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FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly



A Decade of Progress

MELDING MEDICINE
AND PUBLIC HEALTH

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School of Medicine
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QUARTERLY

The Magazine for Alumni, Friends,
Faculty and Students of the University of Wisconsin
School of Medicine and Public Health

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CALENDAR

AUGUST 2016

Friday, August 19

White Coat Ceremony,
Memorial Union Theater

SEPTEMBER 2016

Wednesday, September 7

Statewide "Advancing Health Equity" Conference,
Union South

Free, full-day conference, sponsored by the
Wisconsin Partnership Program to help participants
gain insight and information from national, state
and local experts and share experiences to help
better understand and advance health equity
in Wisconsin

Friday, September 16
through

WMAA Board Meeting and
Fall Reunion Weekend, UW-Madison

Saturday, September 17

Reunions for the Classes of 1971, '76, '81, '86,
'91, '96, '01, '06 and '11

Friday, September 30

Middleton Society Dinner, Union South

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The Bioethics Symposium explores diverse historical and contemporary perspectives surrounding this life-saving procedure.

Campus Scene (above)

Always a welcome sign of spring and summer, these iconic chairs await guests at the Memorial Union Terrace and Union South.

On the Cover

Helping people stay healthy and avoid injuries—including advocating for things like walking and bicycling paths in rural, urban and suburban communities—are key goals among those who practice medicine and public health.

ROBERT N. GOLDEN, MD



As Rod Stewart sang on his third album, “Every picture tells a story.” This rings true in this issue of *Quarterly*, as we once again include beautiful pictures that help tell breathtaking stories about many people and their passions.

Breathtaking also describes our decade of progress as the nation’s first school to fully integrate medicine and public health. The past 10 years have been truly inspiring. I salute the innovative vision of my predecessor, Dr. Philip Farrell, along with others in our school, university and state who rolled up their sleeves and drafted the initial outline for today’s University of Wisconsin School of Medicine and Public Health (SMPH). I have no doubt that our next 10-year chapter will be just as dramatic.

Looking at photos of Match Day and graduation, one can practically feel the excitement among members of the Class of 2016 who are celebrating successes and looking toward the future. As they enter residencies and make plans to serve

patients and populations, I believe—down the road a bit—we’ll be featuring stories and “On Call” updates about their distinguished professional lives.

Such is the case in our Alumni Profile that highlights Dr. Lauree Thomas’ remarkable career. Since earning her medical degree from the SMPH in 1979, Dr. Thomas has demonstrated exceptional leadership and mentored countless medical students at the Medical College of Wisconsin and University of Texas Medical Branch. By sharing her passion with the next generation of physicians, Dr. Thomas is providing the proverbial gift that keeps on giving.

I also extend my personal thanks to Dr. Robert Hartzman and his wife, Marlene Hartzman, who have developed a wonderful planned gift, the Hartzman Scholars, to support medical student research training and the UW-Madison Center for Patient Partnerships. The Hartzmans’ generous support helps ensure that these nationally renowned activities have solid foundations for the future.

Veterans are another group whose actions deeply impact future generations. We are proud of our SMPH students who combine the art with the science of medicine as they help our veterans tell their life stories. Through the My Life, My Story Program at the William S. Middleton Memorial Veterans Hospital, the students’ work reminds me of the adage “Before there is the disease, there is the person,” and how critically important it is to serve the whole person, even as we incorporate our insights from biomedical science.

This spring’s Bioethics Symposium took discussions about ethics to a new level. Surrounding the event’s theme, “The Ethics of Transplantation,” local and national experts looked at the history of this life-saving surgery and contemplated provocative questions related to giving the gift of life through organ donation.

We have many things for which to feel grateful. Among them is the delightful change of seasons here in Madison (thank goodness summer finally arrived, and not a moment too soon). Warm weather is the harbinger of some of this region’s great pastimes—such as boating on Lake Mendota and watching sunsets over Picnic Point. Please consider visiting us for a trip down memory lane, a scoop of Babcock ice cream on the Memorial Union Terrace, and a visit to your alma mater, the SMPH. I would be happy to provide a personalized tour and an update about the exciting newest chapters in the evolution of our school, some of which are being drafted as we speak.

Robert N. Golden, MD

*Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs,
UW-Madison*

Greetings fellow alumni and friends of the Wisconsin Medical Alumni Association (WMAA) and University of Wisconsin School of Medicine and Public Health (SMPH).

I dedicate this “farewell” message to my father—Dr. William Merkow, who earned his medical degree from the UW Medical School (now called the UW School of Medicine and Public Health, or SMPH) in 1943. He is 96 years old, practiced general surgery and medicine for 60 years and is nearing the end of a wonderful life and career. He is an extraordinary role model.

Serving as your WMAA president for the past two years has been a privilege for me. Thank you! We have addressed some challenges and made some improvements during that time. It's clear that other challenges remain, and they will require additional time and innovative ideas. Dean Robert Golden continues to navigate our ship through budget cuts and legislative challenges. He has made significant contributions to stimulating medical research and hiring outstanding faculty for the school.

In terms of philanthropy, the Stethoscope Program has been a huge success. We thank WMAA board member Dr. Ann Ruscher from the Class of 1991 for her help creating this program!

Also, since its inception, we have established 24 Great People Scholarships, supporting our goal to reduce medical student debt, and we welcomed many new members into our prestigious Middleton Society. We hope our efforts will inspire more alumni to join the ranks of the strongest philanthropic partners of the school.

The WMAA's strategic planning will continue to incorporate innovative ways to enhance and expand medical student and alumni engagement.

As I reflect on the past and look to the future direction of medicine and our influence on the students we educate, I am grateful that my medical education at the SMPH provided an outstanding scaffold upon which to build my career. I have been privileged to practice orthopedic surgery for 30 years in Wisconsin's Waukesha County. I plan to continue serving this wonderful community for many years. Several factors—starting with the support of my incredible parents and my wife of 38 years, Dr. Ann Bartos Merkow, who graduated from the SMPH in 1979—influenced my career.

Advances in medical research and clinical practice are happening rapidly. The SMPH continues to make major contributions, and it attracts and accepts talented candidates. It is my hope we can continue this trend and emphasize in our selection process finding the most talented, bright individuals who also are great listeners and have a high level of compassion for patients.

With the increasing emphasis on electronic medical records (EMR) and governmental involvement, students must become proficient with inboxes/smartphrases/meaningful use/templates/metrics/soft stops/hard stops, and so on.

Some have called electronic medical documentation “notes without a soul.” EMRs have helped in many ways and will continue to evolve. I am hoping new ways of medical communication do not supplant old-fashioned verbal communication and collaboration among colleagues, staff and—most importantly—*patients*.

Finally, I share my sincere gratitude with the wonderful WMAA staff, including Executive Director Karen Peterson—a true coach, friend and motivator—and Andrea Larson and Maureen Brady. Thanks also to Jill Watson, director of development for the

STEVE MERKOW, MD '80



TODD BROWN/MEDIA SOLUTIONS

UW Foundation, who works tirelessly on the philanthropic advancement of the SMPH, and Todd Brown from Media Solutions, who captures superb photographs of our alumni and school events.

As I end my term as the WMAA president, the association leadership is in great hands with incoming president Dr. Susan Isensee of the Class of 1983. Her energy and insights will help further the strides we've made and continue to build upon the SMPH's and WMAA's strengths.

Again, thank you for allowing me the privilege of serving as your WMAA president for these past two years.

Steve Merkow, MD '80

President, Wisconsin Medical Alumni Association



Jacqueline Gerhart, MD (PG '11), celebrates her patient's healthy check-up at the UW Health DeForest-Windsor Clinic. Following her residency in the SMPH Department of Family Medicine and Community Health, Gerhart joined that department's faculty. She promotes health and wellness through parenting blogs, a newspaper column, speaking engagements and more.

A Decade of Progress

MELDING MEDICINE AND PUBLIC HEALTH

A decade ago, the University of Wisconsin Medical School became the nation's first school to fully integrate medicine and public health, signifying its dedication to address society's most challenging health-related problems. The name change to "UW School of Medicine and Public Health (SMPH)"—approved by the UW System Board of Regents in November 2005—represented years of work refining the school's education, research, clinical care and community service missions.

"Our goal is to help shape physicians who think beyond clinical environments, as they consider social, environmental, economic and public policy issues affecting health and health care for populations," describes SMPH Dean Robert Golden, MD.

Elizabeth Petty, MD '86, recalls excitement upon watching her medical school alma mater change its name and scope when she was the associate dean of student programs and medical student education at the University of Michigan Medical School. She returned to the SMPH as its senior associate dean for academic affairs in 2011.

"We've made tremendous progress and are deeply committed to incorporating public health throughout our curriculum," says Petty.

Eileen Smith, Wisconsin Partnership Program (WPP) director, reflects, "We did not intend to change the entire fabric of the school. Instead, we added to it by developing more ways we can benefit people throughout Wisconsin and beyond."

Adding to that fabric began with a vision. Then-Dean Philip Farrell, MD, PhD (PG '72),

recalls first describing his ideas about the change to David Kindig, MD, PhD, former UW-Madison vice chancellor for health sciences and an emeritus professor in the Department of Population Health Sciences.

"He asked, 'Is there anything unique you want to accomplish during your deanship?'" says Farrell. "I said I was interested in developing public health within the school, ideally as an integrated school of medicine and public health, but it seemed like a wild dream!"

Clearly, dreams can come true, especially when people work together.

"I was honored when Dean Farrell tapped me to help launch the Master of Public Health (MPH) Program and when Dean Golden invited me to lead the transformation to an integrated school of medicine and public

HIGHLIGHTS OF PROGRESS INTEGRATING MEDICINE AND PUBLIC HEALTH

2005: New Master of Public Health (MPH) Program enrolls its first students, including first MD-MPH student*

2005: Survey of the Health of Wisconsin is launched*

2005: Population Health Institute is established

2005: Population Health Service Fellowship Program's first cohort of students begins working in public health settings*

2006: Health Innovations Program begins*

2005: Center for Global Health is established

2005: Innovations in Medical Education (IME) is created*

2005: UW Medical School changes its name to "UW School of Medicine and Public Health" (SMPH)

2005: Healthy Wisconsin Leadership Institute's Community Teams Program is created*

2006: School receives national Caring for Community Grant from the Association of American Medical Colleges

* These programs were created with funding from the Wisconsin Partnership Program.

health. The challenge seemed daunting, but I quickly realized many talented people throughout campus were eager to share their expertise and energy,” describes Patrick Remington, MD '81, MPH, the first associate dean for public health and founding director of the MPH Program.

Farrell notes that promoting “the art and science of medicine and the betterment of public health” has been part of the American Medical Association’s mission since 1848, the same year Wisconsin became a state.

He also says, “We were blessed to get Bob Golden as our next dean. Others may have

thought the transformation was crazy, but he fully embraced the idea and made it the centerpiece of strategic planning.”

And Golden shares, “I came to Wisconsin believing we could be the nation’s #1 school of medicine and public health. I am pleased to see this effort continue to flourish.”

He stresses that funding and support from the school’s Wisconsin Partnership Program have been catalysts. Resulting from conversion of Blue Cross and Blue Shield United of Wisconsin, the WPP awards grants to community-based, nonprofit organizations to address health, well-being and health equity in Wisconsin, and to UW faculty and staff to develop innovative research and educational endeavors that weave together medicine and public health.

AWARD-WINNING COMMUNITY SERVICE

The nation took note when the SMPH earned the 2013 Spencer Foreman Award for Outstanding Community Service from the Association of American Medical

SMPH Dean Robert Golden, MD (left), receives the national Spencer Foreman Award for Outstanding Community Service from Valerie Williams, PhD, MPA, of the Association of American Medical Colleges. The award is one of the highest honors among medical schools.



2006: Rural and Urban Scholars in Community Health Program is established

2007: Evidence-Based Health Policy Project begins*

2007: Wisconsin Academy for Rural Medicine (WARM) enrolls its first medical students*

2008: Collaborative Center for Health Equity is established and nested in ICTR

2007: Institute for Clinical and Translational Research (ICTR) is created;* ICTR receives first National Institutes of Health (NIH) Clinical and Translational Science Award

2007: Population Health Institute issues first “Health of Wisconsin Report Card”

2008: SMPH publishes strategic plan, called “Transforming the University of Wisconsin School of Medicine and Public Health”

2008: MD curriculum includes first integrative cases

Colleges. One of the highest honors among medical schools, the award recognizes long-standing commitments to address community needs that are not being met through traditional health care delivery systems.

“We have many successful partnerships with community organizations and other places where students get hands-on experiences melding medicine and public health,” notes Remington.

“Also, by carefully considering what future physicians will need to know, our school created programs such as the Wisconsin Academy for Rural Medicine (WARM), Training in Urban Medicine and Public Health (TRIUMPH) and Preventive Medicine Residency,” says Smith.

The WPP’s strategic investments—the Lifecourse Initiative for Healthy Families and Obesity Prevention Initiative—address major health challenges in Wisconsin: eliminating disparities in birth outcomes among African Americans and reducing childhood obesity.

“These complex issues will not be solved solely in a clinical setting, as they require broad societal change,” says Remington. “They rely on groups combining strengths to make incremental improvements for society.”

For instance, obesity-prevention efforts may require advocating with city planners to build walking and bicycling paths so people can be active with less risk of injuries.

While the school’s education, research and community service activities span the state and beyond, the school has myriad partnerships in Milwaukee. Some SMPH programs focus their Milwaukee-based activities at community organizations—such as United Community Center and Walnut Way Conservation Corp.—that serve as “hubs” of activity. Research ambassadors and program leaders live and work in the local area and fully understand its culture.

“By strategically working with our partners, we are able to serve diverse populations in ways that benefit all involved,” says Petty, pointing to student service-learning projects as examples.

