wisconsin-Green Bay and other MCW academic partners. Clinical rotations at hospitals and healthcare facilities across the Green Bay community. Those were the facts. But what would the experience be like?

“It was hard to know what to expect coming to a brand new medical campus,” recalls Wausau, Wis., native Andre Theuerkauf. “I knew MCW had a reputation as a great training facility, but there were still unknowns regarding MCW-Green Bay.”

Yet, like his classmates, Theuerkauf was willing to take the chance in order to be a part of what he describes as “the innovative three-year curriculum that gives students early and continued clinical practice.”

This concept was one that appealed to many already living in the community, including Martha Grace Courtright, a Louisiana transplant. “When my husband and I moved to Wisconsin for his job, I knew that MCW was planning to open the two regional campuses,” she says. “I am the daughter of two family medicine doc-

tors and was already really interested in doing family medicine myself. I am also a nontraditional student and didn't go straight from college to medical school, so by this time I was ready to be doing what I felt called to. When I heard about the accelerated curriculum concept with a focus on primary care, it seemed like the school had been designed for me and my goals.”

While the innovative curriculum caused them to apply, the students agree that the people they met during the interview process solidified their decision to attend MCW-Green Bay.

“My interview day at MCW-Green Bay really ‘sealed the deal’ on making this my number one choice,” says Allison Meyer (recipient of the *Dr. Alvin and Helen Brusky Memorial Endowed Scholarship*), who grew up in a small town in Indiana. “The interview panel and staff really wanted to get to know me as a person and were genuinely interested in the goals I wanted to accomplish.” Adds

Theuerkauf, “From the moment I walked into my interview, I was met with an excited, enthusiastic and friendly environment that has only grown stronger with age.”

That growth, however, didn't come without setbacks. “Coming in as the inaugural class, there were growing pains as everyone was trying to figure out how things were going to operate,” Courtright shares.

Even with the unavoidable challenges of being first, faculty and staff banded together with the students to make their three years a success. “One of the large

challenges was not having the senior medical students a year above being able to give advice about clerkships or board exams,” says Theuerkauf. “This obviously would lead to some anxiety, but with the aid of our supportive staff, my classmates helped each other.”

Meyer agrees. “I expected medical school to be challenging. What I didn't expect is the amount of support I had around me as I have been going through this process. I knew I would have the support of my family and friends back home. I just didn't expect how much support my fellow classmates, the staff, the faculty and the community would give me.”

Experiencing firsts and facing obstacles together ultimately created a very tight group in Green Bay. Meyer, Theuerkauf and Courtright agree that the relationships they each forged were the best part of the last three years.

“I could not have asked for a more dedicated, tightknit and fun group of people to go through medical school with,” Theuerkauf says. “Our collective positive attitudes and determination made even the most challenging times memorable.” And then there were his teachers in the field – the reason he was attracted to MCW-Green Bay in the first place. “The area physicians were all so excited to have medical students. Their enthusiasm showed and positively impacted the caliber of instruction we received.”

Meyer echoes those sentiments, as does Courtright. “The best part of these past three years is all the relationships I have made with fellow students, preceptors, staff and people in the community,”

“From the moment I walked into my interview, I was met with an excited, enthusiastic and friendly environment...”

– Andre Theuerkauf

“...it seemed like the school had been designed for me and my goals.”

– Martha Grace Courtright

“We are excited to be building this future together... I am confident that you are the embodiment of our hopes for the next generation of physicians.”

-Matt Hunsaker, MD, founding campus dean, MCW-Green Bay, 2015 White Coat Ceremony



(l-r) Martha Grace Courtright, Allison Meyer and Andre Theuerkauf shared similar experiences as members of the first graduating class at MCW-Green Bay.

Photo courtesy of Eva Porter

Meyer says. “I think of my classmates as my family.”

Says Courtright, “First, I have amazing classmates. We grew quite close the first year because we were the only students around. Second, the faculty and staff are unbelievably supportive. They have been a shoulder to

cry on, encouragers, advocates and cheerleaders. I am so unbelievably grateful for the support I have gotten and the relationships I have developed.”

While they have only a few weeks left to wait before finding out what’s next – Match Day is March 16 – they each have goals to serve the kind of community they come from and have learned in. Courtright plans to practice full-spectrum family medicine in a smaller community, Meyer wants to open a general pediatric

“I just didn’t expect how much support my fellow classmates, the staff, the faculty and the community would give me”

– Allison Meyer

practice in a rural community one day, and Theuerkauf is interested in working with the medically underserved through internal medicine as well as public health and policy.

And they all feel prepared, thanks to the faculty, staff and their classmates at MCW-Green Bay. “Whether being in the clinics

and hospitals or in the classroom, I have had the opportunities to have one-on-one attention with faculty, which has greatly expanded my knowledge,” concludes Meyer. “And I know that through my time here, I have made lasting relationships with classmates, faculty and staff that I will carry with me going forward.” ■

– KARRI STOCK



For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)

## Strong Support For Scholarships

Thanks to donors, MCW-Green Bay exceeded the Green Bay Packers Foundation’s matching gift challenge to build scholarship funds for local medical students. This outstanding opportunity began to build the scholarship endowment for MCW’s regional campus and will be a permanent resource to benefit Tiletown’s medical students now and in the future. Donations were received from MCW alumni, physicians, community members and other foundations. Since July 2015, nearly \$1 million has been designated to scholarships for MCW-Green Bay medical students.

