

VOLUME 22 • NUMBER 3 • 2020

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

# Quarterly

**COVID-19**

**COLLABORATION**

**WISCONSIN PARTNERSHIP PROGRAM  
FUNDS RESEARCH, EDUCATION AND  
COMMUNITY OUTREACH**

**WELCOME NEW MEDICAL STUDENTS** p. 8

**50TH ANNIVERSARY OF THE  
DEPARTMENT OF FAMILY MEDICINE  
AND COMMUNITY HEALTH** p. 10

**NEW WMAA PRESIDENT** p. 14



**School of Medicine  
and Public Health**  
UNIVERSITY OF WISCONSIN-MADISON



**There's More Online!**  
Visit [med.wisc.edu/quarterly](http://med.wisc.edu/quarterly)

# QUARTERLY

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

## MANAGING EDITOR

Kris Whitman

## ART DIRECTOR

Christine Klann

## PRINCIPAL PHOTOGRAPHER

John Maniaci

## PRODUCTION

Michael Lemberger

## WISCONSIN MEDICAL ALUMNI ASSOCIATION (WMAA)

### EXECUTIVE DIRECTOR

Karen S. Peterson

### EDITORIAL BOARD

Patrick McBride, MD '80, MPH, chair  
Mathew Aschbrenner, MD '06  
Kathryn S. Budzak, MD '69  
Tracy Downs, MD  
Mark Fenlon, MD '84, MBA  
Christopher L. Larson, MD '75  
Gwen McIntosh, MD '96, MPH  
Patrick Remington, MD '81, MPH  
Peggy Scallon, MD '92  
Jonathan Temte, MD '87

### EX OFFICIO MEMBERS

Robert N. Golden, MD  
Andrea Larson  
Karen S. Peterson  
Jill Watson  
Kris Whitman

### 2020-2021 BOARD OF DIRECTORS

#### OFFICERS

Mark Fenlon, MD '84, MBA, president  
Kyla Lee, MD '98, president-elect  
Susan Isensee, MD '83, treasurer,  
past president  
Daniel Jackson, MD '03, past president

Lisa Shen, MD '10 (national)  
Rom Stevens, MD '82 (national)  
Abigail Taub, MD '12  
Sarah Tevis, MD '10 (national)  
Maria Weber, MD '88  
Steven Wiesner, MD '85 (national)  
Ryan Wubben, MD '97  
Robert Zemple, MD '12

#### BOARD MEMBERS

Mathew Aschbrenner, MD '06  
Mark Asplund, MD '82  
Scott Bassuener, MD '07  
Callie Hansen, MD '12 (national)  
Brian Hong, MD '11  
Tito Izard, MD '96  
John Kryger, MD '92  
Juliane Lee, MD '94  
Rachel Loomans, MD '09  
Meghan Lubner, MD '03  
Patrick McBride, MD '80, MPH  
Gwen McIntosh, MD '96, MPH  
Steve Merkow, MD '80  
Kathryn E. Nixdorf, MD '06 (national)  
Thomas Puetz, MD '90  
Melissa Ricker, MD '20 (resident)  
Tina Sauerhammer, MD '03  
Peggy Scallon, MD '92

#### BOARD ADVISORY COUNCIL

Karen Adler-Fischer, MD '80  
Kathryn S. Budzak, MD '69  
Philip Farrell, MD, PhD  
Donn Fuhrmann, MD '76  
Kay Gruling, MD '88  
Charles V. Ihle, MD '65  
Christopher L. Larson, MD '75  
Ann Liebeskind, MD '98  
Sandra L. Osborn, MD '70  
Ann Ruscher, MD '91

#### EX OFFICIO MEMBERS

Robert N. Golden, MD  
Karen S. Peterson  
Jill Watson  
Kris Whitman

QUARTERLY is published four times a year by the  
Wisconsin Medical Alumni Association (WMAA)  
and the University of Wisconsin School of Medicine and Public Health (SMPH)

For editorial information, call (608) 263-4613

For address corrections and to reach the WMAA, call (608) 263-4915

E-mail us at [quarterly@med.wisc.edu](mailto:quarterly@med.wisc.edu)

Visit us on the web at [med.wisc.edu/quarterly](http://med.wisc.edu/quarterly)

# OCTOBER 2020

Thursday, October 15,  
through Friday,  
October 30

Virtual reunions for the classes  
listed below; participants must  
sign up in advance to receive  
information by e-mail; please go to:  
[https://www.med.wisc.edu/  
alumni/events/virtual-receptions/](https://www.med.wisc.edu/alumni/events/virtual-receptions/)

Class of 1980:  
Thursday, October 29, 7-9 pm CDT

Class of 1985:  
Friday, October 30, 7-9 pm CDT

Class of 1990:  
Wednesday, October 28, 7-9 pm CDT

Class of 1995:  
Tuesday, October 27, 7-9 pm CDT

Class of 2000:  
Wednesday, October 21, 7-9 pm CDT

Class of 2005:  
Thursday, October 15, 7-9 pm CDT

Class of 2010:  
Thursday, October 22, 6-8 pm CDT

Class of 2015:  
Saturday, October 24, 7-9 pm CDT

Friday, October 30

Virtual WMAA Board of Directors Meeting  
3-4:30 pm CDT

# NOVEMBER 2020

Thursday, November 5

Virtual Homecoming Town Hall  
with the Deans, 7-8 pm CDT \*

\* To RSVP, go to <https://forms.gle/Q7fjWBy7Jruxp2Dr6>  
and to view the event, go to [facebook.com/UWMedAlum/](https://www.facebook.com/UWMedAlum/)

Connect with  
WMAA and  
Alumni on  
Social Media



Please search for @uwmedalum  
on Facebook and Instagram.  
We look forward to your posts!

# CONTENTS

QUARTERLY • VOLUME 22 • NUMBER 3



*Wearing a face mask and maintaining physical distance from others during the COVID-19 pandemic have become the new normal in 2020.  
—photo by Jeff Miller, UW-Madison*

**4**



## COVID-19 Collaboration

Wisconsin Partnership Program-funded efforts span numerous research, education and community outreach activities.

**8**



## Welcome New Medical Students

A virtual White Coat Ceremony kicks off a unique academic year for the new class of learners.

**10**



## 50th Anniversary

The Department of Family Medicine and Community Health celebrates a half-century of serving the people of Wisconsin.

## On the Cover

A staff member in the COVID-19 BioBank processes a convalescent plasma specimen; antibodies of patients who have recovered from COVID-19 are central to clinical trials and treatments for current patients.

- 14** Alumni Notebook
- 23** Goodbye Dear Friends
- 24** Spotlight
- 26** Staff Profile
- 29** Awards
- 33** Student Life
- 34** Alumni Profile
- 37** Healer's Journey
- 38** Research Advances
- 40** Perspectives

ROBERT N. GOLDEN, MD



**A**s I prepare this message, the ominous black cloud known as COVID-19 engulfs Madison as it does the rest of the world. Yet, we find hope as we see bright rays of sunlight breaking through this dark cloud, and we hope the pandemic will be over sooner rather than later. In the meantime, many University of Wisconsin School of Medicine and Public Health (SMPH) faculty and staff members are leading COVID-19 research and community outreach efforts. In this issue of *Quarterly* magazine, you will read about a sampling of this work, which personifies our school's unique ability to integrate medicine and public health—an approach that has enormous value, especially during the current global crisis.

Another ray of sunshine appeared as we first welcomed our new medical students—using all necessary precautions—and connected with them and their loved ones at the virtual White Coat Ceremony. We are proud that this cohort of new MD students represents greater diversity than any other class in our school's history. Eager to watch

these students grow as individuals and as a group, I believe their vibrant perspectives and backgrounds will combine to become greater than the sum of the parts.

As another rite of passage, we welcomed the Wisconsin Medical Alumni Association's new president, Dr. Mark Fenlon, as well as three new board members. I am looking forward to working with them as they help chart the course for our alumni organization. We also thank Dr. Daniel Jackson, the past president, for his dedicated service.