INNOVATIVE EDUCATION PROGRAMS

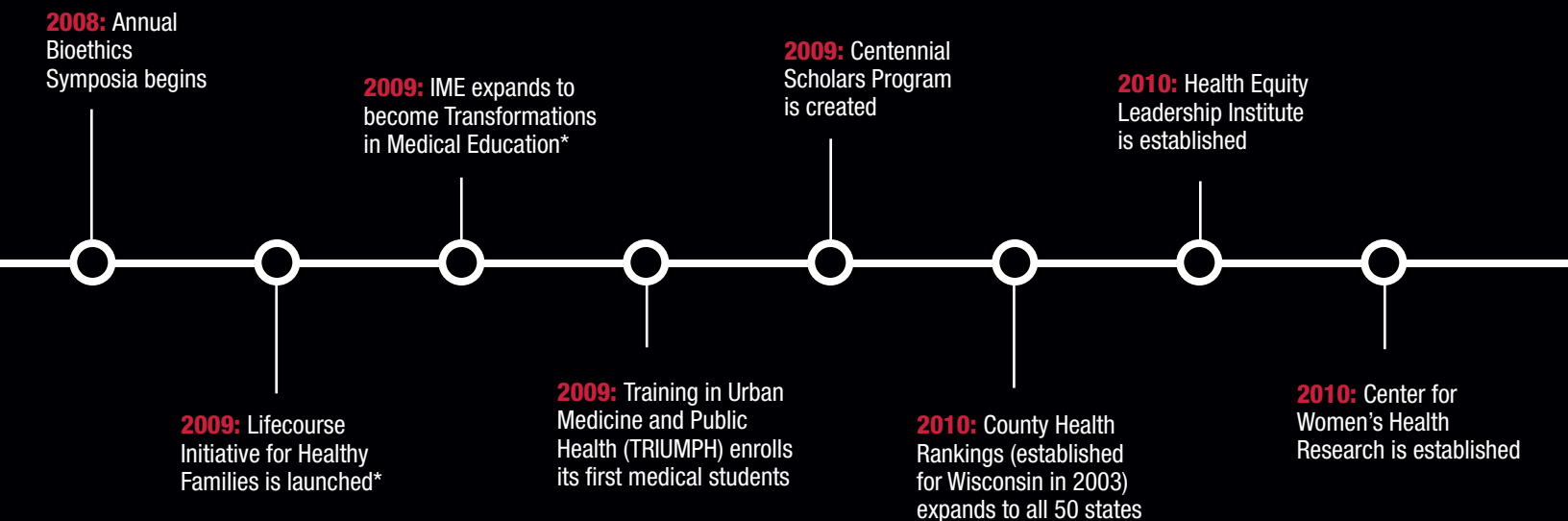
The SMPH leads the way nationally with ongoing curricular innovations that introduce medical students early and often to public health principles and practices. In fall 2016, its entering MD students will experience a completely revised curriculum (see *Quarterly*, Volume 17, Number 4).



Left to right, Richard Moss, PhD; Pat Remington, MD '81, MPH; and Eileen Smith are dedicated to the goals and success of the Wisconsin Partnership Program. They are, respectively, the chair of its Partnership Education and Research Committee, chair of its Oversight and Advisory Committee and executive director. Partnership funding has been a key element in helping the SMPH become the nation’s first school of medicine and public health.

Two optional MD programs—TRIUMPH and WARM—are increasing the number of physicians who practice in medically underserved urban and rural settings, respectively. The programs’ volunteer preceptors train students with the goal of easing physician shortages in those areas.

—Continued on next page





Through a program funded by the Wisconsin Partnership Program at the Troy Kids' Garden in Madison, educators observe garden-based learning so they can incorporate that type of experience into their teaching.

"In WARM, we experience firsthand what it is like to be a community doctor. The mentorship is phenomenal," shares Phillip Mercier, MD '16, who plans to practice in a rural Wisconsin town following his residency.

TRIUMPH graduate Chrissy Ripp, MD '16, trained in a predominantly Latino neighborhood on Milwaukee's south side, which has a high rate of obesity in children. As a medical student, she worked with neighborhood groups to launch a summer bike camp to teach children and families safe ways to use bicycles for transportation.

In late 2012, the SMPH received a five-year, \$1.2 million Prevention Innovations in Medical Education (PRIME) grant from the U.S. Health Resources and Services Administration. In addition to funding new public health-related electives and interprofessional opportunities for all physician assistant (PA) and MD students, the grant fostered creation of the Path of Distinction in Public Health Program (PoD).

While any student can pursue an MPH, the PRIME grant supports the MD-MPH and PA-MPH Programs. Dual degrees are gaining

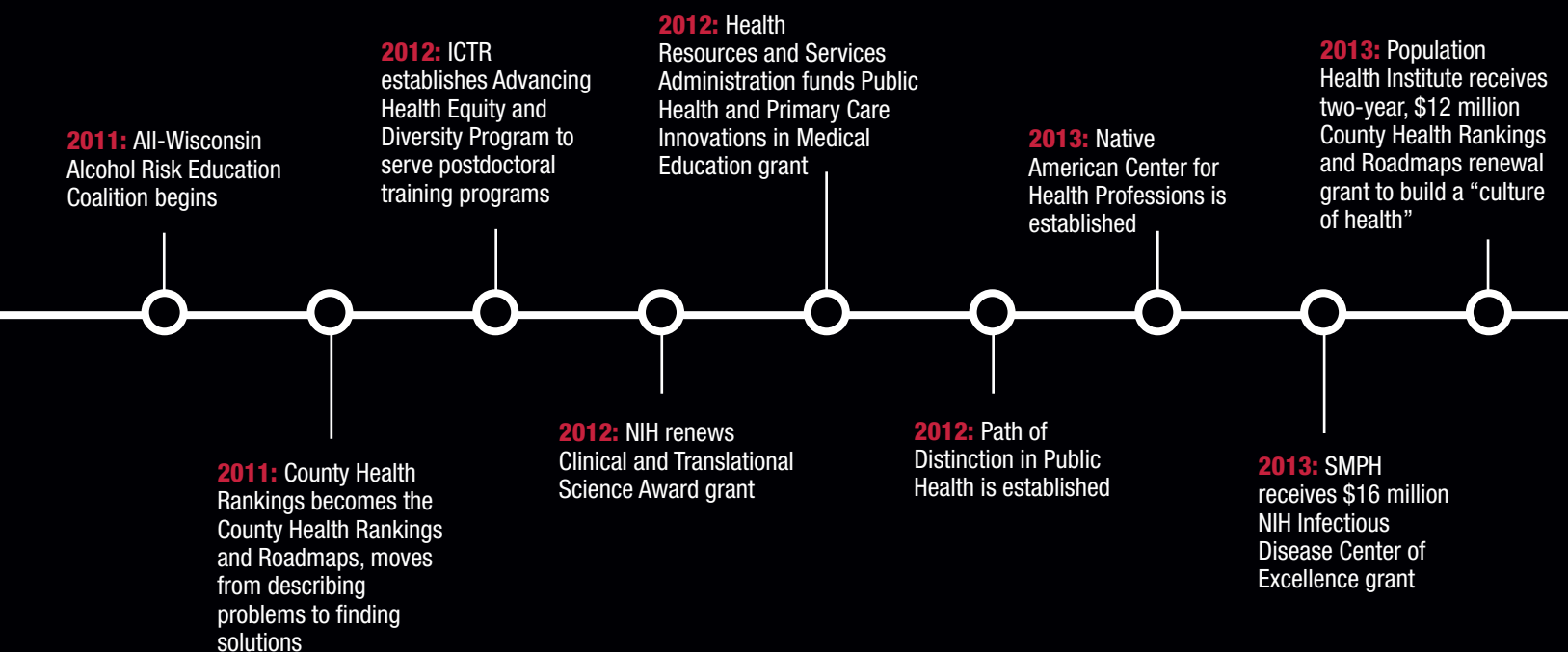
popularity, explains Parvathy Pillai, MD, MPH, the PoD's faculty director.

The Path of Distinction complements work being done in other tracks, such as WARM and TRIUMPH, and in programs like the Native American Center for Health Professions. Housed in the SMPH, the center offers innovative ways to train Native health professions students and keep them connected to Native health and wellness.

FULL-SPECTRUM RESEARCH

Transforming the research enterprise called for melding biomedical sciences with a focus on epidemiology, biostatistics, social and behavioral sciences, and health policy.

Marc Drezner, MD, senior associate dean for clinical and translational research, led the SMPH in creating the Institute for Clinical and Translational Research (ICTR), calling upon strong WPP support. The SMPH also successfully obtained a national Clinical and Translational Science Award (CTSA), which significantly bolstered its reputation as a leader in integrating biomedical and population health sciences and helped attract key faculty recruits. Ongoing support from the UW Medical Foundation, the faculty group practice, UW Hospitals and Clinics and the UW-Madison Office of the Chancellor



has been instrumental in sustaining ICTR, which moves discoveries from the lab to patient care. This is a hallmark shared by researchers at the SMPH's state-of-the-art Wisconsin Institutes for Medical Research.

Drezner notes, "We have not sacrificed basic science or traditional clinical research. Instead, we have embellished our abilities by looking at topics from different perspectives."

An example is the work of the Collaborative Center for Health Equity

(CCHE), a National Institutes of Health (NIH) Center of Excellence that offers community engagement, research and career development support specific to minority health, health disparities and health equity. Many CCHE-affiliated investigators obtain WPP and other grants to build community-academic partnerships and research programs.

"At CCHE, we help investigators organize and implement projects, and we can connect

investigators with others who are working in similar regions or populations," explains Sarah Esmond, ICTR administrative director.

The center also offers an annual, one-week Health Equity Leadership Institute to help grow the national network of scholars. It teaches postdoctoral researchers and early faculty members how to apply for grants and how applications are reviewed. Its 130 graduates often collaborate after attending.

Richard Moss, PhD, senior associate dean for basic research, biotechnology and graduate studies, looks at the continuum of basic science and clinical trials to patient care and population health as having intersections all along the way. He describes a strong UW-Madison team effort that began when Bruce Klein, MD (PG '89), professor, Departments of Pediatrics, Medicine and Medical Microbiology and Immunology, received a WPP grant to address the need to find new sources of antimicrobials. Klein began collaborating with researchers

—Continued on page 36

As a fourth-year medical student in the Wisconsin Academy for Rural Medicine (WARM), Phillip Mercier, MD '16 (right), provided care for this family at the Aurora Sheboygan Clinic, Howards Grove, Wisconsin. WARM aims to reduce the physician shortage in rural areas.



2014: Obesity Prevention Initiative is launched*

2014: UW Preventive Medicine Residency is accredited*

2015: Wisconsin Partnership Program begins Community Impact and Opportunity Grant Programs*

2015: Master of Public Health Program enrolls first physician assistant (PA)-MPH dual-degree students

2013: SMPH receives the Spencer Foreman Award from the Association of American Medical Colleges

2014: Rural Surgery and Rural Psychiatry Residency Programs are created

2015: SMPH receives a Top Ten Award from the American Association of Family Physicians, honoring the school for its contributions to building the family-physician workforce

2015: Department of Family Medicine changes name to "Department of Family Medicine and Community Health" to reflect its commitment to public health

2015: SMPH publishes "Strategic Plan for the Role of Basic Science in a Transformed School of Medicine and Public Health"

* These programs were created with funding from the Wisconsin Partnership Program.

PHOTOS BY TODD BROWN

Match Day and MD Graduation

After the thrill of learning on Match Day where they'll spend the next several years, members of the University of Wisconsin School of Medicine and Public Health's MD Class of 2016 looked toward graduation. At the May ceremony, they celebrated their many accomplishments and thanked those who supported them along the way.

Katharine Greenfield shared gratitude for being able to pursue her dream of becoming a doctor while raising two children, now ages 13 and 16. A native of

Alaska where her dad is a commercial fisherman, Greenfield worked in fishing, construction and land surveying. She entered medical school in her late 30s as a single mom, and says her life experiences allow her to relate to a wide variety of people, a skill needed in her field of family medicine.

The school's 169 MD graduates include 25 students from the Wisconsin Academy for Rural Medicine, 13 from the Training in Urban Medicine and Public Health Program and nine who earned dual MD-PhDs.

Below, clockwise from top left (left to right): Elizabeth Huffman reads her match. Christine Seibert, MD, and Shobhina Chheda, MD, congratulate a student. His family waits as Nicholas Stabo opens the envelope. Kathryn Berndtson reacts. Nayeli Spahr's spouse cheers about her match. Next page, clockwise from top left: Front: Jennifer Gassner, Brittney Golbach, Lindsay Raab, Ashley Nault, Meagan Ladell; back: Pierre Gingerich-Boberg, Surbhi Singhal, Mehria Sayad-Shah, Elizabeth Huffman, Yi Ding, Evan Joyce. Caitlin Regner speaks. Robert Corliss, MD '00 (PG '05), Patrick Lee and Samuel Lubner, MD '03 (PG '10), place Lee's hood. Kevin Hanson and Alonzo Jalan pose with their babies. Katharine Greenfield's family celebrates. Brit Nilsen poses with her mom.





UW HEALTH CELEBRATES 50 Years of Transplants

The Bioethics Symposium topic was timely because 2016 marks the 50th anniversary of the UW Health Transplant Program. For the past half-century, it has been among the world's leading transplant programs and has fostered several major advances, such as:

- In the 1960s, Fritz Bach, MD, pioneered the development of rapid tests to determine whether a donor's kidney would be rejected; this led to the discovery of histocompatibility locus antigen testing.
- In the 1980s, Folkert Belzer, MD, and James Southard, PhD, developed the UW Solution, which made it possible to store and transport organs long distances.
- In the 1980s and 1990s, Tony D'Alessandro, MD, led efforts to make UW Health one of the world leaders in non-heart-beating cadaver donations, resulting in more than 1,000 organ donations. Also, Hans Sollinger, MD, launched efforts that helped UW Health become the second largest pancreas transplant program in the United States.
- In 2003, UW Health performed the first live, non-directed, humanitarian kidney donation in Wisconsin.
- During the past 50 years, UW Health surgeons have transplanted greater than 15,000 organs into more than 13,000 patients.
- Today, the UW Health Transplant Program continues as one of the busiest in the world.



*Flags wave above the
Clinical Science Center,
home to UW Health.*

The Ethics of Transplantation

BIOETHICS SYMPOSIUM EXPLORES DIVERSE PERSPECTIVES

The annual Bioethics Symposium is often punctuated by profound anecdotes as local and national presenters discuss points that may challenge how society views issues of biomedical significance. Sponsored by the University of Wisconsin School of Medicine and Public Health (SMPH) and the Department of Medical History and Bioethics, it brings together students, faculty and staff to explore topics from myriad angles.