MCW is grateful to the donors who established the following scholarship funds to support MCW-Green Bay medical students:

- Dr. Alvin and Helen Brusky Memorial Endowed Scholarship
- Bernie and Alyce Dahlin Endowed Scholarship
- Friends of MCW Regional Campus Scholarship
- Green Bay Packers Foundation & MCW-Green Bay Champions Scholarship
- Dr. Wm. David Jones and Mrs. Mary L. Jones Endowed Scholarship
- Janet and Charlie Lieb Endowed Scholarship
- MCW-Green Bay Scholarship
- Helen and George Medich and Medich Family Endowed Scholarship
- William Randolph Hearst Scholarships
- Richardson Family Endowed Scholarship
- Drs. Schmidt Endowed Scholarship
- Larry and Rosie Sur Endowed Scholarship
- Larry L. and Lois C. Weyers Endowed Scholarship



# “Pay it Forward,” says Alumna and MCW Trustee

Janis Orłowski, MD '82, is the first member of her family to graduate from college – an achievement she furthered by completing medical school and becoming a physician. She credits the importance of the educational scholarships she received and believes in giving back to help others.

“I think it is an obligation for those of us who have found professional success to pay it forward by helping strengthen the institutions that were pivotal in building our careers. For me, that would be the Medical College of Wisconsin and Marquette University,” says Dr. Orłowski.

In addition to serving as chief healthcare officer for the Association of American Medical Colleges (AAMC), Dr. Orłowski is a trustee of both MCW and Marquette University, where she earned an undergraduate degree in biomedical engineering. As chair of the committee on each institution's board that was involved in the development of the Marquette University and MCW department of biomedical engineering (a joint entity), Dr. Orłowski had a front-row seat to the entire process of building a new academic partnership between her two alma maters. Excited by the prospects of this partnership – which strengthens the field that first awoke her passion to become an academic doctor – Dr. Orłowski made a philanthropic pledge to support the new department.

“There are many connection points that I share with the new department. I was born in Wisconsin and grew up in Racine. I was in one of the early biomedical engineering classes at Marquette and adored the discipline for bridging my love of math and medicine. It actually was my junior-year research project, conducted at MCW, that reinforced my growing desire to go to



Photo courtesy of Gary Porter

“I think it is an obligation for those of us who have found professional success to pay it forward by helping strengthen the institutions that were pivotal in building our careers. For me, that would be the Medical College of Wisconsin and Marquette University.”

– Dr. Janis Orłowski

medical school,” she notes.

After her training at MCW, Dr. Orłowski completed a residency and fellowship in nephrology at Rush University Medical School in Chicago. She practiced nephrology at Rush and assumed several leadership roles there, including as executive dean. Dr. Orłowski later became chief operating officer and chief medical officer of MedStar Washington Hospital Center in Washington,

DC. Shortly after joining the AAMC in 2014 as chief healthcare officer, Dr. Orłowski received the call from John R. Raymond, Sr., MD, president and CEO of MCW, asking if she would like to serve as a trustee.

“It was such an honor as an alumna to be selected – and it was an easy decision. I look back fondly on my time at MCW, and so on my first few trips back for meetings, I just had to roam the campus and relive my school days.” More than three years later, Dr. Orłowski continues to embrace the chance to give back to MCW as a trustee.

“I didn't hesitate when Dr. Raymond called, and I always try to bring to our meetings a national perspective from my work with the AAMC. It is an exciting time to be on the board, and I applaud MCW's focus on growth in educational programs and innovation.” ■ – GREG CALHOUN



# Supporting Educational Excellence

## Quality OB-GYN Training Leads to Close Ties and Planned Gift

Steven Bergin, MD '74, GME '78, remembers how he and fellow residents grumbled when the requirements demanded by Richard Mattingly, MD, their Medical College of Wisconsin professor of obstetrics and gynecology, got a bit too exacting.

"As residents, we groused about him a lot," says Dr. Bergin, chuckling. "He was demanding, no question...but I can tell you my career benefited to no end because of that fact. He taught us to pay great attention to our patients and to be especially compulsive about following the medical trail to its completion."

Honoring the memory of this distinguished gynecologic surgeon and department chair was a natural for Dr. Bergin when he and his wife of 47 years, Sue, set up a planned gift to MCW – creating a bequest of \$1.0–\$1.5 million for the Dr. Richard F. Mattingly/Dr. and Mrs. Steven C. Bergin Endowed Professorship in Obstetrics and Gynecology. Dr. Mattingly's wife, Mary, and her family were pleased with the impending honor, as the Bergins had notified them of their intention before Mary passed away in 2014.

Dr. Bergin, a longtime OB-GYN physician and surgeon in Stevens Point, Wis., recalls, "As I made my decision that this career probably was the one I wanted to follow, I recognized very clearly that MCW's department of OB-GYN, chaired by Dr. Mattingly, was among the premier departments in the country."

Exceptional faculty fostered educational excellence. For Dr. Bergin, it was "the quality of the clinical experience and the quality of the physicians who provided that clinical experience."