Our various celebrations remain as strong as ever, even as virtual events have become our new normal this year. Among them was an online reunion to honor the MD Class of 1970's half-century milestone. We also remotely honored the newest inductees to the Gold Humanism Honor Society and Alpha Omega Alpha, and recipients of the 2020 Dean's Teaching Awards and Dean's Award for Excellence in Medical Student Research Mentorship. While the novel coronavirus sidelined our 2020 Bioethics Symposium, the Department of Medical History and Bioethics carried on with the annual contest leading

to the Dr. Norman Fost Award for the Best Medical Student Bioethics Essay. The winning essay—related to COVID-19 plus ethical questions that go beyond this pandemic—is a thought-provoking read.

Enlightening rays also shine in the Staff Profile. There, we highlight the inspirational work of Gina Green-Harris, who uses her passion and wisdom to help our school become more inclusive of people of color in all of our missions. She focuses primarily on the benefits research can provide to those from communities that historically have been excluded from clinical trials and population-based research. We are also proud of Dr. Noelle LoConte for her continued work providing evidence-based, compassionate care for patients with cancer, who face heightened concerns during the pandemic. In the Perspectives column, she notes that this global crisis has laid bare many health inequities, and she encourages all of us to take action.

This year, more than ever, we have much pent-up anticipation about the fall and winter holidays. As we approach the traditional end-of-year celebrations, our "wish lists" for holiday gifts will certainly include, at the top, a safe and effective SARS-CoV-2 vaccine. In the meantime, please rest assured that your school of medicine and public health is dedicated to doing everything possible to bring an end to this raging pandemic—with the goal of helping us return to safe, in-person gatherings.

**Robert N. Golden, MD**  
*Dean, University of Wisconsin  
 School of Medicine and Public Health  
 Vice Chancellor for Medical Affairs,  
 UW-Madison*

## KAREN S. PETERSON

**G**reetings SMPH alumni and friends! Six months ago in this column, I expressed gratitude to all of you who are working to combat the COVID-19 pandemic. Back then, I thought we might be able to return to business as usual by this fall. With that possibility not in the cards, on behalf of the entire Wisconsin Medical Alumni Association (WMAA), I wish to reinforce that we are extremely grateful to and proud of those who are on the front lines of patient care and public health during this worldwide crisis.

I also want to share that the WMAA stands with our learners, faculty, staff and alumni as we address another pandemic: systemic racism. While this struggle has been taking place for generations, we—as a society—still have lots of work to do. We vow to do our best to be an anti-racist organization. We share the University of Wisconsin School of Medicine and Public Health's (SMPH) goals and dedication to make our school as diverse, equitable and inclusive as it possibly can be, and to honor the unique backgrounds of our students, faculty, staff, alumni and other friends of the school.

As always, our goal is to bring people together, literally and figuratively. Traditionally, autumn is a time when we welcome new medical students, donors and alumni to many events. As we deal with the realities of COVID-19, the WMAA Board of Directors and staff have put considerable thought into the best ways to help our many friends stay connected with the SMPH until it's safe to resume holding in-person events. We aim to host robust online events that are convenient and fun.

The virtual 50-year reunion for the Class of 1970 was a great success! Classmates enjoyed discussing their days in medical

school, viewing nostalgic photos and catching up on their lives today. Given this success, the WMAA will host virtual reunions for several classes this fall (see the class years and dates on the Calendar page). WMAA staff and class representatives have had fun reviewing historical photos and class skits to share with classmates.

In the early fall, SMPH faculty and staff members used great ingenuity as they welcomed incoming medical students. Kudos to the Office of Medical Education for pulling off a successful orientation week in a safe manner. This was no easy task, and WMAA staff and board members were honored to participate in the festivities. Wearing masks and standing at least six feet away from anyone, we shared a donor-funded stethoscope with each of the 176 first-year medical students. Seeing the gratitude in the students' eyes was magical. Thank you to those who gifted a stethoscope to one or more students (see page 8).

Next up, please plan to attend our inaugural "Homecoming Town Hall with the Deans" on November 5, 2020 (a link will be available on our web site: [med.wisc.edu/alumni](http://med.wisc.edu/alumni)). Dean Robert N. Golden will share an update about your SMPH, including efforts to address the COVID-19 pandemic and systemic racism, and Deans Elizabeth Petty and Gwen McIntosh will discuss admissions, the curriculum and students' progress this fall.

To support our students in this challenging era and beyond, I am very pleased to announce the WMAA has made available \$500,000 in matching funds for need-based scholarships. This is an opportune time for individuals, families and MD classes to create need-based, named scholarships or to increase existing need-



based scholarships. Please see details on the back cover of this issue.

We're always eager to stay in touch via social media and e-mail. Please search for @uwmedalum on Facebook and Instagram. Also, if you did not receive the inaugural issue of the WMAA e-newsletter a few weeks ago, we don't have your current e-mail address. Please update your information at [med.wisc.edu/alumni/update-your-information/](http://med.wisc.edu/alumni/update-your-information/) so we can keep in touch!

A silver lining about virtual events and social media is that people can connect from anywhere, without worrying about travel or weather. Until it's safe to gather in person, we hope you'll fire up your device and join the party! And, as always, please stay healthy and safe!

### **Karen S. Peterson**

*Executive Director, Wisconsin Medical Alumni Association*



*Nasal microbiome research in the laboratory of Camron Currie, PhD*

# COVID-19 Collaboration

## WISCONSIN PARTNERSHIP PROGRAM FUNDS RESEARCH, EDUCATION AND COMMUNITY OUTREACH

**C**ameron Currie, PhD, regularly poses questions to students in “Diversity, Ecology and Evolution of Microbes,” the yearly class he teaches at University of Wisconsin-Madison. When the topic turns to pandemics, Currie asks the students if they think one is likely to happen. Until recently, most of them dismissed the possibility.

“My job is to convince the students they were wrong,” he notes wryly.

In this case, the correct answer to the pandemic question presented itself in late 2019 and early 2020. When Currie heard that the reproduction number, or R0 value, of the SARS-CoV-2 virus in Wuhan, China, was around 2.5, he knew things would get worse.

“When I heard that, I thought ‘This is going to be really bad,’” recalls Currie, a professor in the UW College of Agricultural and Life Sciences who often collaborates with faculty members of the University of Wisconsin School of Medicine and Public Health (SMPH) and other UW-Madison units.

Now, he and his team are among 23 individuals and groups receiving grants from the SMPH’s Wisconsin Partnership Program (WPP) to address the COVID-19

pandemic caused by SARS-CoV-2. The Wisconsin Partnership Program awarded 11 community and 12 research grants totaling \$2.9 million. The funded work ranges from basic biomedical research to community-led initiatives addressing the immediate health needs of the state’s most vulnerable communities.

As the pandemic began to unfold in March, WPP’s leadership team—including Robert N. Golden, MD, dean, SMPH; Richard Moss, PhD, chair, Partnership Education and Research Committee (PERC); Amy Kind, MD ’01, PhD ’11 (PG ’05, ’07), chair, Oversight and Advisory Committee (OAC); and Eileen Smith, director—quickly assembled to discuss a rapid response to address the virus.

The PERC and OAC developed the COVID-19 Response Grant Program with funding opportunities to support researchers both within the SMPH and across campus, as well as community-led initiatives.

“We have virology researchers on campus who are international leaders in the field,” observes Moss, the SMPH’s senior associate dean for basic research, biotechnology and

graduate studies. “We thought it important to open a fund to build upon existing technologies developed here and apply these to COVID-19.”

Working at an unprecedented pace, the Wisconsin Partnership Program went from seeking proposals to awarding grants within two weeks. The projects, funded after prompt but vigorous review, span the spectrum of critical needs arising from the pandemic. Here is a snapshot of some funded projects.

### **Nasal Microbiome Research**

Currie leads a team studying the community of microorganisms in the upper airway. Among others on campus, the team includes three professors from the SMPH Department of Medicine: James Gern, MD; Nasia Safdar, MD, PhD (PG ’00); and David Andes, MD (PG ’95, ’98), who also is chief of the department’s Division of Infectious Disease.

This group is searching for nasal-tract microbes that show anti-viral activity and testing their safety in mice. If successful, the effort may help shorten the lengthy and costly process of developing anti-viral therapeutics.

—Continued on next page



*Susan Zelasko conducts nasal microbiome research in the Currie Lab.*

The study's second goal is to analyze nasal swabs from the UW-Madison BioBank of COVID-19 specimens to look for patterns that might predict disease severity. Currie's team will generate data that represents a range of clinical outcomes, and the investigators will look for correlations between features of the microbiome and the severity of illness. If clear patterns emerge, they can investigate the mechanisms underlying various courses the disease takes.