Such was the case when the spring 2016 event featured ethical considerations of transplantation, including historical and emerging controversies about organ donations from living donors and those nearing the end of life.

Describing the urgent need for organ donations, Robert Veatch, PhD, professor emeritus of medical ethics and senior research scholar, Kennedy Institute of Ethics, Georgetown University, said, “As of this morning, there were 120,999 people in the United States waiting for organ transplants.”

Susan Lederer, PhD '87, Robert Turell Professor of History of Medicine and Bioethics and chair, SMPH Department of Medical History and Bioethics, noted

that dramatic historical developments in techniques spurred tremendous enthusiasm among surgeons and patients for transplants.

“But they immediately confronted the supply problem,” she said. “They wanted to supplant new organs for old, but they had not figured out where and under what circumstances they would get those organs.”

Josh Mezrich, MD, associate professor, Department of Surgery, added, “In the 1960s, surgeons were transplanting kidneys, but the outcomes were marginal because they didn't have the right medications. There was less concern about taking kidneys than taking a heart, because removing a kidney would not cause someone's death.”

Early heart transplants also had terrible outcomes. Recipients often died from rejection or poor heart function within weeks. Many people considered the heart like the soul and viewed procurements that way. The biggest controversies related to donations.

In 1968, Richard Lower, MD, was charged with murder for removing a heart from an African-American patient who had fallen and hit his head, and had been deemed to be in an irreversible coma.



Susan Lederer, PhD '87, welcomes lively discussion.

TODD BROWN/MEDIA SOLUTIONS

Neurosurgeons tried to save the patient's life but determined that he wouldn't survive.

“Lower apparently called the police to find the man's family for consent because he had a patient ready to go, and they wanted to use the man's heart,” Mezrich said. “They couldn't find the family—and it's unclear if they tried very hard, because within 24 hours, they had him in the operating room to do the transplant.”

The neurologist noted in the chart that the patient was unrecoverable, and he



Norm Fost, MD, MPH (left), and Josh Mezrich, MD, respond to questions during a panel discussion.

TODD BROWN/MEDIA SOLUTIONS

between organ demand and supply. Revising the rule would prevent many avoidable deaths [among recipients]; save many from undergoing dialysis, which is much more expensive than transplantation; and respect donors' and donor families' preferences."

Mezrich pointed out that families get incredible satisfaction when they donate their loved ones' organs.

"They hang on every word we say, and they want to learn as much as possible about the process and recipients. Many of them will say things like, 'This has been such a tragedy, but I don't know what I would do without the chance to donate,'" he said.

Still, some patients may not have the opportunity to donate. A man, referred to as "W.B.," came to Mezrich years ago with the hope of being a living donor. W.B. had amyotrophic lateral sclerosis (ALS) and wanted something meaningful to come of his death. Mezrich evaluated him and was impressed by his courage. W.B. had been avoiding medications he thought might be hard on his organs so he could donate them.

"I ultimately said 'no.' I may regret it now, and some may disagree, but my thought was that living donors are supposed to be healthy. The goal is to give [the donor] the same [quality of] life he or she would have had," Mezrich recalled. "To me, W.B. wasn't healthy and still had a lot of positive things in his life. I was concerned that surgery could take away some of those things."

W.B. told Mezrich to stay in touch and do his homework because he still wanted to donate. University Hospital's Ethics Committee and leaders generally supported W.B.'s plan to donate, but a legal analysis concluded that if W.B. donated organs and died as a result, a physician could be charged with accelerating his death.

"The hospital advised me not to do the surgery, which is smart because I don't want to go to jail," said Mezrich. "But early pioneers in transplant believed in what they were doing so much that they would push forward and see what happened."

Mezrich and Joseph Scalea, MD, a UW Health transplant surgery fellow, wrote about W.B.'s story in an April 2015 article, titled "As They Lay Dying," in *The Atlantic*.

In June 2016, W.B. passed away without the opportunity to donate his organs.

Throughout the Bioethics Symposium, speakers posed many questions: After life support is removed, what does "dead" mean? Do surgeons wait 5 or 10 minutes? Does the heart need to stop? At what point is a patient brain dead?

Veatch noted, "The brain-death debate is clouded by controversy. It could be that irreversible loss of circulation is an alternative definition of death that some, including a minority of religious adherence, may affirm."

Fost asked, "How do we know when someone is truly dead? We don't. It's a religious and philosophical question with no right answer. We need a policy on organ removal that is morally defensible, avoids legal difficulty and is acceptable to the public."

Two speakers—Sally Satel, MD, resident scholar, American Enterprise Institute for Public Policy Research, and lecturer, Yale University, and Samuel Kerstein, PhD, professor of philosophy, University of Maryland—described controversies related to kidney donors who are alive and healthy.

Satel said she supports future exploration related to compensating living kidney donors.

"I am not arguing for a free-market exchange, but I am arguing for the legal capacity to be able to reward people who are willing to save someone's life," said Satel, adding that this is now illegal.

She and Kerstein disagreed on many points about market exchange of kidneys from living donors. They also outlined numerous safeguards needed in any such scenario. Kerstein said ethical problems could arise even in well-regulated markets.

In closing, he shared the idea that society could adopt an opt-out system for cadaveric organ donors and cited statistics from a study that shows countries with opt-out systems have approximately 25 percent higher average cadaveric donation rates compared to other countries.

"This has raised the number of available options," Kerstein noted.

All told, having options and looking at all angles is what it will take to find solutions.

disconnected the patient's ventilator for five minutes. The note didn't mention his heart stopping or why the neurologist made that choice, but surgeons did the transplant.

"Later that night, the donor's brother came to the hospital asking what happened to his brother," said Mezrich. "It turns out the donor had a family. Lower was sued and charged for accelerating the man's death."

Mezrich said, "Lower ended up winning the trial, partially because, in between the procurement and trial, the definition of brain death was established. But it is clear that confusion or differences of opinion about what constitutes death can lead to controversy in obtaining donor organs."

In 1968, a Harvard ad hoc committee discussed criteria for irreversible coma and brain death; it published in the *Journal of the American Medical Association* controversial conclusions aimed at defining irreversible coma as a new criterion for death.

"Despite the controversy, only about 2 percent of patients become brain dead, so the other way we do organ donation is donation after cardiac death (DCD), when families decide to withdraw support," said Mezrich. "The family comes into the operating room with the physician, who will withdraw support. If the patient dies fairly quickly, surgeons can procure the organs."

Studies about DCD show that fewer organs are recovered and many organs don't do as well as other types of donations.

"An increasing number of physicians and ethicists think it's time to get rid of the dead-donor rule," said Norman Fost, MD, MPH, professor emeritus, Departments of Pediatrics and Medical History and Bioethics. "The primary reasons for redefining death 40 years ago were based on false claims. It is a major contributor to the imbalance

Denu Wins Student Bioethics Essay Contest

University of Wisconsin School of Medicine and Public Health (SMPH) student Ryan Denu—who is pursuing an MD/



PhD degree through the school's Medical Scientist Training Program—received first place for his submission to the third-annual Dr. Norman Fost Award for the Best Medical Student Bioethics Essay, part of the annual Bioethics Symposium (see article at left).

The contest asked students to explore “The Ethics of Transplantation” in reaction to a specific scenario.

Please note that the essay below has been shortened, and references have been removed. The original essay appears online at med.wisc.edu/48673.

Imminent-Death Donation Fits the Bill

by Ryan Denu

More than 120,000 adults and children are waiting for an organ in the United States, and an average of 20 Americans die every day from the lack of available organs. U.S. organ transplant policy and laws allow for organ procurement from neurologic deaths, controlled circulatory deaths and living organ donors. Imminent-death donation (a form of living organ donation) represents a potential solution to the organ shortage and allows proper balance of patient autonomy with nonmaleficence and respect for persons—making this an ethically permissible strategy.

Transplant surgeons have long been held to the “dead-donor rule,” which posits that organ procurement should not cause a donor's death and that a patient with no brain function could be “brain-dead” and

therefore able to donate organs. Many issues surround this rule. First, the dead-donor rule is based on the assumption that people must be dead to donate organs; obviously this is not true, as living people routinely donate kidneys. Second, it is more consistent with current practices to procure organs if doing so does not violate the interests of the donor rather than whether the donor is “dead.” For example, society does not require that a patient be dead before ending life-sustaining therapy, but it requires that removing life-sustaining therapy does not violate the patient's interests. It is not clear why we should have more stringent rules for procuring organs than ending life-sustaining therapy. Third, many people who are brain-dead retain hypothalamic function. Perhaps what we mean by “brain-dead” is actually lack of brain cortical activity.

Critics state that donation at imminent death is not in the interest of the donor, thus violating the ethical principle of nonmaleficence. While it may not be in the donor's medical interest, it still can be in the donor's general interest. Allowing donation at imminent death can give donors dignity, pride, honor and legacy before they die, which is in their best interest. As health care professionals, we can comment on what is in the patient's medical interest, but it is up to the patient to determine what is in his or her overall best interest. Therefore, imminent-death donation is consistent with the ethical principles of autonomy and beneficence.

With regard to a limit on the number of organs that a living donor can donate, it is ethically defensible to allow donation of one kidney at this time. This is unlikely to hasten the donor's death and upholds the principles of nonmaleficence and respect. Harvesting additional organs before death may violate respect. However, if the

patient is fully consented and competent and understands that donating additional organs would hasten death, then we must respect patient autonomy and allow the patient to do so.

To make imminent-death donation a reality, the United Network for Organ Sharing needs to change from assessing all-cause donor mortality to donation-specific mortality. Currently, an individual could donate a kidney without complication but die in a car accident on the way home, which would appear as a donor-related death and put the institution's organ donation program at risk of suspension. Changing to donation-specific mortality would allow patients with chronic diseases to donate organs at the time of imminent death. This proposal would provide patients with a meaningful, rewarding experience and legacy at the end of their lives, which many patients strongly desire. In a pilot study conducted by Norman Fost, MD, MPH, a group of adult cystic fibrosis patients were asked if they would donate their kidneys prior to death if they were admitted to the hospital for terminal care. About one-third said yes, and another third said they would like to learn more about it.

Previous efforts to increase organ donation have been ineffective. Now is the time to implement innovative and ethical solutions to save lives. Imminent-death donation fits the bill.

2016 WMAA Awards Banquet

HUTTER AND GROSSMAN WIN TOP HONORS

MORE AWARDS

SIGURD SIVERTSON MEDICAL EDUCATION AWARD

Kelly E. Hodgson Kline, MD '97

BASIC SCIENCES EMERITUS FACULTY AWARD

Edward T. Bersu, PhD '76

CLINICAL SCIENCES EMERITUS FACULTY AWARD

Layton F. Ridders, MD

RALPH HAWLEY DISTINGUISHED SERVICE AWARD

*Ernest A. Pellegrino, Jr., MD '64
(Posthumously)*

WMAA SERVICE AWARD

Mary Ellen Peters, MD '67

HONORARY LIFE MEMBERSHIP IN THE WMAA

Jill L. Watson



There's More Online!
Visit med.wisc.edu/96

Nominate Your Fellow Alumni!

The Wisconsin Medical Alumni Association (WMAA) invites alumni to nominate their fellow alumni to be considered for WMAA awards. The deadline for award nominations is September 1, 2016. (Note that nominations for the Citation Award would be for the 2018 award. All other 2016 nominations are for 2017 awards.)

To view descriptions of the award categories, visit med.wisc.edu/96.

For nomination materials and requirements, please contact Andrea Larson at allarson7@wisc.edu.



Adolph M. Hutter, Jr., MD '63, earned the Medical Alumni Citation—Distinguished Alumni Award. It honors an alumnus who has achieved distinction in medicine. Achievement is recognized through excellence in the practice of medicine, in academic activities and in research accomplishment.

Hutter is a professor of medicine at Harvard Medical School in Boston, a clinical cardiologist at Massachusetts General Hospital (MGH) and director of the Cardiac Performance Program at the MGH Heart Center. As a general adult clinical cardiologist, his special interests include coronary artery disease, valvular heart disease and the athletic heart. He lectures nationally and internationally, and he has authored or coauthored more than 150 journal articles, reviews, book chapters and invited papers. He has earned numerous awards and honors and has made incredible contributions in cardiology.

Following medical school, Hutter completed a residency at Strong Memorial Hospital in Rochester, New York, a cancer fellowship at the National Cancer Institute and Georgetown University School of Medicine, and a cardiac fellowship at MGH.

He is a master and past president of the American College of Cardiology and a fellow of the American Heart Association and European Society of Cardiology. He serves as the cardiologist for the Boston Bruins, New England Patriots and Revolution sports teams.



Jeffrey E. Grossman, MD (PG '82), earned the Resident Citation—Distinguished Resident Award. It honors an individual who has completed a residency or fellowship at University of Wisconsin Hospitals and Clinics and achieved distinction in medicine. Achievement is recognized through excellence in the practice of medicine, in academic activities and in research accomplishment.

He earned his medical degree from the State University of New York at Syracuse and completed internship, residency and fellowship training at UW Hospitals and Clinics.

For more than 40 years, starting as a resident and rising through the top ranks of academic and executive leadership, Grossman has made a tremendous impact on the UW School of Medicine and Public Health (SMPH) and UW Health.

From July 2015 to May 2016, he served as UW Health interim CEO and was instrumental in integrating the UW Hospitals and Clinics Authority and UW Medical Foundation.

Throughout his career, Grossman has continued to practice pulmonary and critical care medicine and to hold numerous leadership positions. He served as chair of the SMPH Department of Medicine; as physician-in-chief of UW Medical Foundation and UW Hospitals and Clinics; and from 2001 to 2015 as UW Medical Foundation president and CEO and SMPH senior associate dean for clinical affairs.

2016 WMAA Scholarship Reception

THANKS DONORS AND CELEBRATES STUDENT ACCOMPLISHMENTS



Clockwise from upper left (left to right): Leah Reiman, MD '74, and M4 Katharine Greenfield, a scholarship donor/recipient pair, visited; M2 Max Rusek, M2 Brittany McAdams, Gwen McIntosh, MD '96, MPH, and M4 Yi Ding pose; Ralph Hawley, the Wisconsin Medical Alumni Association's co-founder and first director, checks out the WMAA's new sign; and M4 Jonathan Fricke and Edward Bersu, PhD, talk about medical school and practice.