His belief in MCW as the right place for him came well before he'd attended his first medical school lecture. Born and raised in Plymouth, Wis., Dr. Bergin earned his undergraduate degree in pharmacy at the University of Wisconsin. He had options to consider, including UW, having been accepted to multiple medical schools. Ultimately, he chose to head east to Milwaukee.

"I figured my experience would probably be broader and much more extensive, and that proved to be the case," says Dr. Bergin, who stayed to complete his residency in OB-GYN at the former Milwaukee County General Hospital.

His daughter, Ashlee Bergin, MD, following one of her father's paths, has an OB-GYN practice and teaches as a member of the University of Louisville academic staff.

"...I recognized very clearly that MCW's department of OB-GYN, chaired by Dr. Mattingly, was among the premier departments in the country."

– Dr. Steven Bergin



Dr. Steven and Sue Bergin

### THINKING OF MAKING A GIFT?

For more information on planned giving, please contact Stephen Davis, director of planned giving, at (414) 805-3308 or [smdavis@mcw.edu](mailto:smdavis@mcw.edu).

Dr. Bergin's pathways are many, as he has served on boards representing MCW, Wisconsin healthcare, music, child safety and the Village of Park Ridge, Wis., where he is a trustee. He also has joined community-led medical missions to Sumpan-go, Guatemala, during the past two years. His civic-minded, giving nature now extends to future MCW students through the planned gift honoring Dr. Mattingly. As chair of the Walter Zeit Fellowship Executive Committee for MCW, Dr. Bergin hopes the leadership gift inspires other alumni to give.

Dr. Bergin has one other donation in mind – the gift of time. "My life, my career, certainly would not be what it is without the unending, never-questioning support of Sue," he says. "In my field, being away from home was the norm. Throughout my career, she has been very supportive of my outside activities. Now, at my age, I'll be starting to back down from some of these activities, so she'll be able to recoup what she deserves!" ■

– JOHN BURLINGHAM



For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)

# HAPPENINGS



Photo courtesy of Mike McGinnis

## Former UK Prime Minister Cameron: Health-related Research is Critical

Former Prime Minister of the United Kingdom, David Cameron (*above*), capped off his November 14, 2017, visit to MCW with a keynote address to more than 375 attendees at the annual Healthcare Dinner. He now serves as President of Alzheimer's Research UK. Cameron met with faculty from the Neuroscience Research Center and department of radiology to learn more about MCW's advanced medical imaging technology and its impact on treating a wide range of neurodegenerative conditions. At the Dinner, Cameron spoke about his current activities and the importance of advancement in health-related research and technologies.

The Warren P. Knowles Humanitarian Award was presented to Joel and Arlene Lee (*pictured at right with Dr. John R. Raymond, Sr.*) for their leadership and strong support for academic medicine as an essential component for advancing healthcare and research. ■



Photo courtesy of Mike McGinnis

 For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)



The Steve Cullen Healthy Heart Club Run/Walk has raised more than \$415,000

## Steve Cullen Healthy Heart Club Run/Walk

More than 500 runners and walkers participated in the 22<sup>nd</sup> annual Cullen Run/Walk on Saturday, February 10. The event is held in memory of Steve Cullen, a former Milwaukee alderman, who died in 1995 at age 40 of sudden cardiac arrhythmia. Proceeds support the MCW Cardiovascular Center. ■

# PLEASE JOIN US...

## Imagine More Dinner Highlights Hope

The 6<sup>th</sup> annual Imagine More Dinner, scheduled for June 14 at the Pfister Hotel, highlights hope and innovation; the event has raised more than \$700,000 for research on the cause and cure of devastating neurological diseases. This year, Michael Lawlor, MD, PhD, associate professor of pathology, who swore to never give up on finding new ways to treat muscular dystrophy after it took the life of his childhood friend, will discuss his work on a global collaboration studying the use of gene therapies to treat pediatric muscle diseases. For more: [mcw.edu/imaginemore](http://mcw.edu/imaginemore). ■

## Women in Science Lecture Series

The June 5 installment in MCW's 12<sup>th</sup> annual Women in Science Lecture Series features Jacquelyn Kulinski, MD '08, assistant professor of medicine, who will ask, "Is Sitting the New Smoking?" On July 30, Heidi Christianson, PhD, assistant professor of psychiatry and behavioral medicine, will discuss "Post Traumatic Growth." Kajua Lor, PharmD, chair and associate professor of pharmacy, will present "Complementary Health: What the Science Says about Herbal Medicines," on August 30. All events are held at the Wisconsin Club in Milwaukee, from 11:30 am – 1:00 pm. Register at [www.mcw.edu/womeninscience](http://www.mcw.edu/womeninscience).