### **Testing and Therapy**

Because enhanced antibody testing is crucial to successful management of the COVID-19 pandemic, a project headed by Andes also has a dual focus. His lab is identifying samples from patients infected with the SARS-CoV-2 virus and providing them to a biotechnology company, which is using highly sensitive assays with the goal of improving detection of viral particles.

The second goal is to develop treatments from the monoclonal antibodies the biotechnology company produces. Once shown safe and effective in mice, the therapy could move into clinical trials. Then, if the antibodies can be manufactured on a

large scale, they could potentially replace convalescent plasma, which is being studied.

Andes's first reaction, like Currie's, was that the pandemic would be catastrophic. But he sounds a note of optimism.

"I'm really amazed at how people have stepped up, especially on campus," he says. "Our faculty and staff are coming up with all sorts of innovations to make a difference."

### **COVID-Toes**

In spring 2020, dermatologists worldwide noticed a marked increase in the number of patients presenting with reddish-purple blotches on their toes, and they suspected a link to COVID-19. A theme among the reports was that patients were young, with mild or no viral symptoms, and improved spontaneously. The lesions looked like chilblains, a rare condition that occurs due to exposure to extreme cold, but they were appearing at an uncommon time for chilblains.

Among those seeing an increasing number of such patients was Lisa Arkin, MD, an assistant professor in the SMPH Departments of Dermatology and Pediatrics. Recognizing that chilblains in young children typically signify a genetic disorder that also

produces elevated levels of Type 1 interferon, she hypothesized that "COVID toes" might signify a similar response to the novel coronavirus. Type 1 interferons are pivotal in the early response to viral infections, and gene mutations that diminish these responses lead to extreme susceptibility to respiratory viruses. Patients with severe COVID-19 have attenuated and delayed Type 1 interferon production, fueling failed viral control and subsequent inflammation. All of this suggested a link between the skin findings and increased levels of interferon early in the disease, which could protect patients through early viral eradication, preventing worsening symptoms.

With support from a WPP grant, Arkin and co-investigator Anne Marie Singh, MD (PG '09), an associate professor in the SMPH Department of Pediatrics, are collaborating to test that theory. Forty patients of an expected 160 from Wisconsin have been enrolled as of early September 2020. Tissue samples are being analyzed to identify patterns of gene expression in the immune system along with gene testing to look for changes in interferon-related genes. It's hoped that



mapping of the immune signature in these patients will drive the development of preventive therapies.

### Community-Led Initiatives and Outreach

The pandemic in the United States has underlined major social, economic and health disparities between the mainstream culture and marginalized groups. For Hmong and other Southeast Asian refugee communities, difficulties are compounded by a lack of public health and medical information available in their languages.

The Hmong Institute, a non-profit organization based in Madison, is working with six Wisconsin communities that have significant former and current refugee populations from Southeast Asia. A WPP grant supports three major initiatives:

- the maintenance of an infrastructure for bilingual case management help for unemployment applications, doctor's appointments and food insecurity;
- a coronavirus hotline, available in eight languages; and
- culturally relevant health messaging about COVID-19.

Mai Zong Vue, board president of the Hmong Institute, says these communities must rely on organizations they trust to understand how their members feel.

Launched in August 2020, the bilingual resource hotline has quickly proven valuable. As word of the service spread, it started receiving dozens of calls. Access to mental-health resources is especially vital for these communities because factors related to the pandemic, including social isolation, are re-traumatizing some individuals who have post-traumatic stress disorder from their upheaval during wartime in their homelands and refugee camps.

Carey Gleason, PhD, was meeting with Black members of the Team for Brain Health as news of the pandemic started to emerge. Team members urged her to think holistically and find a way to encompass COVID-19 education in her outreach work related to Alzheimer's disease. An associate professor in the SMPH Department of Medicine's Division of Geriatrics and Gerontology,

Gleason teamed with colleagues to come up with the idea of using social influencers established in their respective communities to deliver accurate messages about COVID-19.

Gleason, Maria Mora Pinzon, MD (PG '17), physician-scientist, Wisconsin Alzheimer's Institute, and Melissa Metoxen, community and academic support coordinator, Native American Center for Health Professions, are co-principal investigators on a WPP grant. They developed what Gleason calls "a brilliantly simple model." They identified key people from the Black, Latinx and American Indian communities to help pinpoint topics; develop targeted, science-based communications; and use social media to convey messages.

The team influencers are Sacheen Lawrence for the Oneida Nation, representatives of the Latino Health Council of Dane County and Venus Washington, a personal trainer and health coach. Washington had worked with Gleason for three years on a "Get Moving" class for people ages 60 and above. As she hosts exercise classes online and posts motivational messages on social media, Washington emphasizes the importance of having health messaging come from a member of the community.

"Within our own community, there's a different type of culture—sometimes fear gets in the way," she says. "You're not sure if information is for your own good."

Washington shares that having a trusted member of a community vouch for the message adds to its credibility.

### Ongoing Commitment

While acknowledging that the injustices the pandemic has highlighted won't be eradicated in a grant cycle, Kind says the WPP has a unique role to play.

"Reducing health disparities and advancing health equity is woven into the very fabric of the Wisconsin Partnership Program," she points out. "The COVID-19 community grants help community-led organizations meet the health needs of the most vulnerable populations during the pandemic and beyond."

## More COVID-19 Research



*William Hartman, MD, PhD*

Numerous research teams at the University of Wisconsin School of Medicine and Public Health (SMPH) have launched studies related to COVID-19. Some studies were featured in *Quarterly* magazine, Volume 22, Number 2; a sampling of others is described below:

### COVID-19 CLINICAL TRIALS

- **Convalescent Plasma Research:** The SMPH and UW Health are part of a large national consortium, led by Mayo Clinic, that is investigating the use of antibody-rich plasma from people who have recovered from COVID-19 to determine whether it can shorten the duration or severity of illness from the disease. The use of plasma has transitioned into a clinical pathway for patients who may benefit from it. The local principal investigator is William Hartman, MD, PhD, assistant professor, SMPH Department of Anesthesiology.
- **Virus-Neutralizing Antibody Trials:** In partnership with Tarrytown, New York-based Regeneron Pharmaceuticals, SMPH researchers are testing a mixture of virus-neutralizing antibodies—an "antibody cocktail" dubbed REGN-COV2—as a treatment and preventive for COVID-19. One trial is testing the cocktail in patients hospitalized with COVID-19. A second is

—Continued on page 28

PHOTOS BY PATHUM KARUNARATNE AND KARI SCHRAGE

# Welcome New Medical Students

SMILING EYES GREET INCOMING STUDENTS



*New medical students practice physical distancing while showing off the new white coats and stethoscopes they picked up on August 17, 2020.*

Incoming medical students usually receive their first white coats on stage in front of family, friends and classmates. But for the medical students entering the University of Wisconsin School of Medicine and Public Health (SMPH) during the COVID-19 pandemic, welcome activities were anything but typical.

With everyone wearing masks, incoming students were greeted by “smiling eyes” on Monday, August 17, 2020, when they picked up white coats provided by the Wisconsin Medical Society and stethoscopes gifted by donors through

the Wisconsin Medical Alumni Association. They wore these symbols during the virtual White Coat Ceremony on Friday, August 21, 2020, as loved ones watched online.

In his address, Dean Robert N. Golden, MD, described the vibrant makeup of this group. About 33 percent of the class identifies with a racial or ethnic background underrepresented in medicine, and first-generation college graduates make up 14 percent of the students. Many have excelled as athletes, musicians, volunteers and researchers.

“You are a remarkable class that has followed many different paths to arrive

here,” he said. “We are very thankful to have such a diverse group. Your vast array of backgrounds, experiences and talents will enhance your education—and make our school a better place.”

He added, “It is important to acknowledge the difficult times we are living in as we navigate the COVID-19 pandemic. It has made me reflect on how important it is to look out for each other and keep each other safe. Thus, as I wear my white coat, I am making a promise to dedicate my life to the service of humanity and to use our collective efforts to help all lead healthy, happy and fulfilling lives.”



To prepare for their virtual White Coat Ceremony and the beginning of medical school, the incoming class of medical students visited an outdoor event at the Health Sciences Learning Center; there, they picked up their white coats, had their school portraits taken and received a gift of a donor-funded stethoscope.