As University of Wisconsin School of Medicine and Public Health (SMPH) Dean Robert Golden, MD, welcomed guests to the 2016 Wisconsin Medical Alumni Association (WMAA) Scholarship Reception, he praised the school's good fortune in having donors who care so deeply about the SMPH and its students.

"This reception reflects the increasingly critical importance of private support and our tremendous appreciation for you, our innermost circle of friends. Thank you for your partnership with us in providing such tangible support for our students," Golden said to the many donors in attendance.

Among the guests was Susan Isensee, MD '83, who soon will begin her term as the WMAA president.

"Dr. Isensee embodies the principle of 'giving back,' and has been a champion in encouraging gifts to the SMPH Class of 1983 Great People Scholarship Fund," noted Gwen McIntosh, MD '96, MPH, the SMPH assistant dean for students.

Reducing medical student indebtedness is among the WMAA's major goals, as is helping each medical student make a meaningful connection with alumni. Thus, at this annual event, WMAA staff introduced each donor to the student who received his or her gift. McIntosh noted that the Scholarship Committee carefully considers each donor's desires in terms of supporting students, and it creates matches between donors and student recipients.

"We're here to celebrate those connections," said McIntosh, as she introduced Yi Ding, a member of the MD Class of 2016; Ding received the Matthew Sell Scholarship and the WMAA's Woelfle Scholarship.

"I was incredibly grateful to receive these scholarships. Not only did it lessen the financial burden of medical school, but I felt supported and encouraged," said Ding. "The opportunity to develop relationships with alumni—including Dr. Wade Woelfle—was incredibly important to me. Scholarships go beyond donors' financial generosity, as they create a ripple effect of compassion and drive a culture of philanthropy."



JAMES B. BIGHAM, MD '08, MPH '12

I practice at the UW Health Odana Atrium Clinic, part of the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Family Medicine and Community Health (DFMCH).

There, I provide primary health care, including pediatric and adult medicine. I focus on preventive care, disease prevention and chronic disease management. I also serve on the UW Health Preventive Health Steering Committee.

During the summer after my first year of medical school, I traveled to Kenya to work with a non-government organization serving women

and children impacted by HIV. Through partnering in this important holistic public health work, I realized the impact of primary care on the health of the population. This prompted me to pursue family medicine and public health training. I completed my master of public health (MPH) coursework the year before I started my residency in the SMPH's DFMCH, and I completed my MPH capstone project assessing barriers to receiving HIV testing services in Kenya during my residency.

A particularly formative experience occurred during one of my seven trips to

Kenya, when I was touring the home garden of one of the patients receiving antiretroviral treatment for HIV. On that small plot of red clay soil, I recognized the important link between nutrition and wellness—individuals with access to fresh produce and clean drinking water demonstrated better health outcomes than their peers who did not have these resources. In resource-limited settings such as rural Kenya, access to these things is paramount to disease prevention and wellness. The same is true in Madison.

I love my job! Primary care provides the opportunity to



collaborate with my patients on improving their health behaviors to optimize wellness. My training equipped me with important population health tools that I apply to help improve overall well-being for my patients.

KRISTIN LYERLY, MD '07, MPH '08

I work for Bellin Health Generations in Green Bay, Wisconsin, where we care for women of all ages. Bellin is strongly committed to improving the health of the population, which attracted me to my position and allows me to use my public health training.

As a generalist in obstetrics and gynecology, I take care of high- and low-risk pregnant women; treat gynecologic concerns, including pain, bleeding, menopause symptoms, and contraception counseling; assist adolescents as they transition into young women; and manage other

concerns related to the female reproductive system.

My job starts with building a relationship and getting to know my patient's story. I find great satisfaction in empowering women and helping them achieve their goals.

My job has a lot of ups and downs, especially in obstetrics. Deliveries are powerful experiences. When I see the families I have cared for, and watch them grow and prosper, I feel like I am building a community.

For me, the variation between the clinic, operating room and delivery suite is

complemented by the need to be involved with local, state and federal advocacy. Many of my patients have few resources, and I can't fix those problems in the exam room.

I did my residency at the University of Wisconsin. Since medical school, I have been involved with the American Congress of Obstetricians and Gynecologists. I also have participated in national advocacy work and served on local and national advisory councils. I am the vice president of the Specialty Division Executive Committee with Bellin Health, which is



critical in shaping the care I am able to provide.

A master of public health degree is a natural complement to medical training. It opens a wide range of career opportunities and prepares providers to advocate for patients, both in and out of the exam room.

ELLEN SELKIE, MD '08, MPH '09

As an adolescent medicine specialist at C.S. Mott Children's Hospital, University of Michigan, I see youth who have eating disorders and other mental health concerns; youth who are transgender and gender-non-conforming; adolescents with chronic illnesses; and youth with sexual health concerns.

Also, at the Child Health Evaluation and Research Unit, I conduct research on cyberbullying and social media use in adolescents, and the effects on mental health.

I completed a pediatrics residency at the University of Minnesota and an adolescent

medicine fellowship at Seattle Children's at the University of Washington. I find adolescence to be the most fascinating developmental stage, and I want to help teens become healthy, successful adults.

During my fellowship, I cared for a teen who was not adhering to medications for her chronic illness. I learned that she had been severely bullied at school and online, and that she was depressed and out of school. Over the next two years, I did motivational interviewing with her and her mother. Over time, she gained back her confidence, got on track to graduate from high school,

and offered to speak to groups about her experiences. This made me realize that being supportive and a good listener can create a powerful bond. The experience also inspired me to continue the research I had started during my master of public health training.

Pediatrics is an exciting and fulfilling specialty. We usually see patients at their healthiest, and when they are sick, they usually are resilient and recover. Additionally, I am passionate about advocacy and public health. Pediatrics offers huge opportunities for both.

While the high level of passion among teens may



lead to risky behaviors, adolescence represents a special opportunity to help guide them toward being their best selves. I'm honored to be part of that growth.

CLASS NOTES compiled by Andrea Larson

We want to hear from you!
med.wisc.edu/shareyournews

CLASS OF 1958

Recently, **John Weiss** was accepted into the ranks of honorary membership in the American Academy of Dermatology. This honor is conferred upon only a few people per year to recognize their contributions to the field and the academy. After a long career in the Chicago area, Weiss practices in the San Francisco Bay Area. He has served as president of the Chicago and San Francisco Dermatological Societies.

CLASS OF 1968

Anthony (Tony) Atwell received the 2015-2016 American Psychiatric Association's Irma Bland, MD, Award for Excellence in Teaching Residents. A clinical professor of psychiatry at Stanford University School of Medicine—where he started in 1975—Atwell supervises child psychiatry fellows and directs the Forensic Child and Adolescent Seminars, which he co-founded in 1989. In addition to caring for patients at a private practice in Campbell, California, Atwell has served as an expert witness in child, adolescent and family psychiatry regarding child custody, dependency and tort law in the San Francisco Bay Area Courts. He and his wife, Sue Schiller Atwell (BS '68), a retired lawyer, enjoy art and architecture, international travel, wine tasting, and socializing with family and friends.

Nominate Fellow Alumni for WMAA Awards!

The Wisconsin Medical Alumni Association (WMAA) Awards Committee invites medical alumni to nominate their fellow alumni to be considered for WMAA awards. See details on page 16.

CLASS OF 1970



Mike Moore (above left) and **Steve Rutter** (right) recently met at the Ranch House in Sonoita, Arizona. Both live on large parcels outside the small town of Sonoita, near the Mexican border. Friends since medical school, they interned in Denver at different hospitals. Rutter returned to Madison for an otolaryngology residency. They did military stints and started practices—Moore in Tucson, Arizona, and Rutter in Spokane, Washington. Eventually, they began meeting with friends to enjoy their love of the outdoors, including river rafting, mountain climbing and hut-to-hut skiing. Some of these activities introduced Rutter to the southern Arizona mountains. Rutter retired at the end of 1995, and a year later, he and his wife relocated to the foothills south of Tucson. They enjoy multi-day horseback rides and competitions all over the southwest; they also have four horses and numerous rescued cats and dogs, and they care for needy wildlife. With family and friends, Rutter and Moore continue their adventures, including annual hikes into the Grand Canyon.

CLASSES OF 1981 & 1989



Juanita Halls (MD '81) (left photo), and **Christopher Harkin** (MD '89) (right photo), shown with Christie Legler of the Department of Family Medicine and Community Health, recently earned the Preceptor Excellence Award from the UW School of Medicine and Public Health's Primary Care Clerkship. The school gives this award annually to a family medicine physician who is selected by the Department of Family Medicine and Community Health and an internal medicine physician who is selected by the Department of Medicine. Preceptors are selected based on student comments, excellence in teaching and commitment to teaching. Harkin is a family medicine physician at UnityPoint-Meriter Stoughton Clinic, and Halls is an internal medicine physician at UW Health University Station Clinic.

Do You Have Photos of Your Junior Skits?

We are interested in the history of this activity and photos that are appropriate for a broad audience, which we may publish in a future issue of *Quarterly*. Please send copies of photos (electronic or hard copy) to the editor using contact information on the back cover. Please indicate the class year and any information you wish to provide.

IN MEMORIAM

Robert J. Bradley, MD '45
Charlottesville, Virginia
January 19, 2016

George G. Stebbins, Jr., MD '55
Lady Lake, Florida
February 9, 2016

Carol L. Levy, MD '61
Flint, Michigan
March 29, 2016

Kenneth L. Bussan, MD '75
Madison, Wisconsin
February 18, 2016

Edward R. White, MD '51
Demorest, Georgia
March 4, 2016

Lloyd M. Baertsch, MD '56
Hayward, Wisconsin
February 16, 2016

David A. Neal, MD '66
Encinitas, California
February 15, 2016

Former Faculty Members

Luther T. Albert, DVM
Madison, Wisconsin
March 8, 2016

Thomas E. Ryan, MD '52
Portland, Oregon
March 13, 2016

Thomas B. Beach, MD '57
Grand Junction, Colorado
February 12, 2016

Lawrence A. Champion, MD '73
Hillsborough, North Carolina
February 7, 2016

Guillermo Ramirez, MD
Professor Emeritus
Walnut Creek, California
March 8, 2016

Elmer Lindsay, MD '54
Pacific Grove, California
March 23, 2016

Gerald J. Holmen, MD '61
Baraboo, Wisconsin
January 18, 2016

Jay R. Kasner, MD '74
Waukesha, Wisconsin
January 2, 2016

Goodbye Dear Friend: GABRIELE ZU RHEIN, MD

A longtime member of the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Pathology and Laboratory Medicine, Gabriele Zu Rhein, MD, passed away on February 23, 2016, at age 95.

Professor Emeritus Zu Rhein was an active member of the department for 41 years, between 1954 and 1995, and her teaching and research continued well into her emeritus years.

At the SMPH, Zu Rhein's career flourished as a scientist, diagnostic neuropathologist and teacher. Beginning in 1962, she launched a research career that resulted in making revolutionary discoveries involving infectious agents as the cause of degenerative brain diseases.

Her research focused on viral infections of the central nervous system, and her discovery of polyoma virus as a causative agent of progressive multifocal leukoencephalopathy (PML) was a major scientific contribution.

In 1973, Zu Rhein received a National Institutes of Health grant to study viral pathogenicity in animals. In 1977, in recognition of her outstanding contributions in her discipline, she was elected president of the American Association of Neuropathologists. She published dozens of scientific articles.

Zu Rhein was born in Munich, Germany, on April 5, 1920. She earned her medical degree from the Ludwig-Maximilians University in Munich in 1945. Her preclinical years coincided with the start of World War II. After medical school, she began a pathology residency at Munich's Schwabinger Krankenhaus Hospital.

In May 1945, the U.S. 98th General Hospital took over the Schwabinger. Conversant in English, Zu Rhein was offered the position as assistant chief of laboratory service, which she held for eight years. After the war, one of the Americans with whom she had worked wrote Zu Rhein



that he had become a professor and chair of the SMPH Department of Preventive Medicine. He helped her get the position that resulted in her 41-year career at UW-Madison.

Zu Rhein's remains were interred in Munich, Germany. Her autobiography was published in the *Journal of Neuropathology and Experimental Neurology* in 2012.

Know Your Class Representatives

Each University of Wisconsin School of Medicine and Public Health (SMPH) graduating class has one or more class representatives who play an integral role in working with the Wisconsin Medical Alumni Association (WMAA) to plan class reunions. Those featured here and online hope classmates will join them at their reunions in fall 2016.

LYSSA (BIERIG) CHACKO, MD '01

What type of practice are you in now, and where?

I am a gastroenterologist at the Denver VA Medical Center. I am affiliated with the University of Colorado Health Sciences Center, and I teach residents and fellows.

What's your fondest memory of medical school?

Traveling around Wisconsin for rotations during my third and fourth years provided great learning and bonding experiences.

What are your hobbies/interests?

I enjoy hiking, camping and traveling with my husband—Job Chacko, MD '00—and our three kids.

What SMPH faculty do you remember the most, and why?

Dr. John Harting was a fantastic, enthusiastic teacher for neuroscience.

JANIS P. TUPESIS, MD '01

What type of practice are you in now, and where?

I work in the SMPH BerbeeWalsh Department of Emergency Medicine. I came to UW Health in 2009 to further develop and implement its Emergency Medicine Residency Program. During that time, I have been overseeing the global health programs for the UW Health residency and fellowship programs, and I serve as the graduate medical education liaison to the UW-Madison Global Health

Institute. I've spent much of my career integrating education, health systems development and global emergency medicine. My work centers on helping with these activities in Liberia, Ethiopia and South Africa.

What's your fondest memory of medical school?

I relish the sense of community among students, faculty and clinicians. Everybody helped each other and was invested in each other's success. This was not the case for some of my friends who were attending different medical schools at the same time.

What SMPH faculty do you remember the most, and why?

Dr. Gordon Tuffli volunteered to "go back to medical school" with us and provided great mentorship. Also, Dr. John Harting pushed me to learn an incredible amount very quickly. Amazingly, he knew everybody in the class by name at the end of the first week.

What are your plans for your reunion?