The Women in Science Pioneers in Research Awards Luncheon will take place in late October. An outstanding MCW female researcher will be honored with a \$10,000 award. New this year is the presentation of a \$5,000 mid-career research award. Also, two female postdoctoral fellows each will receive a \$1,000 scholarship from the Edward J. Lennon, MD Award fund, and one female MCW medical, graduate and pharmacy student each will receive a \$500 award. ■

## Cancer Crush

Help science crush cancer – by stepping out in a fresh new way. Join us for the inaugural Cancer Crush, a progressive run/walk/bike challenge raising money to benefit MCW cancer research in partnership with Froedtert Hospital. The challenge begins the week of June 3 and culminates with a one- or five-mile group run/walk on September 22 at F&MCW. Register, track your progress all summer, raise funds and get ready to crush cancer! For more: [www.mcw.edu/CancerCrush](http://www.mcw.edu/CancerCrush). ■

**SEPT. 22**  
Join Us  
For the Final  
1-Mile/5-Mile  
Run/Walk

# UPCOMING EVENTS

## JUNE

### CANCER CRUSH PROGRESSIVE RUN/WALK/BIKE CHALLENGE

DATE: JUNE 3-SEPT. 21, 2018  
LOCATION: ANYWHERE

### HAVE A HEART RIDE

DATE: JUNE 9, 2018  
LOCATION: SUBURBAN MOTORS HARLEY DAVIDSON, THIENSVILLE, WI

### WBCS SHOWHOUSE FOR A CURE

DATE: JUNE 2-17, 2018  
LOCATION: MILWAUKEE

### IMAGINE MORE DINNER

DATE: JUNE 14, 2018  
LOCATION: THE PFISTER HOTEL, MILWAUKEE

## JULY

### MATTERS OF THE HEART

DATE: JULY 19, 2018  
LOCATION: THE ATRIUM IN SHOREWOOD, WI

## SEPTEMBER

### DDC GOLF PRO-AM

DATE: SEPTEMBER 17, 2018  
LOCATION: MILWAUKEE COUNTRY CLUB

### ALUMNI WEEKEND

DATE: SEPTEMBER 20-23, 2018  
LOCATION: MILWAUKEE

### RIDIN' TO A CURE

DATE: SEPTEMBER 29, 2018  
LOCATION: OCONOMOWOC, WI

## OCTOBER

### WBCS FASHION SHOW

DATE: OCTOBER 24, 2018  
LOCATION: ICC, MILWAUKEE

For more information on these events, contact Peggy LeBrun, director, volunteer and event fundraising, at (414) 955-4503 or [plebrun@mcw.edu](mailto:plebrun@mcw.edu).

### STAY CONNECTED WITH MCW

We'd love to hear from you! We'll post your event comments and photos. Or, let us know what's coming up. Send your materials to [MCWmagazine@mcw.edu](mailto:MCWmagazine@mcw.edu).

Find us on:



# ALUMNI NOTES

## 1980s



**W. Marcus Brann, MD,**  
**GME '83, FEL '97,**

has joined Castlevue Hospital in Price, Utah, as its first cardiologist. He previously worked at Heart and Lung Institute of Utah and is board-certified in cardiovascular disease. Dr. Brann specializes in treating patients with heart valve disease, coronary artery disease, cardiomyopathy, aortic aneurysms, arrhythmia, peripheral vascular disease, congenital heart disease and hypertension, among other conditions.



**Arthur Derse\*, MD, GME '83,**  
**JD,**

published a perspective in the *New England Journal of Medicine* that discusses the intersection between medical care and police work and the challenges that can occur. The article uses the example of a much-publicized incident at a Utah hospital in 2017, where a nurse was wrongfully arrested for refusing law enforcement demands out of professional obligation. Dr. Derse's article was highlighted by the Association of American Medical Colleges (AAMC), and he serves as a member of its Council of Faculty and Academic Societies administrative board as a representative from the Association of Bioethics Program Directors.



**Mary P. Gavinski, MD '83,**  
was selected as a "2017 Health Care Hero" in the Executive Leadership category by *BizTimes Milwaukee* for her instrumental role in shaping and serving as a

champion for the care of the southeastern Wisconsin's elderly for more than 30 years. The winners, including five MCW faculty members, were recognized with feature stories in the December 18, 2017, issue. Dr. Gavinski, an internist and geriatrician, was the driving force behind the development of the Program of All-Inclusive Care for the Elderly in Milwaukee. Dr. Gavinski currently serves as chief medical officer for Community Care Inc., an integrated primary, acute and long-term healthcare provider.



**James C. Brandes, MD '85,**  
**GME '89, FEL '90,**

joined Carroll University in Waukesha, Wis., as director of the master of science in physician assistant studies program and clinical professor of physician assistant studies. Dr. Brandes also serves as CEO and president of nephrology practice for Midwest Nephrology Associates in Milwaukee, which has provided specialty services for kidney disease, dialysis and transplant patients in southeastern Wisconsin for more than 27 years.



**Dennis P. Han\*, MD, FEL '87,**  
was named a charter inductee to the Retina Hall of Fame for his achievements in medicine and contributions to the retina subspecialty. Among an inaugural class of more than 200 inductees, Dr. Han was joined by MCW faculty member **Judy E. Kim, MD, FEL '96,** and 17 other honorees with connections to the MCW Eye Institute. The Retina Hall of Fame honors physicians, scientists and related healthcare workers who have devoted their professional lives to innovation, research and clinical

care related to the retina. Dr. Han is the Jack A. and Elaine Klieger Professor of Ophthalmology at MCW.

## 1990s



**Gary C. Steven, MD '91, PhD,**  
**FEL '96,**

was elected to the board of regents of the American College of Allergy, Asthma and Immunology for a three-year term in recognition of his contributions to the allergy specialty. He also serves his local community as executive director of Fight Asthma Milwaukee Allies, a nonprofit organization that promotes asthma education and care to the underserved, as well as asthma education for healthcare providers. Dr. Steven has practiced allergy and immunology in Greenfield, Wis., since 2003.