*In this 2016 photo, Adrienne Hampton, MD (PG '13, '15), provides care at the Northeast Family Medical Center.*

# 50th Anniversary

## DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH CELEBRATES A HALF-CENTURY OF SERVICE

**A**t the University of Wisconsin School of Medicine and Public Health (SMPH), 2020 marks the 50th anniversary of its Department of Family Medicine and Community Health (DFMCH) serving the people of Wisconsin. This milestone is not being celebrated as originally planned—with keynote speakers, picnics and hugs from old friends—but it is being marked by reflections on a year that highlighted the pillars on which the department was built: vision, leadership and service. Those pillars helped found the department in 1970, and five decades later, they have helped the DFMCH navigate the unprecedented COVID-19 pandemic.

William Schwab, MD, could not foresee the challenges ahead when he accepted the role of interim and eighth chair for the DFMCH in January 2020, but he notes that the faculty and staff's ability to rise to challenges has helped the department grow.



*William Schwab, MD*

"I'm honored to serve as interim chair of a department with such a rich history and legacy of strong leaders," says Schwab. "And I am deeply grateful for the amazing contributions and dedication of the innovative faculty, staff and learners who have been the foundation of our department's commitment over the past half-century to educate our future family physicians, engage in meaningful scholarship, serve our communities, and enhance access to world-class health care for the people of Wisconsin."

### **A Little History**

It seems fitting that what we now know as the UW Department of Family Medicine and Community Health started where life begins, with babies. DFMCH founder Marc Hansen, MD, restored the languishing Department of Pediatrics' Well-Baby Program in 1965, as a team practice featuring physicians from different specialties, nurses, social workers and therapists. The idea was to assemble comprehensive care teams to work together to support the whole health of babies and families.

This program morphed into the department's first primary care teaching program, the University Family Health Service, which served as a model that would guide the DFMCH for years to come.

"My practice partner, Dr. Ken Reeb (MD '63), and I created a curriculum for describing, understanding and developing primary care," recalls Hansen. "We also began to place third- and fourth-year medical students on their pediatric rotation into community practices. The family physicians and the emerging American Academy of Family Physicians (AAFP) became our best and most active supporters."

This effort soon caught the attention of Tommy Thompson, who was then a state assembly member, later became the governor of Wisconsin and is now serving as the interim president of the UW System. Thompson wanted to make sure the medical school was doing enough to train doctors to



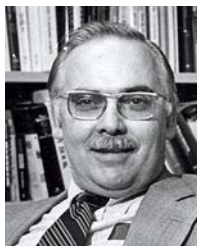
*Marc Hansen, MD*



Northeast Clinic opened its doors in 1973. It was the third DFMCH clinic to open.

serve small Wisconsin communities like his hometown of Elroy. A bill was soon passed that provided \$50,000 to expand primary care teaching programs and initiate family medicine training. St. Mary's Hospital, under the leadership of Sister Rebecca Wright, provided additional funding and physical space for the program to thrive and become one of the first 15 programs approved for family medicine residency training in the United States.

When David Kuter, MD (PG '73), visited the UW-Madison campus in June 1971, to interview for a spot in the new Madison Family Practice Residency Program, he recalls helping John Renner, MD—the recently hired program leader who became the department's first chair—unpack books



John Renner, MD

in his office. Though the program was new, Kuter was impressed with Renner.

"I was attracted to his vision for the program and by the commitment of St. Mary's Hospital to support the program through its cadre of practicing physicians. My wife, Judy, and I thought we would enjoy living in Madison for the residency and somewhere in Wisconsin thereafter," shares Kuter, who went on to practice in Wisconsin, as have roughly 65 percent of graduates since the residency program's inception.

### DFMCH Today

Buoyed by inaugural chair Renner's entrepreneurial spirit and imagination, each subsequent chair has spurred growth and weathered challenges. Those chairs have been William Scheckler, MD (PG '69), 1978 to 1982; Eugene Farley, MD, MPH, 1982 to 1992; Richard Roberts, MD, JD, interim 1992; John Frey, MD, 1993 to 2006; James Davis, MD (PG '78), MS '82, interim 2006 to 2008; Valerie Gilchrist, MD, 2008 to 2020; and Schwab, the current interim chair. Today, the DFMCH is one of the largest family medicine departments in the country and is dedicated to service through education, patient care, community health, research and diversity initiatives.

### Education

In 2019, the DFMCH educated more than 500 medical students. Its Office of Medical Student Education teaches medical students during all four years of their education through coursework, community outreach programs and hands-on mentoring. Under the leadership of David Deci, MD, who recently retired from his position as director of medical student education, the office's Family Medicine Interest Group (FMIG) has earned seven Program of Excellence Awards from the AAFP for outstanding activities that generate interest in family medicine.

"Our Family Medicine Interest Group is a powerful force for getting medical students interested in family medicine," Deci said in 2015, after receiving the second award.

Residency education also has flourished. A program that started with just two residents in 1971 trained more than 100 residents in 2020 through programs sponsored by the DFMCH and its academic partners.



A. Ildi Martonffy, MD (PG '05)

Residency Program Director A. Ildi Martonffy, MD (PG '05), says she is excited to be associated with a program that has such a strong legacy.

"I'm honored to be part of a program that continues to grow and adjust its curriculum to meet the training needs of our residents and the primary care needs of the State of Wisconsin," exclaims Martonffy.



John Frey, MD

Similarly, Frey reflects on the pride he feels about serving as chair of the DFMCH during a time when the program expanded its opportunities for residents to focus on medically underserved populations through rural, urban and global health initiatives.

"When I took the role of chair in 1993, it was already a strong department with a statewide training network," he recalls. "We were able to establish three rural training tracks thanks to the strong pool of talent and dedication in communities throughout the state."

The most recent offering, launched in 2018, is the Rural Health Equity Track, which focuses on rural health issues and connections within rural Wisconsin communities for doctors interested in pursuing a career in rural medicine. For those interested in helping in urban areas, the SMPH's Training in Urban Medicine and Public Health program partners with more than 40 hospitals and community organizations in the Milwaukee area to provide internships and hands-on experiences for students to gain the skills they will need to serve as physicians in

medically underserved areas. In addition, the DFMCH's Global Health Pathway provides residents with opportunities to learn and serve at international sites while promoting the skills and knowledge to become leaders in the health of populations locally and beyond.

**Patient Care, Community Health, and Diversity, Equity and Inclusion**

The first DFMCH clinic—Wingra Family Medical Center—opened its doors in 1971. Forty-nine years later, the department provides care for patients in 17 clinics throughout Madison and surrounding communities. Patient visits to these clinics neared 350,000 in 2019, and offerings have grown to include special services such as geriatrics, substance abuse, mental health, sports medicine, gender services, osteopathic manipulation and integrative medicine, in addition to primary care.

Over the years, the DFMCH has embraced an increasingly diverse patient population and recognized a need to create programs to address health disparities and community challenges. In 2015, the department officially added “Community Health” to its name to reflect its longtime dedication to promoting and enhancing such efforts in education, research and patient care. The department's Office of Community Health supports conditions that provide all people with equal opportunities to be healthy and thrive.

For example, Patricia Téllez-Girón, MD (PG '00), was recently honored by *Time* magazine for her efforts in the Latinx community in Dane County during the pandemic. For the past 17 years, she has been a host of the Spanish-language radio station La Movida to answer questions and provide guidance about best practices for maintaining health and safety in a community already at risk for health disparities. She also has co-chaired the Latino Health Council of Dane County for the past 20 years.



*Patricia Téllez-Girón, MD (PG '00)*

Kevin Thao, MD '10, MPH '11 (PG '14), partners with local organizations in Wausau to improve Hmong health. The Hmong Community Health Needs Assessment Survey aims to determine the prevalence of diseases such as hypertension, diabetes and heart disease in Hmong people and identify the extent of and reasons for disease disparities between the Hmong population and the general population.



*Kevin Thao, MD '10, MPH '11 (PG '14)*

In 2015, the department established the Diversity, Equity and Inclusion Committee to promote these principles and to advise department leaders on processes related to recruitment and retention of diverse learners, faculty and staff. Jennifer Edgoose, MD, MPH, directs the Office of Community Health and chairs the DFMCH Diversity, Equity and Inclusion Committee.