I'm looking forward to reconnecting with classmates. It's hard to believe we went to medical school before Facebook, Twitter, etc.

Message to your classmates?

There are few places better than Madison. Specifically, let's visit the Union Terrace! Also, be sure to explore State Street, 140 Bardeen, Bascom Hill and the incredible development of the medical campus at the west end of UW-Madison.

MICHAEL ZWANK, MD '01

What type of practice are you in now, and where?

I am the ultrasound director in the Department of Emergency Medicine at Regions Hospital, a busy tertiary care hospital and trauma center in St. Paul, Minnesota. It is a community hospital affiliated with the University of Minnesota Medical School, where I am an associate professor. We have emergency medicine residencies for physicians and physician assistants, as well as several fellowships; I direct the ultrasound fellowship.

What's your fondest memory of medical school?

One of my best medical school rotations was family medicine in Minocqua, Wisconsin, in my third year. My time outside of the clinic up there (boating, biking, hiking and playing paintball) was valuable in preparing me for fourth year.

What are your hobbies/interests?

In Minnesota, I can pursue all of my outdoor interests, including cross-country skiing, snowboarding, rock climbing and running. I also help my 10- and 12-year-old sons pursue many of their passions.

What SMPH faculty do you remember the most, and why?

A common theme for all of them was their passion for what they taught. It was infectious and made it easy to learn.



Lyssa (Bierig) Chacko, MD '01



Janis Tupesis, MD '01



Michael Zwank, MD '01



Don Selzer, MD '96

What are your plans for your reunion?

Hopefully good weather will let us enjoy time outside on the terrace. We've had time to settle into our practices and life, so let's catch up with old friends.

DON J. SELZER, MD '96

What type of practice are you in now, and where?

I am an associate professor in the Department of Surgery at the Indiana University (IU) School of Medicine, where I direct the Division of General Surgery, Section of Minimally Invasive and Bariatric Surgery and Department of Surgery Skills Lab. At the IU Health University Hospital, I am the co-chief of surgery and vice president of its North Hospital Medical Staff.

What's your fondest memory of medical school?

The camaraderie generated by late-night study groups during first and second year of medical school is my fondest memory.

What SMPH faculty do you remember the most, and why?

Dr. Folkert Belzer inspired me to be a general surgeon. Dr. James Pettersen was always very approachable. And Dr. John Pellet made me recognize that people work harder for people they respect than people they fear.

What are your hobbies/interests?

I am heavily involved in political advocacy with surgical organizations. In my personal life, I enjoy spending time with my family and consider myself a "foodie."

What are your plans for your reunion?

I'm looking forward to attending our reunion. While I'm in Madison, I would like to check on the duplex where I lived for six years.

Message to your classmates?

The diaspora created by the National Resident Matching Program has led to our classmates filling every corner of the country. It's time to return "home" to recognize our accomplishments and see what has happened in Madison. Much has changed at our alma mater, but some of our "old haunts" remain, and it's fun to see places that jog memories—like studying late, walking to the Blue Moon on Old University Avenue when the mercury was touching negative 20 degrees F, and finding the place packed!



There's More Online!
Visit med.wisc.edu/48674

Visit the URL above to see profiles by:

- **Marc Williams, MD '81**
- **Steve Fox, MD '86**
- **Dave Henningsen, MD '91**
- **And possibly more!**

CLASS REPRESENTATIVES WHO ARE PLANNING REUNIONS

These classes will hold reunions on Friday and Saturday, September 16 and 17, 2016.

- 1971: Bob Jaeger
- 1976: Donn Fuhrmann
- 1981: Marc Williams
- 1986: Steve Fox
- 1991: Dave Henningsen
- 1996: Don Selzer
- 2001: Lyssa Chacko, Erin Schoenecker, Janis Tupesis, Michael Zwank
- 2006: Angie Gatzke, Katie Nixdorf
- 2011: Renee Kursel, Matt Lee

The Faith to Be Great:

LAUREE

THOMAS, MD '79

ERIC KAYNE



by Masarah Van Eyck

Early in spring 2016, a graduating medical student at the University of Texas Medical Branch (UTMB) at Galveston stopped into the office of Lauree Thomas, MD '79, saying, "I want you to know that your faith in me was justified."

The student hadn't been a strong candidate going in and remembered Thomas, who is UTMB's associate dean for career counseling and a professor of medicine in geriatrics. Today, that student graduated Alpha Omega Alpha, had a Step 1 score of more than 250, and is headed to Johns Hopkins, her first choice for a residency program.

"She knew that I understood she would be a great student," Thomas recalls. "And she became one because of that faith, and because *she* knew she could be great."

This is one of dozens of success stories Thomas can relate from her more than 15 years at UTMB—though initially those successes might have seemed unlikely. After all, when she accepted the position of associate dean for student affairs and admissions in 2001, UTMB's medical school was facing challenges, including below-average passage rates on national board examinations.

But Thomas, who moved to Texas after 10 years as associate dean for minority affairs at the Medical College of Wisconsin in Milwaukee, laid an ambitious path to improve student recruitment, retention and timely graduation. When Thomas was the associate dean for student affairs and admissions, up to 90 percent of UTMB's students passed their board exams the first time around, and the school led the nation in graduating the most diverse class of African-American and Hispanic medical students for several years.

Mirroring the gratitude that UTMB's medical students show to her, Thomas credits her time attending the University of Wisconsin School of Medicine and Public Health (SMPH) for inspiring her success.

"I wanted to duplicate in Texas that same feeling of support, of being nurtured and

cared about, and of having professors who are truly invested and interested in each student's learning," Thomas says. "And I wanted these students to have the same type of classmates I did, who were always there for one another."

To that end, Thomas secured millions of dollars in grants to support medical research and education, believing, "if you provide the necessary resources then all students can succeed." She garnered more than \$19 million to strengthen pipeline programs for under-represented students and nearly \$3 million in scholarships for economically disadvantaged students. She also bolstered UTMB's academic support with peer-to-peer tutoring and by engaging faculty in board exam preparatory programs.

"My motto is: 'Every student should be able to reach his or her maximum potential,'" she explains. "If you set expectations high, students will meet them."

Thomas's own high expectations were set growing up in Mississippi where her mother told her, "do something well or not at all." Her early interest in the sciences, sparked by a love of nature, and in medical care—modeled in part by the fictional television character Marcus Welby, MD—gained new significance after she witnessed her young cousin's drowning.

"I couldn't understand why nobody could resuscitate him," she remembers. "That was my driving force to always try to be helpful in the field of medicine."

At age 18, Thomas and her family moved to Milwaukee, where she earned a biology degree from Marquette University. Next, Thomas enrolled at the SMPH, a place that confirmed her impression of medicine as a caring profession.

"Our professors were great intellectual teachers," she says, listing one name after another as if reading them from a roster. "And the registrar, Ms. Isabelle Peterson, took a very clear interest in the students. She was someone you could go to in confidence and she would help you."

But it was the students—*especially* the students—Thomas says, who modeled

"the feeling of camaraderie and support" that she endeavors to impress upon her own students.

"My classmates were very warm and very giving of their time and effort," she emphasizes.

Thomas herself was a student who "embodied that spirit" of fellowship, says Patrick McBride, MD '80, MPH, the SMPH's former associate dean for students and its current director of alumni relations.

"It's wonderful to see Lauree extending those same values to the next generation of physicians," says McBride, also a professor in the SMPH Departments of Medicine and Family Medicine and Community Health.

Thomas shares that enhancing student support has been one of her greatest accomplishments.

"I've really instilled in the students: You are not competing with one another, medicine is a caring and helping profession, and you really want to help your fellow students," she exclaims.

It was "with great emotion," Thomas says, that she left Madison for her residency in internal medicine at the former Mt. Sinai Medical Center (now Aurora Health) in Milwaukee, during which she served as president of the Cream City Medical Society.

About moonlighting in urgent care and working with communities in inner-city Milwaukee, she says, "I wanted the challenge of taking care of the sickest of the sick."

Following her residency, Thomas practiced geriatrics for a decade at the hospital-based geriatric clinic at Mt. Sinai.

And to this day, she holds dear her collection of handmade blankets gifted to her from patients through the years.

"There is always gratification in helping patients," Thomas says when asked what she most hopes to impart to her own students. "If they can enjoy taking care of people and ensure a good quality of life for their patients, then my purpose will be met by training and educating them."

Alpha Omega Alpha

HONORS INDUCTEES, WELCOMES BETZ AS A VISITING PROFESSOR



Clockwise from top left (left to right): Student inductees: Front: Surbhi Singhal, Nayeli Spahr, Jennifer Wagner, Lindsay Raab, Julian Motzkin, Cristina Gaudioso, Hannah Roeder. Middle: Katie Egan, Elizabeth Scholzen, Jacquelyn Swietlik, Lucas Leonhard, Sarah Sweetman, Samantha Knopp, Lindsay Taylor, Anna Luetmer, Thomas Gessert. Back: Ashley Nault, Anna Drewry, Jimmy Xu, Conor O'Halloran, Joshua Bakke, David Shlensky, Evan Joyce, Brian Hibler. Dean Robert Golden, MD, and A. Lorris Betz, MD '75, PhD '75. Faculty inductees and guests: Front: Betz; Laura Zakowski, MD '90 (PG '96) (AOA councillor); Gwen McIntosh, MD '96, MPH; Anna Veach, DO; Dean Robert Golden, MD. Back: Ned Kalin, MD; Aaron Hess, MD, PhD; Dixon Kaufman, MD, PhD; Thomas Grist, MD; Mark Kleedehn, MD (resident); Robert Pearce, MD, PhD. Not pictured: Patricia Liu, Caitlin Regner, Victoria Rendell, Nicholas Stabo, Eric Weinlander, Michael Ziegele, Jeffrey Lin, MD (PG '16).



TODD BROWN/MEDIA SOLUTIONS (3)

In April 2016, the Alpha Omega Alpha (AOA) honor society inducted fourth-year medical students, faculty leaders from the University of Wisconsin School of Medicine and Public Health (SMPH) and two UW Health house staff (see names in captions).

The AOA recognizes inductees for honesty, honorable conduct, morality, virtue, unselfishness, ethical ideals, dedication to serving others and leadership. Chapters around the world elect their own members.

The induction ceremony—hosted by the Wisconsin Medical Alumni Association—featured the second annual guest lecture created through a significant donation by

David de Harter, MD '68, and his wife, Diane, to honor his medical school alma mater.

The 2016 de Harter AOA Visiting Professor was another alumnus, A. Lorris Betz, MD '75, PhD '75. He is the former chair of the Association of American Medical Colleges' board of directors and a board member of the American Medical Association Education Innovations Program. He advocates for changing the culture of medicine to one that is highly respectful and service oriented. He served as dean and senior vice president of University of Utah Health Care, where he led a transformation that markedly improved the clinical and academic environments.

A University of Utah Health Care blog outlines his Exceptional Patient Experience initiative, which mandates an exceptional experience for every patient, every time, at every point of their care. It resulted in increased patient satisfaction scores and quality rankings, decreased costs and fewer reports of medical student mistreatment.

Culture change in medicine “takes courage,” Betz wrote in a blog post, but “it’s a good business decision. It’s a good people decision. Moreover, it’s what our patients expect and deserve. It’s what our learners expect and deserve. And it creates the kind of environment in which we all want to work.”

Dean's Teaching and Research Mentorship Awards



TODD BROWN/MEDIA SOLUTIONS

Left to right: Rebecca Sippel, MD; Deane F. Mosher, MD; Dean Robert Golden, MD; Robert Corliss, MD '00 (PG '05); Virginia Snyder, PhD, PA-C; Mark Burkard, MD, PhD. Not pictured: Michael Bentz, MD.

The annual Dean's Teaching Awards honor outstanding contributions by faculty members in University of Wisconsin School of Medicine and Public Health (SMPH) education programs.

SMPH Dean Robert Golden, MD, presented the awards during the school's 2016 Medical Education Day, noting "These awards honor the best of the best."

He presented Dean's Teaching Awards to:

- **Michael Bentz, MD**, professor and vice chair of clinical affairs, Department of Surgery; chief, Division of Plastic Surgery
- **Mark Burkard, MD, PhD**, associate professor, Department of Medicine
- **Robert Corliss, MD '00 (PG '05)**, associate professor, director of autopsy, Department of Pathology and Laboratory Medicine
- **Virginia Snyder, PhD, PA-C**, associate professor, Department of Family Medicine and Community Health, director, SMPH Physician Assistant Program

Golden also presented research mentorship awards, as follows:

- **Deane F. Mosher, MD**, professor, Departments of Biomolecular Chemistry, Medicine and Pathology;

Dean's Legacy Award for Excellence in Medical Student Research Mentorship

- **Rebecca Sippel, MD**, associate professor, Department of Surgery, chief, Division of Endocrine Surgery; Dean's Award for Excellence in Medical Student Research Mentorship

Bentz joined the Department of Surgery in 1999. He has been a leader and advocate in numerous capacities, including the Medical Student Mentoring Program, admissions interviews, Graduate Medical Education Oversight Committee and SMPH Task Force on the Learning Environment. He teaches medical students at all levels.

Burkard has taught at the SMPH since 2008 and has been the associate director of the Medical Scientist Training Program (MSTP) since 2013. He trains and mentors aspiring physician-scientists, directs two courses that engage them in clinical experiences and co-directs a weekly MD/PhD course on grant writing and review.

Corliss joined UW-Madison in 2006. He is the course director for the second-year Foundations of Medicine 4 course and residency director for the Department of Pathology. He has taught undergraduate, medical and graduate students and does education outreach locally, nationally and internationally. Corliss has been a

design team member for curriculum transformation and will be a longitudinal teacher coach for the Forward Curriculum.

Snyder joined the Physician Assistant (PA) Program as a clinician educator in 2003 and became its director in 2006. She oversaw the program's transition from a baccalaureate to a professional master's degree and helped develop and expand distance education and outreach programs. Snyder has assumed numerous educational leadership roles at the SMPH.

Mosher joined the UW-Madison faculty in 1976. A distinguishing characteristic of his 40-year legacy is his dedicated, skillful mentoring of students who are embarking on careers as biomedical researchers. Mosher has run a highly productive research laboratory and trained more than 60 predoctoral students and postdoctoral fellows. For 13 years, he served as director of the MSTP.