**Bhavna P. Sheth\*, MD '92,**  
**GME '96, MBA,**

was elected to serve as the 2018 vice chair and the 2019 chair of the American Board of Ophthalmology (ABO). Dr. Sheth has served since 2012 on the board of directors of the ABO, an independent, nonprofit organization responsible for certifying eye physicians and surgeons in the United States.



**Kenneth Lee\*, MD '93, GME '97,**  
**FEL '99,**

was selected as a "2017 Health Care Hero" in the Physician category by *BizTimes Milwaukee*. Dr. Lee was acknowledged for his work with veterans and their rehabilitation needs, including adaptive sports. (See cover story on page 20.)

\* MCW faculty member



**Judy E. Kim\*, MD, FEL '96**, was named a charter inductee to the Retina Hall of Fame for her achievements in medicine and contributions to the retina subspecialty.



**Michael J. Menen, MD '97**, was named chief medical officer at Bon Secours St. Francis Medical Center in Midlothian, Va. He previously served as chief medical officer at HCA Virginia's Chippenham and Johnston-Willis Hospitals near Richmond.



**Wynda Chung, MD '98**, was named chief of anesthesia at Kaiser Permanente's Fontana and Ontario Medical Centers in California. Dr. Chung joined Kaiser Permanente Fontana Medical Center as a staff anesthesiologist and chronic pain specialist in 2003 after completing a chronic pain management fellowship and anesthesiology residency at the University of California, San Francisco.

## 2000s



**Joseph Carroll\*, PhD '02**, was selected to receive a 2018 ARVO Foundation/Pfizer Ophthalmics *Carl Camras Translational Research Award*. This prestigious award, established in 2010 and supported by Pfizer Ophthalmics through the ARVO Foundation for Eye Research, recognizes up to three young investigators annually who are working in areas of translational research. Dr. Carroll is the Richard O. Schultz, MD/

Ruth Works Professor in Ophthalmology and director of the Advanced Ocular Imaging Program at MCW.



**William R. Smith, MD, GME '04**, was profiled in *Managed Care* magazine in October 2017 for his service as co-medical director for Grand Teton National Park since 2005, as well as for the entire National Park Service since 2006. In addition to detailing a story in which Dr. Smith coordinated the rescue of 16 climbers injured by a lightning strike while attempting to summit the tallest mountain in the Teton Range, the article describes Dr. Smith's efforts to translate best practices from military emergency medicine into the National Park Service.



**John Densmore\*, MD, GME '07, FEL '09**, was selected as a "2017 Health Care Hero" by *BizTimes Milwaukee*. He was acknowledged in the Advancements in Health Care category as part of a larger team from Children's Hospital of Wisconsin for performing groundbreaking procedures to save the life of a Wisconsin baby born without a trachea. (See Fall 2016 issue of MCW Magazine.)



**Aaron Polichnowski, PhD '09**, was appointed assistant professor and researcher in the department of biomedical sciences at East Tennessee State University's Quillen College of Medicine. He had worked since 2011 as a research scientist at the Edward Hines Jr. VA Hospital in Hines, Ill. His research has focused on the causes of injury due to changes in

blood flow during various disease states, including acute kidney injury, chronic kidney disease, hypertension, obesity and diabetes.

## 2010s



**Cheryl Hartzell, MD '11**, joined the faculty at Emory University School of Medicine in Atlanta as an assistant professor in the department of pediatric anesthesiology. She also serves as a pediatric pain medicine specialist at Children's Healthcare of Atlanta. Dr. Hartzell focuses on pediatric anesthesiology and the treatment of children and young adults suffering from chronic pain.



**Jason Oost, MD '11**, joined the PeaceHealth Peace Island Medical Center's emergency department in Friday Harbor, Wash., and was named director of ultrasound in the emergency department at PeaceHealth St. Joseph Medical Center in Bellingham, Wash.



**Matthew Cooke, MD, GME '16**, joined the Eye Care Center at Mayo Clinic Health System in Eau Claire, Wis. Within ophthalmology, his focus is on cataract surgery and the medical and surgical treatment of glaucoma.

# IN MEMORIAM

## 1940s

**Robert P. Jeub, MD '46**, of Edina, Minn., died on October 13, 2017, at the age of 96. He practiced neurology and psychiatry in Minneapolis and was founding president of the American Board of Electroencephalography and Neurophysiology. Survivors include his wife, Patricia, seven children and eight grandchildren.

**Richard Minton, MD '46**, of Racine, Wis., died on December 20, 2016, at the age of 94. He practiced medicine in Racine and was a writer for the Racine Historical Society. Dr. Minton is survived by his wife, Ruth, four children, eight grandchildren and three great-grandchildren.

**Robert E. Swart, MD '46, GME '54**, of San Leandro, Calif., died on August 16, 2013, at the age of 91. He worked as a general surgeon in San Leandro and Hayward, Calif., for more than 40 years. He is survived by his wife, Margaret, seven children, five grandchildren and nine great-grandchildren.