*Jennifer Edgoose, MD, MPH*

“The global pandemic and social and racial justice movements of 2020 have shown us that we have much work to do to resolve disparities and racism in health care,” notes Edgoose. “The DFMCH is committed to addressing these challenges. With the commitment of many members across our department and the support of our leadership, not only in words but in action, we hope to invoke sustained change at both the individual and institutional levels in practice and policy, as we strive to become an anti-racist department.”

**Research**

Under the guidance of Farley, the chair at the time, the department established a research division in 1984. That team has grown to 11 faculty members and staff scientists who are primarily devoted to improving the health and health care experiences for individuals, families and

communities in Wisconsin and beyond. In 2019, the division garnered \$8.8 million in grant awards to fund important research in the areas of addiction; substance-misuse prevention and treatment; infectious disease surveillance; and systems-engineering approaches for improving ambulatory care. The research and national advocacy work of Randall Brown, MD (PG '04), PhD '09, helped get addiction medicine recognized as a



*Randall Brown, MD (PG '04), PhD '09*

medical subspecialty and paved the way for the DFMCH Addiction Medicine Fellowship to become accredited. The fellowship, run in collaboration with the William S. Middleton Memorial Veterans Hospital, provides clinical experiences and instruction in the management of substance-use disorders.

“Funding for research in family medicine is invaluable,” notes Brown. “Without it, we could not develop programs like this one to help us improve the lives of individuals, families and communities struggling with addiction and related issues.”

**A Reason to Celebrate**

Throughout the years of growth and change, the DFMCH has consistently ranked among the top 10 family medicine programs in the United States. To date, 1,482 physicians have graduated from its residency program, and more than two-thirds of these graduates have gone on to practice in Wisconsin. As many seek to hasten the end of the tumultuous 2020, the more than 1,000 faculty and staff members who call DFMCH home continue to work together for the welfare of the people of Wisconsin and for a future filled with promise and opportunity.

“I’ve watched the people in our department work together in the face of tremendous challenges over the past year,” reflects Schwab. “This has renewed my confidence that the future is bright for the DFMCH. I look forward to future celebrations!”

**NEW**

**WMAA**

**PRESIDENT**

**MARK FENLON, MD '84 (PG '87), MBA,  
MANIFESTS WISCONSIN SPIRIT**



KEVIN CLARKE



by Kaine Korzekwa

It doesn't get much more "Wisconsin" than a third-generation physician who was inspired to pursue medicine during time at the family cottage "Up North" and has racked up more than 100,000 miles on a Harley-Davidson motorcycle. But Appleton, Wisconsin, native Mark Fenlon, MD '84 (PG '87), MBA, the new president of the Wisconsin Medical Alumni Association (WMAA), wouldn't have it any other way.

His father, a physician who started the University of Wisconsin Family Medicine Residency Program in Appleton, invited new residents to the Minocqua cottage for team-building experiences. Interactions with his father and the residents confirmed his interest in medicine.

Fenlon earned his bachelor's degree in biochemistry at UW-Madison and his medical degree at the UW School of Medicine and Public Health (SMPH).

"I knew I wanted to stay in Wisconsin, so I completed my residency at the UW Family Medicine Residency Program in Wausau," Fenlon says. "After residency, I called two of the physicians I had met at the cottage who had a small practice in Plover, Wisconsin. You could say I recruited myself, becoming the third physician in a three-doctor practice."

To him, family medicine was intriguing because it offers many ways to help patients. While not as dramatic as working in the emergency room, he says, it's a great way to improve community health. Fenlon's background also led to a passion for rural health and preventive care.

"It's hard to recruit physicians to practice in rural areas, and that's why the school's Wisconsin Academy for Rural Medicine (WARM) is so important," he says. "Family medicine is critical in rural communities, especially because preventive care plays such a large role. I look forward to working to advance that great program and others during my time as the WMAA president."

In 1997, St. Michael's Hospital acquired Plover Family Practice, which went through further consolidation. Thus, Fenlon began

TODD BROWN/MEDIA SOLUTIONS



At the 2019 new student cook-out sponsored by the WMAA, Bucky Badger flashed the "Wisconsin" sign with WMAA board members, left to right, Mark Fenlon, MD '84 (PG '87), MBA; Gwen McIntosh, MD '96, MPH; Daniel Jackson, MD '03 (PG '10); and Maria Weber, MD '88.

working for Ministry Medical Group, now Ascension. In 2008, Sister Lois Bush, a leader within Ministry Health Care, suggested that he apply for the regional vice president role for central Wisconsin. This led to leadership roles in the largest Catholic not-for-profit health system in the United States, explains Fenlon, who served in that regional position from 2008 to 2016. During that time, he completed a physician executive MBA degree from the University of Tennessee, and in 2016, he became the president of Ministry Medical Group in central and northern Wisconsin and Affinity Medical Group in the Fox Valley.

"Part of my role was facilitating mergers as we formed a statewide medical group," he explains. "Getting my MBA was one of the best academic experiences of my life. I believe having more physicians with business training is beneficial in decision-making."

Now retired, Fenlon is happy to bring his business training to the WMAA. He already has helped the organization strategize to make "SMART" goals that are specific, measurable, attainable, relevant and time-limited.

Fenlon reflects on his time working in Plover, when a member of his community volleyball team asked him several times to buy a raffle ticket to support the Epilepsy Foundation. Due to his busy schedule, the woman bought a few raffle tickets on his behalf and delivered them to his office. The next day, Fenlon got a call to say he'd won a Harley-Davidson motorcycle—something that launched decades of enjoyment.

While the pandemic has delayed Fenlon's dream of crossing the country on his motorcycle to meet with alumni, the WMAA is planning a series of robust virtual events. He looks forward to an in-person board meeting, but says technology allows the group to conduct business for now.

"This school has such a great story to tell in many areas: patient care, education, service and research," he says. "That's in addition to the important work being done to combat health care disparities and inequities. The SMPH has a remarkable reputation, and as alumni, we really own part of that, especially when we decide to give back."

Today, Fenlon lives near Plover in a house that's so energy efficient it's nearly off the grid. All of Fenlon's family—including his wife, Julia, daughter, Erin, and son, Luke—have degrees from UW-Madison. Since his retirement, he has expanded his woodworking hobby and is looking forward to keeping busy working with WMAA staff, alumni and medical students.

"When I talk to students or young doctors—such as my son, a fourth-generation physician—I tell them they are leaders by default because of the 'MD' after their name," Fenlon shares. "You are taken as a leader and have opportunities to leverage that privilege and power. Someone will open a door, and it's up to you to walk through it."

He continues, "For me, Sister Lois Bush opened that door. She encouraged me to apply for the regional vice president position. I hadn't thought of myself in that role before, but it led to a decade of challenges and fun helping countless people in a different way."

# New WMAA Board Members

## ASPLUND, BASSUENER AND RICKER BEGIN TERMS

**A**s of July 1, 2020, three University of Wisconsin School of Medicine and Public Health (SMPH) alumni—Mark Asplund, MD '82, Scott Bassuener, MD '07, and Melissa Ricker, MD '20—joined the Wisconsin Medical Alumni Association (WMAA) Board of Directors for their initial three-year terms.

**Karen Peterson, WMAA executive director, thanks these three new members, as well as all board members, for their dedicated service to supporting the SMPH's missions.**



**MARK ASPLUND, MD '82**

### Your current practice?

In April 2020, I retired following 33 years of general and vascular surgery practice, mostly in Wausau, Wisconsin, plus a year in Eau Claire and Reedsburg, Wisconsin. I also

have volunteered internationally several times in the past four years.

### Your fondest memory of the SMPH?

My fondest memories include spending time at the anatomy tank doing dissections every morning with my great friends, especially my tankmates Drs. Brad Grewe and "Little Bobby" Weber.

### SMPH faculty member you most remember and why?

There were so many top-notch faculty members that it is hard to single out just one. Dr. Folkert Belzer always took time to talk with students. Later, when I was doing my fellowship at the University of Pennsylvania, I realized what a giant he was in the field of transplantation and how he revolutionized the field with the UW-Belzer solution for organ preservation.

### Your hobbies and interests?

My hobbies and interests lie in the outdoors: golfing, enjoying wildlife and hiking segments of the Ice Age Trail, with the goal of hiking the entire trail, but that may take a while! I also enjoy reading scientific publications. I volunteer internationally and am a board member of Physicians for Peace. I would like my participation on that board and the WMAA board to complement my retirement activities.