Sippel leads a highly productive clinical research program, and over the past eight years has served as a mentor and role model for more than 20 medical students, many of whom have graduated with research honors. She is an active trainer in the Department of Surgery's National Institutes of Health-funded Summer Research Experience.

"My Life, My Story" Serves Veterans and their Providers

The My Life, My Story Program at the William S. Middleton Memorial Veterans (VA) Hospital captures the life stories of veterans. Participation is voluntary, and participants get a great family keepsake while letting their health care providers learn more about them.

The process begins with a volunteer describing the My Life, My Story Program to the veteran and obtaining his or her consent. The veteran then tells the story of his or her life while the volunteer audio-records it. The volunteer then writes a short narrative of the veteran's story and provides it to the veteran for revisions. Often, the volunteer reads the story aloud to the veteran. Once the veteran approves the final copy, he or she can have as many copies as desired, and the story is uploaded into the patient's medical record.

Recently the My Life, My Story team has been interviewing VA nurses and doctors who then share their stories with veteran patients when they come in for primary care appointments.



Reflections about the VA My Life, My Story Program

by Lindsay Taylor, MD '16

For the first time as a medical student, I was able to walk into a patient's room without my white coat, without an agenda, and with purely the desire to listen to what the patient wished to share. The process connected me more to the patient than I had ever experienced as a medical student. I had always kept the patient's medical condition in the foreground, but now I could perceive the patient through his or her vision.

This came about because I was lucky enough to spend two whole weeks working with the My Life, My Story Program at the VA Hospital. I interviewed patients hospitalized there and wrote up their stories. Writing each veteran's story as a first-person narrative felt like that story was somehow also my own.

I was introduced to the My Life, My Story Program during my fourth-year cardiology rotation at the VA. One veteran had been on the service for weeks due to complications of his left ventricular assist device, anxiously waiting for a heart transplant. He was one of those patients who made me laugh every time I entered his room. He was the welcomed "rock" on our service. One of the My Life, My Story volunteers captured his charm in a story, and the whole team loved it. When I learned that this veteran had passed away from complications of his heart transplant, I was crushed. I returned to his chart to reread his My Story, finding that the words memorialized his humor and spirit.

This experience prompted me to sign up for the new My Life, My Story elective for fourth-year medical students. I wanted to be able to capture patient stories so providers could have the opportunity to read about their patients' lives just like I had. During my first week on the clerkship, I realized that the same therapeutic power the program held for me was true for the veterans.

I remember one Vietnam veteran, in particular. He was a squad leader in the Mekong Delta and had a mix of humorous, graphic and sentimental stories he wanted to share. He had never shared these stories before, despite his family asking him to write them down. From the 90 minutes of audio, I had to cut out quite a few anecdotes to make the document the recommended length for the program—short enough for busy providers to take time to read them. When I read the draft aloud to him, he asked where all the stories had gone!

I ended up creating a complete, long version of the story for him and an abridged version for his busy health care providers. He was so grateful and asked for a dozen copies so he could share them with his friends and family. Each time I stopped by his room, he shared another story. The last time I stopped by, he said he was going to write all of the stories down in a book of his own. I felt incredibly lucky to be able to give him the gift of his own story.

The My Life, My Story Program has caught fire at the VA. Program staff and volunteers are welcomed on the patient wards, and nursing staff ask veterans if they would be interested in participating. One patient I interviewed had a consult placed with the program before he reached the floor. He was a 92-year-old World War II veteran who had scaled the cliffs at Normandy, surrendered at the Battle of the Bulge, and survived a German Work Camp because he worked as the interpreter—he spoke perfect German. By the time I made it to his room, all the nurses on the floor were buzzing about little pieces of his story he had shared with them, and they were eager to learn his whole

story. When I entered the room to record his words, I felt honored.

Looking back at my time on the My Life, My Story rotation, I realize how lucky I was to have the opportunity to step out of my role as a physician just as I was about to graduate from medical school. Having the time to sit and talk with veterans as they face their medical problems—without having to focus on their diagnoses, treatments or prognoses—created unique relationships. This clerkship made me realize the value of connecting with each patient through his or her life's story.

I'm a huge fan of this program. I can't wait to make my first My Life, My Story consult as a resident this year!

—Taylor wrote this when she was a fourth-year medical student at the University of Wisconsin School of Medicine and Public Health

Here's what health care providers are saying about My Life, My Story:

—“I want to share how much I enjoyed the My Life, My Story note you created for a patient on the cardiology inpatient service. It was fascinating to read his life story—to learn about hardships he had faced after coming back from the war and his perceptions about his life now. I get so busy with my patients' care that I rarely take time to learn about their personal lives in so much detail. I think it's fantastic that you are doing this. I hope this program will continue at the VA.”

—“I have so appreciated these stories, especially because they immediately become a source of connection with veterans who come in to see me about their heart failure. In the midst of a heavy 'clinical' topic, knowing their stories has helped us form a stronger patient-provider relationship. It has provided moments of levity and a clear way to tell patients that I am connecting with them and they are important.”

DELUCA EARNS HIGHEST HONOR IN MEDICAL PHYSICS

In August 2016, Emeritus Professor Paul M. DeLuca, Jr., PhD, will receive the highest honor in medical physics: the William D. Coolidge Award from the American Association of Physicists in Medicine (AAPM). The award is named for the man who invented the modern X-ray tube, which paved the way for medical X-ray technology. Candidates are nominated to the AAPM and considered based on their overall contributions to medical physics, professional development of future medical physicists, and national leadership and service.

"It is quite a thrill and is very humbling to receive this award," says DeLuca, who has worked at

University of Wisconsin-Madison since 1971 and became a full professor in 1985.

At the university, he has served in several roles, including chair of the UW School of Medicine and Public Health (SMPH) Department of Medical Physics from 1987 to 1998; associate dean for research and graduate studies and thence vice dean at the SMPH from 1999-2009; professor in the Department of Engineering Physics from 2002 to 2005; and provost and vice chancellor for academic affairs at UW-Madison from 2009 to 2014. Even since his 2014 retirement, he remains involved on campus.

A prolific teacher and researcher, DeLuca credits his selection for this award to his dedication to his students and science.

"I have had some absolutely wonderful students," he shares. "All of them have gone on to establish great careers and contribute to science. I believe some of my former students—with the support of Dr. Thomas 'Rock' Mackie—nominated me, so they deserve a tremendous amount of credit."

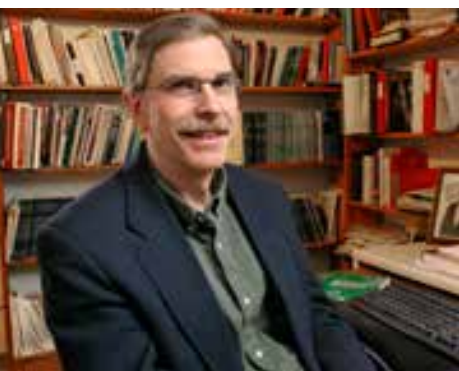
DeLuca adds, "I've also had some tremendous science mentors, and we have very good physicists in the department. This speaks to the



excellence of the university and our department."

He is the fifth member of the Department of Medical Physics to receive this honor; four department alumni also have received it.

BAKER RECEIVES AWARD FOR TOBACCO-PREVENTION EFFORTS



Tim Baker, PhD, received the 2016 Ove Ferno Award, which honors scientists who have made groundbreaking advances in clinical research. The award recognizes those who have made a significant impact on the understanding of nicotine addiction and treatments to help

patients quit tobacco use. He accepted the award at the 2016 annual meeting of the Society for Research on Nicotine and Tobacco in Chicago.

A professor in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Medicine, Baker has been director of research at the UW Center for Tobacco Research and Intervention (UW-CTRI) since its 1992 inception. In 2008, the National Cancer Institute awarded Baker a five-year career scientist award.

Baker has made significant contributions to psychological clinical science, elucidating the behavioral, cognitive and affective processes involved in

tobacco dependence, cessation and relapse and the degree to which treatments affect these processes. He served as the senior scientist on the panels that produced the "U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence" in 1996, 2000 and 2008. Baker also has published more than 250 peer-reviewed articles; served as principal investigator (PI) or co-PI on five major National Institutes of Health center grants; led a rigorous program of research on addiction for more than three decades; and trained numerous doctoral students, postdoctoral researchers and junior faculty members.

UW-CTRI Director Michael Fiore, MPH, MD, an SMPH professor of medicine, notes, "Tim Baker is the total package—brilliant without peer, uncommon in clarity of communication, intellectually generous, remarkably practical, with a laser focus on outcomes and impact. His modest shoulders have quietly carried the UW-CTRI research enterprise for almost three decades. I am profoundly grateful to Tim for what he has done for UW-CTRI and for his extraordinary friendship."

JOHNSON HONORED AS EMERGING SCHOLAR

Heather Johnson, MD '02, MS '11 (PG '05, '10), was named a 2016 Emerging Scholar by *Diverse: Issues in Higher Education*, the nation's second-largest higher education trade publication. She is the only physician among 12 U.S. scholars to receive the designation, which recognizes achievements of minorities under age 40 in academia.

An assistant professor in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Medicine and a UW Health cardiologist, Johnson completed her bachelor's and medical degrees, residency, fellowship, postdoctoral research and

master of population health degree at UW-Madison. Her early research investigated the effect of smoking on cardiovascular health. As a health services researcher, Johnson focuses on hypertension and diabetes care in young adults and minorities.

"I constantly witnessed complications of hypertension while growing up in Chicago. This fostered my commitment to make sustainable changes in hypertension management and improve cardiovascular preventive services," she explains.

In 2014, Johnson published a study that analyzed more than 14,000 adults' medical records. Despite more than one-third of

young adult subjects meeting criteria for high blood pressure, she found those age 18 to 31 had a 33 percent slower rate of diagnosis—even though access to primary care was not limiting—compared with adults age 60 or older. Nearly half of young adult subjects did not receive timely lifestyle counseling about ways to reduce blood pressure.

The conclusions were a wake-up call for physicians and health care systems about the need for blood pressure interventions tailored to young adults. Johnson has continued this research and published prolifically.



James Stein, MD, an SMPH professor of medicine, says Johnson is a top clinician and researcher and is inspiring the next generation of female and minority students and postgraduate trainees to pursue medicine and public health careers.

TONONI NAMED DIRECTOR OF SLEEP CENTER

Giulio Tononi, MD, PhD, an internationally renowned researcher in the areas of sleep and consciousness, is the new director of the Center for Sleep Medicine and Sleep Research at University of Wisconsin-Madison, effective April 1, 2016.

A professor in the UW School of Medicine and Public Health's (SMPH) Department of Psychiatry, Tononi received his medical and doctoral degrees at the University of Pisa and the Scuola Superiore in Pisa, Italy.

In partnership with his long-standing collaborator, Chiara Cirelli, MD, PhD—a professor in the same department—he has made seminal contributions to the development of a comprehensive hypothesis about

why humans and animals need sleep. Their hypothesis is that sleep is required to maintain homeostasis in the synapses, so the brain can learn anew the next day. They have been applying genetic, molecular, electrophysiological and ultrastructural approaches to the testing and refinement of this theoretical framework.

Tononi also is an internationally renowned leader in the study of consciousness, which will become an area of major focus for the center. In recognition of this expanded scope, the center will be renamed Wisconsin Institute for Sleep and Consciousness (WISC), effective July 1, 2016.

"We are delighted that Dr. Tononi has accepted our

invitation to serve in this important leadership role," says Robert Golden, MD, dean of the SMPH. "We applaud his vision of expanding the emphasis into the rapidly advancing area of human consciousness, and we look forward to continued growth in the center's multidisciplinary research portfolio."

The center was established in 2008, making it one of the first independent academic sleep centers in the United States. It facilitates and enhances basic science and clinical sleep research and promotes the development of new technologies for the study of sleep and sleep disorders. It is home to a broadly multidisciplinary clinical and research group comprised of faculty from the Departments



of Comparative Biosciences, Medicine, Neurology, Orthopedics and Rehabilitation Medicine, Pediatrics, Population Health and Psychiatry, as well as the UW Schools of Nursing and Pharmacy.

Internal Medicine Residency Program Reunion

ALUMNI RETURN TO BADGERLAND



Clockwise from left (left to right): Sigurdur Gudmundsson, MD (PG '81, '83), tries his hand at a laparoscopic procedure training system at UW Health's Clinical Simulation Center. Hector Ziporovich, MD (PG '83), and Molly Carnes, MD, MS '01 (PG '81), visit. Ravi Rao, MD (PG '00), Gigi Dawood, DO (PG '02, '04), Karen Ross, MD (PG '02), and Halle Sobel, MD (PG '02) pose.



CLINT THAYER/DEPARTMENT OF MEDICINE (8)

by Robyn M. Perrin, PhD

One hundred thirteen alumni of the University of Wisconsin-Madison Internal Medicine Residency Program gathered on May 20 and 21, 2016, for the first reunion known to have occurred in the program's 60-year history. Physicians who completed their residency training as long ago as 1970 and as recently as 2015 returned to reconnect and formally honor more than 25 years of program leadership by Bennett Vogelman, MD (PG '82), professor (CHS) and vice chair for education, Department of Medicine, at the University

of Wisconsin School of Medicine and Public Health (SMPH).

A Friday evening reception at the Pyle Center yielded greetings, laughter and storytelling. On Saturday morning, alumni toured the Wisconsin Institutes for Medical Research and the UW Health Clinical Simulation Center. Mariah Quinn, MD, MPH, assistant professor of medicine (CHS) and associate program director, led a group discussion to analyze fine art paintings, a technique used in the Humanism in Medicine course to facilitate mindfulness and empathy. Alumni teams then competed in a rousing game of Medical Jeopardy.

The evening program included speeches by SMPH Dean Robert Golden, MD, Robert Turell Professor in Medical Leadership, and Richard Page, MD, George R. and Elaine Love Professor and chair, Department of Medicine. Joan Addington-White, MD, clinical associate professor of medicine and associate program director, and Sigurdur Gudmundsson, MD (PG '81, '83), professor, University of Iceland and former Icelandic medical director of health, provided tributes to Vogelman.