**Ralph S. Gage, MD '47**, of Kimberly, Wis., died on July 20, 2017, at the age of 93. He practiced family medicine in Kimberly for more than 30 years before retiring in 1985. Survivors include his wife, Lois, four children, 12 grandchildren and 11 great-grandchildren.

## 1950s

**James P. Cassaro, MD '51**, of Oyster Bay, N.Y., died on March 26, 2017, at the age of 91. He practiced as a family physician in Massapequa, N.Y., for more than 45 years. He is survived by his wife, Alice, five children, 18 grandchildren and 13 great-grandchildren.

**David L. Ahmann, MD '58**, of Fountain Hills, Ariz., died on August 8, 2015, at the age of 82. He practiced oncology at Mayo Clinic in Rochester, Minn., where he contributed to the founding of Mayo's Hospice Center. Survivors include his wife, Rosemary, five children and seven grandchildren.

**Michael F. Conmy, MD '58**, of Wauwatosa, Wis., died on November 11, 2017, at the age of 86. He practiced radiology in Milwaukee and often drove a 1966 Shelby Cobra GT 350 in a national vintage road racing series. Dr. Conmy is survived by four children, 11 grandchildren and nine great-grandchildren.

## 1960s

**Robert J. Goldberger, MD, GME '62**, of Mequon, Wis., died on September 22, 2017, at the age of 86. He worked as a surgeon in Milwaukee for more than 30 years. He is survived by his wife, Muriel, four children and seven grandchildren.

**Michael Kubly, MD '63**, of Milwaukee, Wis., died on January 23, 2018, at the age of 82. He was a retired orthopaedic surgeon who, along with his wife, Billie, contributed philanthropy and leadership to increase access to mental health diagnosis and treatment in Wisconsin. The Kublys created the Charles E. Kubly Chair in Psychiatry and Behavioral Medicine at MCW to honor their son, Charlie, who lost his battle with depression. The Kublys worked closely with the Charles E. Kubly Chair, Jon Lehrmann, MD '90, GME '94, to improve access to mental healthcare. Dr. Kubly is survived by his wife, Billie, six children and 21 grandchildren.

**Senen S. Arcilla, MD, GME '65**, of Milwaukee, died on August 24, 2017, at the age of 80. He worked as an anesthesiologist in Milwaukee. He is survived by five children and 13 grandchildren.

**Richard P. Molloy, MD '65, GME '72**, of Tampa, Fla., died on February 8, 2017, at the age of 83. He worked in private practice in Tampa from 1972 until his retirement. He is survived by his wife, Marilyn, three children and two grandchildren.

**Jerome F. Mestemaker, MD '68**, of Sidney, Ohio, died on June 13, 2014, at the age of 78. He practiced family medicine in Sidney for nearly 35 years and delivered approximately 1,500 babies before retiring in 2003. Survivors include six children and 15 grandchildren.

**Josette B. Grossberg, MD, GME '69**, of Milwaukee, died on August 22, 2017, at the age of 88. She worked as an anesthesiologist until 1992, when she began providing medical care and counseling for drug dependency. Dr. Grossberg served for years as an adjunct clinical faculty member at MCW and was a member of MCW's Walter Zeit Fellowship. She is survived by her husband, Dr. Sidney E. Grossberg, and two children.

**Michael P. Sherman, MD '69, PhD**, of Richland, Miss., died on September 22, 2017, at the age of 75. He practiced neonatology and studied newborn immune systems. As a member of the board of directors of the Children's Medical Care Foundation, Dr. Sherman helped train Polish pediatricians and neonatologists who significantly reduced that country's infant mortality rate. He is survived by his wife, Dr. Jan Sherman, three children and grandchildren.

---

## 1970s

**William T. Dicus, MD, GME '71,**

of Shorewood, Wis., died on October 14, 2017, at the age of 80. He worked as an orthopaedic surgeon in Milwaukee and was a competitive aerobatic pilot. Survivors include his wife, Jane, three children and three grandchildren.

**Christopher J. Drayna, MD '76, GME '79,**

of Shorewood, Wis., died on September 19, 2017, at the age of 67. He practiced internal medicine in Milwaukee for 40 years and both organized and participated in medical mission trips to Honduras. He is survived by his wife, Patricia, three children and five grandchildren.

**Alfred J. Capelli, MD '78, GME '81,**

of Kenosha, Wis., died on December 31, 2017, at the age of 68. He established a primary care practice in his hometown of Kenosha with his wife, Julie, which grew to be one of the largest in Kenosha. The practice later became a member of the Aurora Health Care network, and Dr. Capelli subsequently assumed numerous leadership roles as part of the medical staff, as medical director and as a board member for Aurora Medical Group. Dr. Cappelli also served for six years on the MCW/Marquette Medical Alumni Association board. He is survived by his wife, Julie, three children and a grandson.

## 1990s

**Jill A. Babbitt, MD, FEL '93,**

of Mukwonago, Wis., died on September 1, 2017, at the age of 68. She specialized in infectious disease, practiced in Milwaukee and was an avid traveler with a penchant for global health. She is survived by her husband, Dr. Paul Warren, two children and a grandchild.

## 2000s

**Mary C. Barnhart, MA '05,**

of Franklin, Wis., died on August 18, 2017, at the age of 66. She previously served as director of health ethics, education, policy and compliance in medical research at University of Chicago Medical Center. Ms. Barnhart was appointed to several national institutional review boards and provided leadership to professional associations focused on ethics in medical research.