### Family update?

My wife, Carrie Asplund, and I have three sons and now two young grandchildren who live around the country. Spending time with them keeps us busy. Two of our three children graduated from the University of Wisconsin. Matthew is a computer engineer at Microsoft in Seattle, and Mitchell teaches high school chemistry and coaches soccer

in Monona, Wisconsin. Our third son is a fourth-year surgery resident in York, Pennsylvania, and he hopes to specialize in hepatobiliary surgery.

### Goals for the WMAA?

My goal for the WMAA relates to carrying on the tradition of support for our students in any way we can. In my family, we have a tradition of being involved on campus. My father, Merne Asplund, MD '52, was a founding member of the Middleton Society, and I have two siblings who graduated from UW-Madison.



**SCOTT BASSUENER, MD '07**

### Your current practice?

Fall 2020 marks my seventh anniversary in the Department of Orthopedic Surgery at Gunderson Medical Center in La Crosse, Wisconsin. I began working there after I completed a trauma and adult reconstruction fellowship at Hennepin County Medical Center in Minneapolis. I specialize

in fracture care, as well as hip and knee arthroplasty.

### **Your fondest memory of the SMPH?**

In my first year of medical school, my class was the last to use the old medical school building (Medical Sciences Center) for lectures. Between classes, many of us would gather in the basement for large-group, high-intensity ping-pong games. After moving to the new facility in our second year, class games of soccer, lacrosse, frisbee and more—at the University Bay fields or the Natatorium—became regular outlets for our physical, social and mental health.

### **SMPH faculty member you most remember and why?**

Dr. John Harting made a dedicated effort to get to know many of his students and to understand our interests in and out of the classroom. He always was available and happy to help us with anything we needed.

### **Your hobbies and interests?**

In my time away from work, I enjoy watching my kids participate in sports, dance and many other activities. I also enjoy traveling with my family and friends, especially to warm, sunny locations during Wisconsin winters. I have been working to expand and advance adult recreational soccer so I can keep up with my kids for at least a few more years!

### **Family update?**

My wife, Stephanie Bassuener, and I have three rapidly growing kids: Parker, age 12, Emelia, age 10, and Charlotte, age 6. Tracking their activities and calendars at home is at least as complicated as managing my clinic and surgical schedules at work.

### **Goals for the WMAA?**

When I speak with my former classmates and other SMPH alumni, I often hear that they have a strong interest in giving back to the school and helping to advance medical education in any way they can. My goal for participating on the WMAA board is to help the excellent alumni of our school find the opportunities and outlets they are seeking.



### **MELISSA RICKER, MD '20**

#### **Your current practice?**

I am a first-year resident in the SMPH Department of Family Medicine and Community Health. As a medical student at the SMPH, the family medicine faculty and residents inspired me with their passion for serving patients and the local community. I am thrilled to continue learning from them for three more years. Within family medicine, my interests include pediatrics, geriatrics and mental health. I hope to someday practice in Wisconsin to stay close to my large family in Green Bay.

#### **Your fondest memory of the SMPH?**

People warned me that medical school would be tough, but thanks to the friends I met, I truly enjoyed all four years. I was especially thankful for my classmates on Match Day. Due to risks related to the COVID-19 pandemic, our in-person Match Day event was cancelled just a week in advance. However, our class showed our unstoppable support for each other by enthusiastically tuning in for a virtual celebration. And we had much to celebrate—the newest SMPH alumni are doing impressive things!

### **SMPH faculty member you most remember and why?**

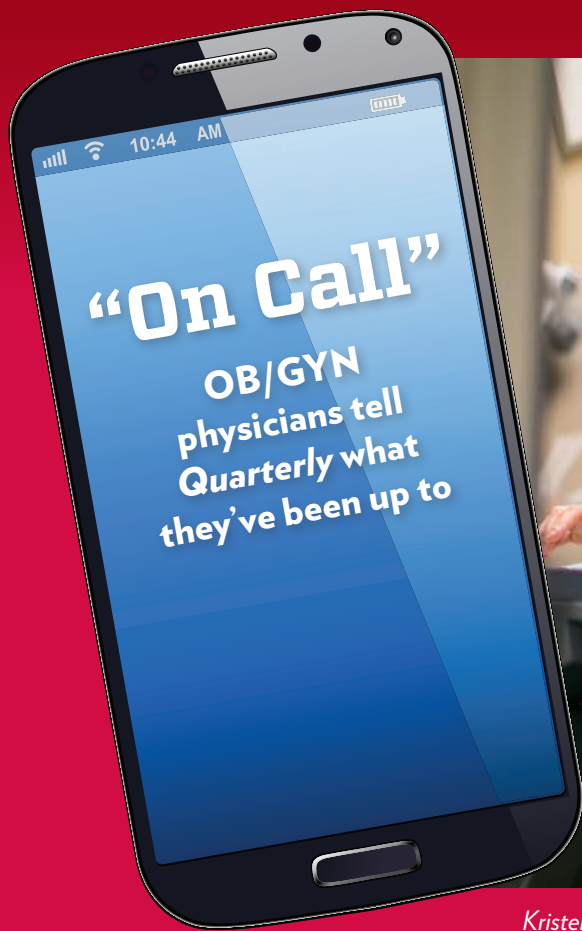
I am grateful for all the faculty members who encouraged, challenged and inspired my classmates and me, especially because we were the first class to participate in the SMPH's new ForWard Curriculum. Our graduation speaker, Dr. Jason Stephenson, taught the musculoskeletal course. He took the time to learn every student's name and held regular meetings to discuss the new curriculum. Among many exceptional teachers, Dr. Stephenson greatly exemplified the school's sincere commitment to help us become the best future doctors we could be.

### **Your hobbies and interests?**

I love cheering for my favorite football teams—the Packers, the Fighting Irish, and of course, the Badgers! I also enjoy running along Lake Mendota on the Lakeshore Path and out to Picnic Point, meeting friends at the Memorial Union Terrace, and exploring Madison's many great coffee shops.

### **Goals for the WMAA?**

During medical school, I always appreciated residents who reached out to answer questions and give advice. As a new member of the WMAA Board of Directors, I hope to strengthen mentorship programs among current SMPH students and alumni residents, especially as students choose a specialty and apply to residencies. I also look forward to promoting residents' engagement with the WMAA. While residents working elsewhere in the United States don't have daily access to the WMAA candy bowl—and none of us can access it during the pandemic—I am excited to show alumni the many ways the association can continue to support them!



*Kristen Sharp, MD, conducts a prenatal ultrasound at the UW Health DeForest-Windsor Clinic.*

## NANA (ANKUMAH) BENTUM, MD '10

I am an assistant professor of maternal-fetal medicine (MFM) in the Department of Obstetrics and Gynecology at the McGovern Medical School of University of Texas Health Science Center in Houston.

I completed my residency at the University of Alabama-Birmingham. In medical school, I knew that I wanted to pursue OB/GYN, but my interests leaned more toward obstetrics, so I completed a three-year fellowship in MFM at McGovern Medical School after my residency to learn how to take care of high-risk pregnancies.

My job has a great deal of variety. I care for patients in a private practice and in an academic practice. I read ultrasounds, conduct research, and teach medical students, residents and fellows on labor and delivery and in our high-risk inpatient service. I also participate in organizations such as the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.

One of my most memorable patients is a woman who was transferred to my care at nine weeks gestation with

a new diagnosis of chronic myelogenous leukemia. Two doctors had already told her to terminate her pregnancy, but this was a highly desired pregnancy. We were able to collaborate with her oncologists to find treatment options compatible with pregnancy. She delivered a full-term, healthy daughter, has completed her treatments and has now been in remission for the past four years. She sends me pictures of her daughter every year.

Every day, I am thankful to be a physician and grateful to my patients for trusting me



to take care of them during a vulnerable time in their lives. I encourage medical students to find what they are passionate about and pursue that as a specialty. At the end of the day, despite long hours, you will have an overwhelming sense of fulfillment.

## RONNYE PURVIS, MD '84

**D**uring a transitional residency at Mt. Sinai Medical Center in Milwaukee—influenced by the caring personality and expansive knowledge of Dr. Phil Hamilton—I was inspired to pursue a career in obstetrics and gynecology. In 1989, I completed my residency at Mercy Hospital, an affiliate of the University of Illinois.