A video featuring Vogelman's trainees moved many to tears. All gave a standing



Clockwise from top left (left to right): Jonathan Makielski, MD, leads a tour of the Wisconsin Institutes for Medical Research. Mark Reichelderfer, MD (PG '79), hugs Bennett Vogelman, MD (PG '82). Associate Residency Director Robert Holland, MD (PG '06), Lyndsey Runaas, MD (PG '13), and Jacky Kruser, MD (PG '13), reconnect. Youngjoo Suh, Byungse Suh, MD (PG '76, '78), and Dennis Maki, MD '67, pose. Vogelman and Donald Harkness, MD (former department chair, 1980-93) reminisce.

ovation as he accepted a glass sculpture on behalf of the alumni, from Elizabeth Trowbridge, MD '91, clinical professor of medicine, head, Division of General Internal Medicine, and associate vice chair for primary care, Department of Medicine.

During his remarks, Vogelman spoke about the influence of his family, including his parents—who immigrated to the United States and moved to Brooklyn, New York, as survivors of the Holocaust—and his pride in being a lifelong learner and educator within public education institutions.

Support the Residency Program Endowment

Please help ensure a strong future by making a gift to the Internal Medicine Residency Program Endowment, named in honor of Bennett Vogelman, MD (PG '82). This endowment will forever support key residency program projects such as continuing education, research, education initiatives and project development. It is hoped that this will provide funding for an endowed professorship, to be held by directors of the residency program.

Visit supportuw.org/giveto/vogelmanendowment or contact Pete Schmeling, senior director of development, at pete.schmeling@supportuw.org or (608) 709-9388.



AMANDA VOISARD

Creating a Legacy of Giving Back

ROBERT J. HARTZMAN, MD '71, AND MARLENE HARTZMAN, EdD

by Sharyn Alden

For as long as he can remember, Robert J. Hartzman, MD '71, wanted to be a doctor.

As a retired captain in the U.S. Navy Medical Corps, he is the director of the Navy's Bone Marrow Research Directorate. In this federal civilian position, he is assigned to the Naval Medical Research Center. While he is living his dream, he worked hard to achieve it.

As a third-year medical student at the University of Wisconsin School of Medicine and Public Health (SMPH), Hartzman fortuitously "stumbled upon" an interest in medical genetics when a teaching fellow asked if he'd like to work in that lab over the summer. The job lasted for two years and established the foundation for Hartzman's lifelong career.

"The Department of Medical Genetics was one of the most highly regarded departments at UW-Madison. It was the first such department in the United States and a principle laboratory for transplantation genetics," he recalls.

At the time, identifying good donor matches for bone marrow transplants was in its infancy, and UW-Madison had research programs in genetics in several departments and institutes.

"Some were researching the 'triplet code'—or DNA coding for amino acid building blocks for protein production in cells (Nobel Prize, Khorana); reverse transcriptase (Nobel Prize, Temin); protein sequencing (subsequent Nobel Prize for gene modification, Smithies); and earlier, gene organization (Nobel Prize, Lederberg) and more," Hartzman notes.

Concurrent with Hartzman's early research, the world learned of the first two successful clinical bone marrow transplants: one in Madison and one in Minnesota.

"Some people at UW-Madison believed the local transplant was the first one, although the transplants there and at the University of Minnesota essentially occurred at the same time," he says.

Back then, scientists knew little about human leukocyte antigen (HLA), a marker found on most cells in the body. The best outcomes for bone marrow transplants occur when a patient's and donor's HLA match closely.

As a medical student, Hartzman developed modifications of a key tissue culture technology and invented equipment that performs large numbers of tissue culture assays, both of which researchers

continue to use, since the publication of the innovations in the early 1970s, for cellular immune evaluation and to understand HLA's role in marrow transplants. This work earned Hartzman a \$500 Dorothy and Charles Inbusch Award.

"That was a lot of money for my wife, Marlene, and me as we headed off to begin my residency at the Dartmouth-Hitchcock Medical Center," he says. "I have always remembered how much that gift meant to me, and it has inspired me to want to help other medical students at the UW School of Medicine and Public Health."

Following his residency, Hartzman was inducted into the Navy, where he performed clinical marrow transplants at the National Naval Medical Center and Naval Medical Research Institute. He developed an extensive transplantation genetics laboratory and has worked there and at the Naval Medical Research Center since 1973. Throughout his productive career, he has co-authored more than 100 manuscripts on transplantation and related genetics. Hartzman remains fascinated with the work he experienced at the SMPH and grateful for his UW-Madison education.

Visionary Gifts

Living in the Washington, DC, area, Robert and Marlene Hartzman firmly believe in investing in tomorrow's leaders. They were energized to know that their gifts could impact many students' lives for years to come. To that end, in addition to currently supporting students, they have made planned gifts across campus to help UW-Madison students reach their full potential.

Their gift to the SMPH will support medical students pursuing research training, either in the Medical Scientist Training Program (MSTP), through which students pursue MD and PhD degrees simultaneously, or other pathways that offer research opportunities to medical students.

"We have indicated that funds for students in that program are to cover expenses while they participate in professional experiences outside of Madison, such as presenting papers at research meetings. These types of funds can be hard

to come by, and our goal is to help open doors to new opportunities. I know this can make all the difference as students start their careers," Robert Hartzman explains, adding that they have made an additional gift to support students in the Consumer Health Advocacy Program at the UW-Madison Center for Patient Partnerships (CPP) and the School of Education.

Recalling when her husband received the medical research award, Marlene Hartzman says, "It was extremely important—it gave us a financial cushion so Bob could begin his career."

Through the combined gifts to UW-Madison—the Hartzman Scholars—Robert and Marlene Hartzman have become members of the SMPH's Middleton Society. Robert Hartzman wanted to join the society because Dean William Middleton, MD, was on the faculty when Hartzman did a medical school rotation at the Veterans Hospital that bears Middleton's name.

The couple met when Marlene Hartzman was an undergraduate student at UW-Madison and he was a medical student. She earned a bachelor's degree in English and oral communications from UW-Madison in 1970 and a doctorate of education from Virginia Tech in 1986.

Their son, Alex J. Hartzman, MPH '12, earned a bachelor's degree from UW-Madison in 2009, a consumer health advocacy certificate from the CPP in 2010, a master of public health degree from the SMPH in 2012, and a master of public affairs degree from the La Follette School of Public Affairs in 2012. He is a program associate at the Patient-Centered Outcomes Research Institute (PCORI) in Washington, DC.

Sharing her Badger pride, Marlene Hartzman has actively participated in Wisconsin Alumni Association activities and is a member of the UW Foundations' Women's Philanthropy Council and Bascom Hill Society. She currently is chair emeritus of the School of Education Board of Visitors. In 2002, she attended a council meeting, where she met the presenter, Martha (Meg) Gaines, JD, LLM, a distinguished clinical professor of law. Gaines founded and directs the Center for Patient Partnerships, which

helps patients with life-threatening or serious chronic illnesses make informed decisions and get the health care they need.

"Meeting Meg was the flashpoint that led to creating the Hartzman Scholars," she says. "She was doing groundbreaking work, but I was horrified to learn the center was not being funded."

Marlene Hartzman says the Hartzman Scholars has awarded gifts to about 50 students, some of whom she has met.

"The students expressed gratitude to be able to pursue their dreams. Their comments always bring me back to when Bob received the award for his student research. We are thrilled to have the opportunity to assist others," Marlene Hartzman says.

Robert Hartzman reflects on what a difference a few years can make in the world of research.

He played key roles in the initiation and development of the National Marrow Donor Program, Be The Match, and the Department of Defense Marrow Donor Program, the C. W. Bill Young Marrow Donor Recruitment and Research Program, and continues to provide support for these programs.

"In 2016, more than 14 million donors are listed on the National Marrow Donor Program, and more than 900,000 of these donors are on file with the Navy's C.W. Bill Young Marrow Donor Recruitment and Research Program," he says, adding that this helps ensure people who need a marrow transplant can find a donor. These programs have supported volunteer donors to provide bone marrow or peripheral blood stem cells for more than 75,000 clinical transplants.

Looking back, he says he was in the right place at right time to study the genetics of bone marrow transplantation. He also is looking forward to attending his 50-year UW-Madison reunion and 45-year SMPH reunion in fall 2016.

"I have witnessed an unbelievable progression of science, and through it all, I have been deeply grateful for all that I learned at UW-Madison," Robert Hartzman concludes.

from across UW-Madison, including David Andes, MD, PhD (PG '96), Tim Bugni, PhD, and Cameron Currie, PhD. Andes is a professor and chief of the Division of Infectious Disease, SMPH Department of Medicine; Bugni is an assistant professor in the UW School of Pharmacy; and Currie is a professor of bacteriology in the UW College of Agricultural and Life Sciences. Notable results helped the team obtain a sizable NIH grant in 2014; Andes is the principal investigator.

"In their federal grant's first year, they had astounding success, nearly equal to discoveries in the past decade nationwide. This is a great example of a huge population health concern being addressed through an interdisciplinary approach," exclaims Moss.

School leaders also tout the success of the WPP-funded Survey of the Health of Wisconsin, the first statewide research of its kind to measure information on critical health conditions. More than 5,000 adults and children have participated in the survey, from which the SMPH shares anonymous data to help organizations and researchers identify needs and target resources to make the biggest impact.

THE VISION IN ACTION

A story-teller at heart, Remington describes alumni who demonstrate the integration of medicine and public health.

For instance, he points to the success of Jackie Redmer, MD '07, MPH '09 (PG '11, '13), who—after earning her MD and MPH degrees at the SMPH—completed a residency and integrative medicine fellowship in its Department of Family Medicine and Community Health. She practices family and integrative medicine at Northlakes Community Clinic in Iron River, in one of Wisconsin's poorest, least-populated regions.

"My patients are economically diverse, ranging from working class and rural low-income individuals, to tourists and artists," says Redmer. "My day-to-day work feels as much like public health as clinical medicine. My colleagues and I have many community connections and are always looking for 'upstream' ways to improve health and

access to health care for patients. We enroll them in health insurance and help them find affordable housing and medication coverage. This is the type of practice I envisioned when I was an idealistic medical student."

Jacqueline Gerhart, MD (PG '11), shares Redmer's philosophy and passion.

During her residency at the Department of Family Medicine and Community Health, she practiced at Madison's Wingra Clinic, which focuses on clinical medicine and public health for underserved populations. There, she began caring for twins Alona and A'lon Willis, and their mom, Toccara Kimball. Gerhart treated Kimball for chronic rheumatic fever that resulted from untreated strep throat as a child in inner-city Chicago.

"Her health care needs are an example of a historical public health concern that has been significantly reduced through enhanced care for strep throat," notes Gerhart.

"I loved seeing Toccara's joy when she had her babies, although she was frightened about managing the family as a single mom. We worked with support services to arrange assistance for food, diapers and formula, child care, transportation and vocational advancement," says Gerhart.

When Gerhart began practicing at UW Health's Windsor-DeForest Clinic, the family kept her as its primary care provider despite having to drive 25 minutes north of Madison.

"I am blessed to practice and teach at the UW School of Medicine and Public Health," says Gerhart. "I strive to create lasting and caring relationships with my patients, their families and the community. Toccara's story is a testament to the school's community service mission. It is my goal to model this mission in caring for my patients and in teaching future health care providers."

FUTURE OUTLOOK

SMPH faculty and staff recognize that achieving the ultimate public health goal—longer, healthier lives for all—will require more work, particularly because public health challenges require attention from a variety of angles. Smith predicts that the WPP will become increasingly involved in policy

development that can influence changes in systems and the environment.

"Clearly, we are not going to build bicycle trails or rail systems, but we can provide experts who educate people about why such things are needed. Similarly, the school cannot directly change poverty, but our faculty can describe its impact on people's health, with the goal of influencing others who can make a difference," says Smith.

The WPP also is exploring ways to incorporate advancement of health equity into future investments. It is hosting a conference on the topic in fall 2016.

Drezner adds that more broadly disseminating and implementing research is a future wave. For example, he cites a WPP-funded Wisconsin Falls Reduction Project.

In collaboration with the Kenosha (Wisconsin) County Division of Aging and Disability Services, Jane Mahoney, MD (PG '89), professor, Department of Medicine, integrated the evidence-based Stepping On Program into community services. The program, which she brought to the United States from Australia, has reduced falls an average of 40 percent. She and other researchers, working with community partners, have developed a related training program for health care providers that is being used across the nation.

Moss shares, "Transforming a school has as much to do with attitudes and culture as it does with any specific programs you implement. We have built a culture that will help us achieve our vision and goals."

Referring to the 2015 Wisconsin Health Trends Report, Remington says, "We are making progress, but health disparities are a huge challenge in Wisconsin. Our school's decade-long transformation has allowed our researchers to gather evidence about what works for communities, and our graduates start careers with ample public health skills to help translate this research into practice."

He concludes, "The SMPH is committed to continue working with our community partners toward the goal of longer, healthier lives *for all*."

First Ethiopian Residents Graduate

FAMILY MEDICINE RESIDENCY PROGRAM WAS DEVELOPED IN PARTNERSHIP WITH UW-MADISON



Above: Graduates (holding diplomas, left to right) are Elnathan Kebebew, MD, Sena Dhugasa, MD, Meseret Zerihun, MD, Murutse Atsebaha, MD, Assefa Alamirew, MD, Assegid Geleta, MD, and Assefa Beyene, MD. They are accompanied by physicians who helped foster the residency program. Right: Graduates and other participants celebrate after the formal graduation ceremony.

by Rebecca Wasieleski

In early 2016, seven Ethiopian doctors became the first graduates of the family medicine residency program at Addis Ababa University's College of Health Sciences. This three-year residency is the first such program in Ethiopia and an important step in improving health care services in a country with more than 100 million people. The residency program is one outcome of the University of Wisconsin-Madison's Medical Education Partnership Initiative (MEPI) with Addis Ababa University.

"These graduates are an inspiration to me, as they create family medicine in Ethiopia from the ground up to suit the Ethiopian context and needs," says Ann Evensen, MD '95, an associate professor in the UW School of Medicine and Public Health (SMPH) Department of Family Medicine and Community Health, who attended the graduation ceremony in Ethiopia. "It was an

honor to represent UW-Madison and the American Academy of Family Physicians at such a historic occasion."