**Guennady Tchekanov, MD, GME '07, FEL '09,**

of Mequon, Wis., died on August 21, 2017, at the age of 50. He had served since 2009 as a faculty member in the MCW department of physical medicine and rehabilitation. In addition to clinical work in spasticity and neurorehabilitation, he was engaged in research and active in teaching students and residents.

**Timothy D. Bailey, MD, GME '09,**

of Joliet, Ill., died on June 1, 2013, at the age of 37. He practiced family and geriatric medicine in Joliet.

---

## Special Remembrances

**Bruce Ambuel, MS, PhD,**

of Brookfield, Wis., died on January 10, 2018, at the age of 65. He joined MCW in 1990 as assistant professor of family and community medicine and retired in 2012 as professor emeritus before continuing to serve MCW as a volunteer faculty member. Survivors include his wife, Helen, three children and three grandchildren.

**Fredrik Broekhuizen, MD,**

of Whitefish Bay, Wis., died on January 13, 2018, at the age of 72. He joined

MCW's faculty as professor of obstetrics and gynecology in 2001 and served for 15 years before retiring as professor emeritus and continuing to teach as a volunteer clinical faculty member.

Dr. Broekhuizen received numerous accolades for his service over the years and is the only person to have received the Wisconsin Association for Perinatal Care's *President's Award* twice. He is survived by his wife, Ruth "Jill" Broekhuizen, and two children.

**Nancy B. Esterly, MD,**

of Atlanta, died on October 8, 2017, at the age of 82. She served for 17 years as an MCW faculty member and is universally considered the "Mother of Pediatric Dermatology" after pioneering the field. Dr. Esterly was honored in 2004 with MCW's *Distinguished Service Award*. Throughout her career, she built a legacy as a dedicated educator and mentor who shaped the careers of several generations of physicians in the field. Dr. Esterly authored or co-authored nearly 300 peer-reviewed publications and more than 80 books and book chapters. Survivors include four children and six grandchildren.

**Raymond G. Hoffmann, PhD,**

of Waukesha, Wis., died on January 6, 2018, at the age of 71. Dr. Hoffman's more than 40-year career at MCW began in 1977. His achievements in research included more than 60 external grants to which he contributed, totaling nearly \$60 million. He also concentrated on scholarship, publishing more than 300 peer-reviewed manuscripts and provided mentorship to many medical students, residents, fellows and junior faculty members. He is survived by his wife, Rose, three children and two grandchildren.

# Jeffrey A. Kelly, PhD



Photo courtesy of Jay Westhauser

In a career spanning more than four decades, Dr. Kelly has devoted his attention almost exclusively to HIV/AIDS behavioral research. He has focused specifically on the areas of HIV primary prevention, interventions to reduce adverse health consequences among infected persons and research related to transferring HIV prevention advances to AIDS service providers.

Dr. Kelly is recognized as one of the world's leading authorities on behavior research for populations at high risk for HIV exposure. His research has been published in approximately 400 professional articles, and he has received more than \$110 million in grant support, primarily from the National Institutes of Health. Dr. Kelly has led or served on more than 60 national and international scientific committees studying AIDS prevention.

Dr. Kelly has been recognized by numerous national and regional professional organizations including the American Psychological Association's *Psychology and HIV/AIDS Distinguished Leader Award* in 2003 and the Greater Milwaukee Foundation's *Outstanding Achievement Award for Dedication to HIV Prevention* in 2004. In 2009, MCW awarded Dr. Kelly its highest honor, the *Distinguished Service Award*. ■

— ALEX KROUSE

Dr. Kelly is director of the Center for AIDS Intervention Research (CAIR) and professor of psychiatry and behavioral medicine.

## What Drives You?

I began my career in HIV prevention research shortly after the disease first appeared and rapidly spread across the country. The urgency of stopping an unfolding epidemic drove me. It still does, especially in world regions and among people for whom HIV is still a catastrophe.

## What Has Been the Highlight of Your Career?

I am particularly proud of three achievements: 1) the development of an approach to HIV prevention that identifies, teaches and enlists popular opinion leaders in a high-risk population to act as change agents to protect others in their community; 2) the research being conducted by CAIR to establish international partnerships with AIDS organizations across 77 countries working on HIV care and prevention; and 3) that the people who trained with me now have successful careers as independent scientists doing important work.

## What Do You Still Hope to Accomplish Over Your Career?

I would like to see us take the final steps to eradicate AIDS, which is now within reach. What we have learned about HIV prevention can inform the development of community interventions to address other social health problems such as opioid use and gun violence; I hope to contribute to applying these lessons in HIV prevention to these pressing problems.

## What Would You Like Your MCW Legacy to Be?

Legacies are too often measured by the number of publications or grant awards. However, I believe the most important legacy is mentoring the next generations of scientists and seeing them take on leading roles in their fields. You can be certain a field is advancing — and that one's legacy carries impact — when the people you mentored make contributions that exceed yours.

## What One Piece of Advice Would You Like to Share With Your Colleagues?

We are on earth only for a blip of time in the scheme of the universe. What we do with that time can make the world better. My colleagues made great choices in how they have applied their professional and scientific skills. My advice is to follow what is in your mind and also what is in your heart. Make a difference to help those who have less.