To fulfill an obligation of a public health scholarship I had received in medical school, I committed to work with a medically underserved population in Meridian, Mississippi. I was unsure of the reception I would

receive there because I was the first African American OB/GYN physician to practice in that region. As an African American man who would be examining Caucasian women, I was met with resistance from physicians. I had much to prove, and with support from key political figures and community members, I stayed with the hopes of making a difference. I now have a successful practice and do not regret a minute of my decision.

I credit much of my success to the training I received at the SMPH and Mercy Hospital. I am honored to have cared for women across the lifespan

in all socioeconomic classes, including celebrities and those with high-risk conditions.

The most rewarding experience was my decision to remain in an underserved area that still had a segregated mindset. I endured ostracizing, lean times and peoples' uncertainties of my abilities, but the resilience I learned in medical school taught me to be patient and tolerant. I have delivered more than 15,000 babies, been named OB/GYN of the year many times and gained the respect of my community and colleagues.

Now in my ninth term as chief of OB/GYN at Jeff



Anderson Hospital in Meridian, I am a member of the American College of Obstetricians and Gynecologists and Mississippi State Medical Association.

I also have served for 25 years on the Meridian Community College Board of Trustees.

I advise young physicians to always be vigilant, empathetic and patient, and to practice active listening and self-care.

## MONICA ROSEN, MD '13

**A**t the University of Michigan in Ann Arbor, I completed my residency and fellowship in pediatric and adolescent gynecology. I remained at the University of Michigan, where I am now an assistant professor of obstetrics and gynecology. I specialize in caring for young girls and teenagers with abnormal or heavy periods, who need contraception, or who have reproductive anomalies that need surgical correction. I also see adults for general obstetrics and gynecology care. In my obstetrics practice, I see patients for routine prenatal care and in labor and delivery.

I recall being called into the operating room in the middle of the night to evaluate the ovaries of a 9-year-old girl who had abdominal pain and suspected ovarian torsion. She had multi-cystic ovaries that were roughly four times the normal size. Her right ovary was twisted on itself, cutting off its blood supply. After untwisting her ovary and completing a workup, we found that she had profound hypothyroidism and diagnosed her with Van Wyk Grumbach syndrome. Making this diagnosis and treating her underlying thyroid problem not only shrunk her ovaries but

allowed her to lead a much better and healthier lifestyle.

I chose OB/GYN for many reasons. I love caring for patients during life-changing moments—whether birthing a baby or going through chemotherapy. I love focusing on women's health and being able to be there from their teens through menopause. I also love the mix of surgery and outpatient care. I came into medical school with an open mind, and I fell in love with this field during my third-year rotation. I credit the SMPH for providing such a tremendous introduction to this specialty.

I am involved with the North American Society for Pediatric



and Adolescent Gynecology, and the American College of Obstetrics and Gynecology.

OB/GYN offers tremendous variety, including several subspecialties and many ways you can design your practice to suit your interests. It is an honor to have the privilege of being involved with patients at some of their most joyous and most devastating moments. If I were making the choice again, I would choose OB/GYN!

# Class of 1970 Reunion

## VIRTUAL EVENT CONTINUES A TRADITION



*Photos from past gatherings of the Class of 1970, as shown above, were featured during part of the group's virtual 50-year reunion in June 2020.*

**T**wenty-three members of the University of Wisconsin School of Medicine and Public Health's (SMPH) Class of 1970 proved that the COVID-19 pandemic could not keep them from celebrating—virtually—their 50-year class reunion on Friday, June 5, 2020.

The Wisconsin Medical Alumni Association (WMAA) hosted the online gathering. WMAA Executive Director Karen Peterson encouraged each class member to share a brief update about their current activities and/or memories. A slideshow

featuring their graduation and past reunion photos sparked much reminiscing.

Paul Wertsch, MD '70, and Sandra Osborn, MD '70, class co-representatives, helped plan the event, and Richard Horak, MD '70, Kurt Konkel, MD '70, and others rallied participation by classmates.

Horak says he enjoyed interacting with those who live throughout the country, even though they could not safely meet in person. Depending on the stage of the pandemic, he hopes that spring 2021 may offer an opportunity for classmates to

reunite at the annual Half-Century Society reunion. All alumni who graduated 50 or more years ago are welcome.

Konkel agrees, noting, "Hopefully our virtual reunion will keep the spark going till we can gather in Madison. I think we all realize that time is precious, and now that most of us are retired, we would like to meet in person again."

Horak reflects, "I am grateful that I attended the University of Wisconsin and was surrounded by the wonderful people in my class and on the faculty."

# Class Notes compiled by Andrea Larson

**We want to hear from you!**  
[med.wisc.edu/shareyournews](http://med.wisc.edu/shareyournews)

## Class of 1955

### Lawrence Field

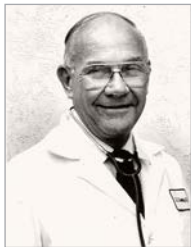
recalls volunteering for years at the Veterans Memorial Park in San Francisco, where his son, Scott Field, played bagpipes while the ashes of deceased U.S. Navy and Marine Corps veterans were scattered at sea. Lawrence Field would stand at attention in full uniform and salute as the ships passed under the Golden Gate Bridge. The above photo of Lawrence Fields, age 91, was taken on Memorial Day 2020 at his home in New Braunfels, Texas. It shows medals from the Marine Corps and various competitions as a drum major in military-style bagpipe bands.



## Class of 1957

### Douglas Bradley

recently completed 60 years in various types of large-group internal medicine practices with the U.S. Army, Kaiser Permanente and the Veterans Administration (VA). He retired from the U.S. Army Medical Corps and National Guard with the rank of brigadier general, and he received the Legion of Honor for his service. In 1995, Bradley retired from Kaiser Permanente after 28 years of medical practice, but he continued working part time with the VA, from which he retired in 2017 so he could spend more time with his family and pursue



personal avocations. Bradley says he always enjoyed helping patients through difficult medical decisions, as well as the challenges encountered with medical administration and military medical service. Above all, he found great satisfaction in the gratitude of patients. He is grateful to have received a medical education at the SMPH, and he often encounters people who recognize the university's strong reputation.

## Class of 1958

**Harry Wong** was awarded the Albert Nelson Marquis Who's Who Lifetime Achievement in 2018. This honor recognizes those who have achieved greatness in their industry and excelled in their field for at least 20 years. Wong is a professor emeritus of anesthesiology at the University of Utah.

## Class of 1971

### Douglas Kramer

began providing direct patient care more than 47 years ago as a U.S. Navy flight surgeon in the Aleutian Islands, followed by five years as an emergency medicine physician in Madison. During the latter, Kramer completed his psychiatry residency and child psychiatry fellowship at UW Health. After three practice situations, he retired from the UW School of Medicine and Public Health in 2011 as an emeritus clinical professor of psychiatry. Since 2015, he has practiced psychiatry at the Taycheedah Correctional Institution for women near Fond du Lac, Wisconsin. He notes that he feels this was the most important practice of his career.



## Class of 1981

### Marc Williams

stepped down after more than eight years as the first director of the Danville, Pennsylvania-based Genomic Medicine Institute at Geisinger, for which he is a professor and director emeritus. He works remotely in Holmen, Wisconsin, where he and his wife, Janet, moved to live closer to their family, including two grandsons (pictured with Williams). He continues to conduct genomic medicine and informatics research. As the Class of 1981 representative, he is looking forward to its 40-year reunion in 2021 and hopes it will be possible to gather in person.



## Class of 1989

### Athena Poppas

was appointed president of the American College of Cardiology (ACC). She has been a college member for more than 20 years and a leader in various capacities, including as a member of its board of trustees since 2010 and vice president. She served as president of the ACC's Rhode Island chapter and a member of the ACC Board of Governors, during which time she helped ensure its ability to be nimble, strategic, accountable and inclusive of the diverse needs of the global cardiovascular community. Poppas is a professor of medicine at The Warren Alpert Medical School of Brown University and chief of cardiology and director of the Lifespan Cardiovascular Institute at Rhode Island, the Miriam and Newport hospitals.