In 2010, the National Institutes of Health funded the MEPI with a \$130 million grant aimed at enhancing medicine in 12 countries in sub-Saharan Africa. These efforts were spearheaded by Girma Tefera, MD, a professor in the SMPH Department of Surgery and native of Ethiopia, and Cynthia Haq, MD, professor, Department of Family Medicine and Community Health.

"When I first visited Ethiopia in 2001, very few people had heard about family medicine," reflects Haq, who founded the UW-Madison Center for Global Health and is now a special advisor to the university's Global Health Institute (which the center became).

Through visits and collaborations with faculty from Addis Ababa University, UW-Madison and the University of Toronto, the Ethiopian Ministry of Health approved the



first training program in 2012. Government leaders have embraced the concept and called for rapid expansion and development of new family medicine training programs.

"The ownership of this program is really in their hands, which helps ensure it will succeed and be sustainable," Tefera says, who also is a vascular surgeon at UW Health.

According to Haq, "The first graduates of the Addis Ababa University family medicine residency are living examples of the value of well-trained generalist physicians who can provide high-quality care for patients across the life span and are prepared to promote the health of individuals, families and communities. We look forward to continued progress as our new colleagues expand and open new training programs."

Watching Chromosomes Separate in Dividing Cells

A detailed understanding of how dividing cells receive the correct amount of DNA is the focus of a study by University of Wisconsin Carbone Cancer Center (UWCCC) researchers. Published in *Nature Chemical Biology*, it sheds light on the normal process, how it goes awry and how it can be therapeutically targeted.

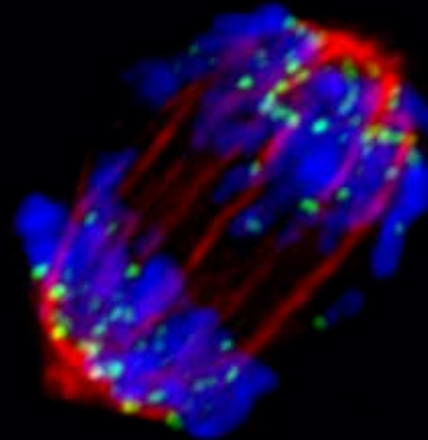
“Cancers often arise because the genome gets all mixed up,” says Mark Burkard, MD, associate professor of medicine at the UWCCC and the study’s senior author.

During cell division, chromosome copies are lined up at the center of the cell via a microscopic structure called the kinetochore. Normally, separation of identical chromosomes happens flawlessly; in cancer, some cells may end up with multiple or incomplete copies.

“We have a rough map of how things are laid out in the kinetochore, but we don’t understand where signals are being made and how the signals move around in the kinetochore,” describes Rob Lera, PhD, a postdoctoral fellow in Burkard’s lab and the study’s lead author. “Understanding

the signals could help us figure out why cancer does not move chromosomes around properly and which signals we should inhibit with drugs.”

The team focused on one signaling protein, Plk1, required for the cell to divide chromosomes correctly. They designed a special cell line and let the cells grow normally, then chemically shut off most of the Plk1 while leaving some at targeted regions in the kinetochore. They studied the cells’ ability to divide when Plk1 was directed to a specific region and analyzed which molecular signals from Plk1 occurred.



“We discovered Plk1 was operating at distinct regions in the kinetochore different from where most people were looking,” Lera notes. “This is an opportunity to discover how signals are dysregulated.”

How Fungi Hijack the Immune System

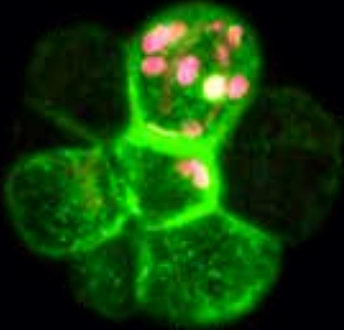


IMAGE BY ALANA STERKAL, PHD

University of Wisconsin School of Medicine and Public Health (SMPH) researchers have uncovered a way fungi can hijack the body’s attempts to clear fungal infections. Enzymes produced by the fungus mimic cell signals that temper white blood-cell development aimed at managing inflammatory responses.

In a study published in *Cell Host and Microbe*, researchers rendered this fungal strategy ineffective by using sitagliptin, an enzyme inhibitor approved for treatment of type 2 diabetes. The research was conducted in vitro and in a mouse model. If researchers learn that this enzyme is present in human fungal infections, it could lead to a valuable treatment option.

“Scientists interested in bone marrow and stem-cell transplantation noticed that if you interfere with [the mammalian enzyme] CD26 and block its ability to cleave the growth factor that stimulates stem cells to produce blood products, you

got better establishment of the transplant,” says Bruce Klein, MD (PG ’89), professor in the SMPH Departments of Pediatrics, Medicine, and Medical Microbiology and Immunology.

Knowing that this fungus makes a close mimic of this enzyme, Klein and collaborators wondered whether the enzyme was cleaving, too.

The growth factor nurtures development of white blood cells in and outside of the marrow and promotes the differentiation of early-stage monocytes into cells critical in adaptive immunity. However, an over-active immune response can cause over-inflammation and damage tissues, so

the body needs to temper inflammation.

The team has demonstrated that the fungal mimic was indeed acting like human CD26 to stop an immune response before the body could mount an offensive, allowing the fungus to gain a foothold.

“We tried a chemical compound that has known inhibitory activity, and there’s an FDA-approved drug that’s commonly used to treat diabetes,” explains Klein, noting that both significantly ameliorated the infection.

Findings may lead to studies of the FDA-approved drug in humans to potentially fight fungal infections.

Cancer Immunotherapy Moves Another Step Ahead

With immunotherapy called 2015's top cancer advance, a study at the University of Wisconsin Carbone Cancer Center has provided a key step in monitoring if, and how, the body's cancer-killing components work during immunotherapy.

The immune system's ability to fight cancer is why many pre-cancerous cells never become malignant. Natural killer (NK) cell cancer therapy is the subject of several clinical trials, with some tumors shrinking in response.

"As with any cell therapy for cancer, you inject the NK cells and hope they shrink the tumor," says Christian Capitini, MD, assistant professor in the UW School of Medicine and Public Health's Department of Pediatrics and an oncologist at American Family Children's Hospital. "I thought there could be an opportunity to monitor and improve that part of the process, where we could see what was going on and intervene sooner, if necessary."

Current methods used to track cells typically involve radioisotopes, which can be problematic because the

signal decays before the NK cell therapy produces a response and they have a level of toxicity. Capitini and his colleagues combined NK cell immunotherapy with the non-radioactive labeling agent fluorine-19 in an attempt to monitor the NK cells in an animal model that could be safely translated to humans.

"Fluorine-19 is found in many approved drugs, such as Prozac, so it should be very safe, but it's never been used to label NK cells," Capitini explains.

In this study, published in *Onc Immunology*, he and his



team showed that the labeling had no detrimental effects on the ability of those cells to kill cancer cells. They injected labeled cells directly into mice harboring human cancers and were able to detect the labeled cells for several days in tumors. Further research may set the stage for a human clinical trial.

Cellular Signal Implicated in B Cell Malignancies

A collaboration between an oncology research lab and a cell metabolism lab at the University of Wisconsin School of Medicine and Public Health (SMPH) and supported through a pilot grant from the UW Carbone Cancer Center has identified the anti-cancer role of a stress response gene in B cell malignancies and provided insight into future treatments. Results were published in the *Journal of Biological Chemistry*.

John Denu, PhD, professor, Department of Biomolecular Chemistry, and Peiman Hematti, MD, professor, Department of Medicine, combined their expertise to

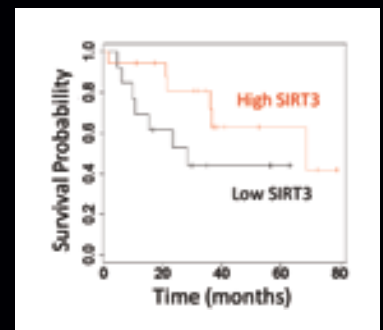
determine how the loss of the sirtuin3 (SIRT3) protein in B cell malignancies promotes growth in those cancerous cells. Findings suggest that treatments which lead to increased SIRT3 levels may be a promising area of research.

The collaboration began when Denu's nephew, Ryan Denu, an MD/PhD student at the SMPH, was doing research in Hematti's lab and contacted John Denu about screening tumor samples for SIRT3 levels.

"For nearly two decades I've been interested in the sirtuins, which regulate metabolism and gene expression. Several papers showed discrepancies of whether SIRT3 was up- or

down-regulated and if that were causative for B cell malignancies, so it was important to look at protein levels," notes Denu.

Hematti gave John Denu anonymous samples from chronic lymphocytic leukemia (CLL) patients. Their groups analyzed SIRT3 levels in the leukemia samples and noncancerous normal B cells. Upon discovering that the CLL samples had almost no detectable SIRT3 compared to a normal B cell, and similar trends held across other B cell malignancies, the researchers had identified a correlation between low SIRT3 levels and malignancy.



"Through further research, we were able to show SIRT3's function is to upregulate the activity of these antioxidant enzymes, and the cancer cells are suppressing SIRT3 levels because that confers a growth advantage," Denu explains, adding that they hope to identify therapeutics that can stabilize SIRT3 levels and treat B cell malignancies.

WARM GRADUATES EMBRACE

Rural Community Health Care



TODD BROWN/MEDIA SOLUTIONS

We are proud that 30 percent of Wisconsin Academy for Rural Medicine (WARM) graduates are practicing medicine in their hometowns in the Badger state. This program highlights the University of Wisconsin School of Medicine and Public Health's (SMPH) dedication to increasing the supply of physicians in rural Wisconsin and improving community health.

Two shining examples are Drs. Michelle Clark-Forsting (MD '12) and Jenna Sebranek (MD '13).

You can read about Dr. Clark-Forsting in *Quarterly* magazine, Volume 17, Number 2.

Dr. Sebranek received Health Career Scholarships from the Richland Center Foundation during her pre-med and WARM years. In medical school, she stayed connected to the small town by conducting talks for middle and high school students through the Doctors Ought to Care Program (shown in photo above). Now a family physician at Richland Medical Center, she gave an inspiring talk at UW-Richland's Class of 2016 graduation.

A Bit of WARM History

In the early 2000s, rural Wisconsin hospitals identified a physician shortage as a threat to their long-term viability. In response, a task force—with representatives from

the Wisconsin Hospital Association (WHA), Wisconsin Medical Society, the state's two medical schools, and major health systems and hospitals—examined the issue. In May 2004, the WHA published a report, "Who Will Care for Our Patients?" calling for establishment of a rural medical school track.

The Association of American Medical Colleges also called on medical schools to increase the number of graduates by 30 percent to address a physician shortage.

With initial funding from the Wisconsin Partnership Program and additional support from the state legislature and SMPH, we responded by creating the four-year WARM Program to provide extensive clinical training in rural Wisconsin for students who demonstrate a strong potential to practice in that environment. Its 26 students per year increased the SMPH's number of MD students in each class from 150 to 176. WARM's first students matriculated in fall 2007.

Community-Based Medical Education

Students admitted to WARM fulfill all MD curriculum requirements and participate in activities that enhance their exposure to rural health care. For the first two years, they train in Madison, take an interdisciplinary "Overview of Rural Health" elective and participate in the Rural Health Interest Group. They are paired with rural preceptors who mentor them during externships.

Third- and fourth-year WARM students gain highly relevant experience by working directly with physicians and public health professionals in rural settings. These training locations are part of the Marshfield Clinic in Marshfield, Gundersen Health System in La Crosse, and Aurora Bay Care in Green Bay. Each student also has the opportunity to work with a local mentor or organization to design and complete a long-term, service-learning project that addresses a significant public health issue in rural medicine.

Outcomes to Date

As of May 2016, 102 students have graduated from WARM. Fifty-four percent of graduates are pursuing a primary care specialty (36 percent in family medicine), and 47 percent are completing Wisconsin-based residencies in various specialties.

Of the 23 WARM graduates who have completed residencies, 87 percent are practicing in Wisconsin, and 52 percent are serving rural Wisconsin.

Future Outlook and Opportunities

In recent years, additional sites have partnered with WARM to host students, creating a wealth of opportunities throughout rural Wisconsin communities.

Interest in WARM is growing among students involved in the Native American Center for Health Professions, as its students have a strong drive to serve their communities. And recently, the SMPH Physical Therapy and Physician Assistant Programs have begun rural training initiatives to help address the state's increasing need for those types of practitioners in rural areas. Through interprofessional clinical experiences in rural practices, these programs expose students to patient-centered medical homes and team-base patient care.



Byron Crouse, MD

Associate Dean for Rural and Community Health, University of Wisconsin School of Medicine and Public Health



**I KNOW
YOU**

... OR DO I?

If you think you can identify the person in the photograph above, send your guess to quarterly@wisc.edu. We'll draw one of the correct responses and announce the winner in the next issue of *Quarterly*.

HINT: He has been a long-time mentor for medical students.

The photo in the last issue of *Quarterly* originated with Bob Palm, MD '69, who gave it to Kathryn Budzak, MD '69. The hockey team is made up of Class of 1969 members. Several people responded with names of people on the team.

Jeff Gorman, MD '69, wrote, "I am the guy to the far left in the bottom row wearing hockey pads. We didn't have helmets, and I don't recall even having ice skates. It wasn't much of a game, but afterward I'm sure we all went over to the Amber Grid across from the old Wisconsin General Hospital."

Brian Manske, MD '78, and Julie Martin, MD '01, both spotted the same person in the photo. Julie Martin wrote, "I recognize the fourth from left in the top row—it's my dad, Brad Martin. I recognized the picture right away as one he had in his clinic office! This was fun to see in the magazine!"

Julie Martin is the lucky winner of a prize from the Wisconsin Medical Alumni Association. We would love to fill in more blanks in the caption below the photo; please send names to quarterly@wisc.edu.



Top row: (left to right) Jim Sebastian, _____, Bob Kaupie, Brad Martin, _____, Joe Iacolucci, Tom Wroble. Bottom row: Jeff Gorman, _____, Ron Quisling, _____, Ivars Gailans, Bob Haselow, Bob Palm, Jack Woodford.

We Want to Hear From You

Please send us information about your honors, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and locations. Photographs are encouraged.

Have you moved? Please send us your new address.

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