---

*Change Agent highlights a Medical College of Wisconsin faculty or staff member who has had significant impact on the institution's mission to be a leading innovator in transforming healthcare and advancing the health of our communities.*



# A MOMENT IN HISTORY

## First Wisconsin Medical Schools Founded in Milwaukee (1893-94)

From its earliest days, the Medical College of Wisconsin (and its predecessor institutions) have been guided by the vision of serving as a pioneering place of learning attuned to the needs of Milwaukee, the region and the state. In the late 1800s, Wisconsin experienced significant population growth, which increased demand for healthcare services. With much of this growth occurring in Milwaukee, forward-looking individuals built both the Wisconsin College of Physicians and Surgeons and the Milwaukee Medical College to train more doctors in the city. These pioneers believed that the Milwaukee medical community would support them in creating institutions that could “ultimately occupy a leading place among such institutions in the country,” according to Wisconsin College of Physicians and Surgeons co-founder William H. Washburn, MD.

The Wisconsin College of Physicians and Surgeons opened in 1893. A year later, it was the first medical school in the state to grant valid degrees – to two students who had been accepted with advanced standing. The Milwaukee Medical College opened in 1894 and graduated its first eight students in 1895. In 1913, Marquette University acquired both of Milwaukee’s medical schools and merged them into the Marquette University School of Medicine, which occupied the renovated former home of the Wisconsin College of Physicians and Surgeons at 4th Street and Reservoir Avenue.

Reverend Joseph Grimmelsman, SJ, then president of Marquette University, named Louis F. Jermain, MD, as the first dean of the new medical school – which now boasted some 270 medical students. In 1932, the medical school relocated to the newly-constructed Cramer Building on Marquette University’s campus near 15th Street and Wisconsin Avenue. In 1967, Marquette University terminated its sponsorship of the medical school, which became a private freestanding institution. Renamed the Medical College of Wisconsin in 1970, the campus moved to the Milwaukee Regional Medical Center in Wauwatosa in 1978. This year marks the 125-year anniversary of the founding of MCW’s first predecessor institution, and so we celebrate those visionaries of medical education in Wisconsin – together with all of the faculty, staff, students and partners – whose contributions have enabled MCW to make the dreams of its early pioneers a reality. ■

– GREG CALHOUN



*Above:* Students pictured in the microscopic anatomy laboratory at the Marquette University School of Medicine. *Below left:* Wisconsin College of Physicians and Surgeons co-founder, William H. Washburn, MD. *Below right:* The Wisconsin College of Physicians and Surgeons (1898), located at 4th Street and Reservoir Avenue. *Bottom:* Undated image from our archives.



 For more, visit [mcw.edu/magazine](http://mcw.edu/magazine)



knowledge changing life

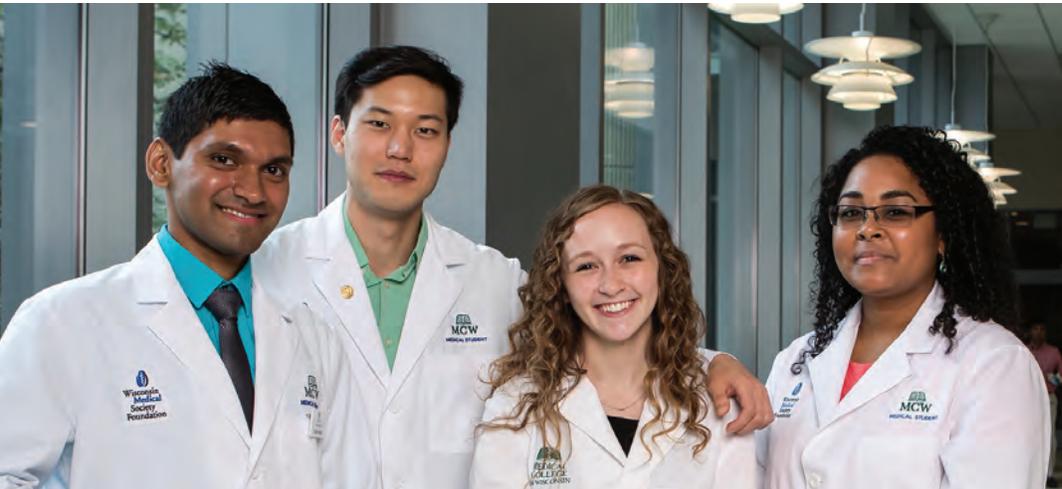
8701 Watertown Plank Road  
P.O. Box 26509  
Milwaukee, WI 53226-0509  
414-955-4725  
MCWmagazine@mcw.edu

CHANGE SERVICE REQUESTED

---

Non-Profit Organization  
US Postage  
PAID  
Milwaukee, Wisconsin  
Permit No. 3431

---



**BY MAIL:**

Medical College of Wisconsin  
Office of Development  
8701 Watertown Plank Road  
Milwaukee, WI 53226-0509



**ONLINE:**

[www.mcw.edu/giving](http://www.mcw.edu/giving)



**BY PHONE:**

(414) 955-4700

**MAKE YOUR GIFT TO MCW TODAY  
AND HELP US REWRITE  
SOMEONE'S TOMORROW**