## Class of 1999

### Yolanda Whyte

was appointed to the U.S. Environmental Protection Agency (EPA) Children's Health Protection Advisory Committee, which advises the administrator on regulations, research and communications on environmental issues related to children's health. She hopes to strengthen laws, policies and medical practices with health-protective strategies and solutions that reduce health disparities, environmental injustices and pediatric impacts. Whyte practices pediatrics in metro Atlanta and received the EPA's Children's Environmental Health Hero Award.



for Froedtert Hospital and appointed associate dean for clinical affairs at the Medical College of Wisconsin in Milwaukee in July 2020. He and his wife, Neda Esmaili, MD '06, and their two children reside in Mequon, Wisconsin.

## Class of 2007

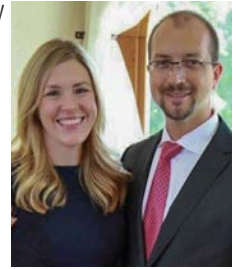
**Timothy Daley** was elected president of the Iowa Academy of Ophthalmology (IAO) in July 2020. An affiliate of the American Academy of Ophthalmology, the IAO is committed to its more than 150 members by monitoring state legislation and regulations related to ophthalmic medicine, advocacy on public policy, continuing education and public information.

## Class of 2009

### Michelle Boisen and Michael

**Boisen** have established their careers at the University of Pittsburgh Medical Center. She is the director of resident education and an assistant professor of gynecologic

oncology. He recently was appointed as the fellowship program director in adult cardiothoracic anesthesiology; he has been the associate program director since 2014.



## New Date for Vote about WMAA's Corporate Status

Due to the COVID-19 pandemic, the Wisconsin Medical Alumni Association (WMAA) rescheduled the vote about its potential change from a 501c3 organization to a new model. Details can be found in *Quarterly* magazine, Volume 21, Number 4, 2019, page 23.

The vote will take place during the WMAA virtual board meeting on Friday, October 30, 2020, 3-4:30 pm CDT. All WMAA members are welcome to attend the online meeting and vote. Contact the WMAA for more information (see back cover).

## Class of 2006

**Michael Stadler**, who specializes in otolaryngology—head and neck surgery, was hired as the chief medical officer

## IN MEMORIAM

Gilbert A. Reese, MD '49  
Palo Alto, California  
April 22, 2020

David "Joe" Freeman, MD '52  
Wausau, Wisconsin  
June 17, 2020

Gerhard W. Tank, MD '53  
Grants Pass, Oregon  
April 17, 2020

John H. Gray, MD '58  
Neenah, Wisconsin  
June 22, 2020

Hans A. Kneubuhler, Jr., MD '58  
Monroe, Wisconsin  
April 5, 2020

Sydney M. Miller, MD '58  
Santa Rosa, California  
February 24, 2020

Jerome H. Gundersen, MD '62  
La Crosse, Wisconsin  
May 28, 2020

John M. Ackerman, MD '64  
Santa Barbara, California  
August 2, 2020

Timothy J. Donovan, MD '64  
Madison, Wisconsin  
April 10, 2020

John "Tim" Harrington, Jr.,  
MD '65  
Madison, Wisconsin  
June 23, 2020

Jay J. Tibbetts, MD '66  
Green Bay, Wisconsin  
June 16, 2020

Richard C. Colbert, MD '68  
Gilroy, California  
March 5, 2020

James M. Fox, MD '68  
Moorpark, California  
June 25, 2020

Eddie A. Negron, MD '83  
Fort Walton Beach, Florida  
July 23, 2020

Cheryl A. Oncken, MD '88  
Avon, Connecticut  
July 1, 2020

Scott R. Breunig, MD '97  
Pass Christian, Mississippi  
June 17, 2020

### Former Faculty Member

Mark A. Moffet, MD (PG '94)  
Chapel Hill, North Carolina  
June 30, 2020



# Goodbye Dear Friends

## EDWARD “ED” JACKSON, PHD

**C**hair Emeritus of Medical Physics Edward “Ed” Jackson, PhD, passed away on June 2, 2020, after a long illness. He will be remembered as a tireless advocate for science and education, and for the broad University of Wisconsin School of Medicine and Public Health (SMPH) community.

Jackson joined the SMPH in 2013 as chair of the Department of Medical Physics and led the department through a period of growth that included revamping its graduate program. He believed in student participation in decision-making and worked to diversify the graduate student population.

“Ed was a remarkably effective champion of our school’s core values,” says SMPH Dean Robert N. Golden, MD. “It is rare to witness a leader whose life’s

work so consistently exemplifies their ideals. His career was shaped by three truths: his uncompromising dedication to scientific excellence, his ability to bring out the best in others, and his passion for inspiring collaboration on a grand scale.”

Having earned his PhD in biophysics at the University of Texas Health Science Center at Houston, Jackson held a faculty appointment at the University of Texas MD Anderson Cancer Center before joining the SMPH. His research focused on quantitative imaging.

Jackson went beyond his duties as chair to take on multiple leadership roles to advance continuous improvement efforts within the SMPH. Before his death, school leaders had chosen him to receive the prestigious 2020 Folkert Belzer Lifetime Achievement Award. Because he passed



away before the award was presented, it was bestowed posthumously.

“We are honoring Ed’s true impact on our school,” says Golden. “He was never self-promoting, yet we know his legacy will live on in the generations to follow.”

To read more about Jackson and find a link to a memorial fund, please go to [med.wisc.edu/edward-jackson](http://med.wisc.edu/edward-jackson)

## DAVID “JOE” FREEMAN, MD ’52

**A**beloved past president of the Wisconsin Medical Alumni Association (WMAA), David “Joe” Freeman, MD ’52, died from cancer on June 17, 2020, at age 95, in his hometown of Wausau, Wisconsin.

WMAA Executive Director Karen Peterson shares, “Dr. Freeman made a huge difference for alumni and medical students through his service to the WMAA over many decades. We will miss his smile and laughter at our events.”

After earning his medical degree from the University of Wisconsin School of Medicine and Public Health (SMPH), he joined his father in a medical practice in Wausau. An internal medicine physician who specialized in cardiology, he served

as an SMPH preceptor and as a volunteer clinical assistant professor in the school’s Wausau Family Practice Residency Program. He also was active in state chapters of professional associations.

Freeman devoted 40 years to introducing clinical and interventional cardiology methods in Wausau. During his last 10 years of practice before his 1995 retirement, his oldest daughter—Mary Jo Freeman, MD ’76—practiced with him. He continued to read medical journals and stay current in medicine into his 90s.

Earlier, Freeman served in active duty in the U.S. Army Air Forces as a pilot and, later, in the Army Reserves, reaching the designation of captain.

Freeman and his wife, Mary Clare Freeman, gave generously to UW-Madison



and UW-Marathon County, and to Wausau-based arts organizations. They enjoyed traveling and embarked on journeys around the world with UW-Madison alumni.

Freeman cherished spending time with his five grown children, 15 grandchildren and 13 great-grandchildren. His family has several Badgers among them.

## Pelegri Named Chair of Laboratory of Genetics

Professor Francisco Pelegri, PhD, became chair of the University of Wisconsin-Madison Laboratory of Genetics in July 2020.



The laboratory is comprised of the Department of Medical Genetics, which is part of the UW School of Medicine and Public Health (SMPH), and the Department of Genetics, which is part of the College of Agricultural and Life Sciences. Pelegri hopes to build on common interests in a range of disciplines, departments, institutes and centers.

"The global opportunities and challenges in the field of genetics frame the mission of the Laboratory of Genetics in 2020, which I would define as a dual mission of training the future actors in biomedical fields while simultaneously producing transformative and impactful research in multiple areas related to genetics, from agriculture to medicine," says Pelegri, who joined the Laboratory of Genetics faculty in 1999 and has earned multiple awards throughout his career.

"The Laboratory of Genetics exemplifies our school's dedication to strong partnerships between scholarly disciplines," notes Robert N. Golden, MD, dean of the SMPH. "Dr. Pelegri's astute interest and passion for service, diversity and pushing the boundaries of the future of genetics and medicine make him well-suited for this role."

Pelegri earned his PhD in cellular and developmental biology from the Massachusetts Institute of Technology and completed a postdoctoral fellowship in developmental genetics at the Max Planck Institute in Germany.

## Capitini Elected to International Board

Christian Capitini, MD, has been elected as an at-large director for the Society for Immunotherapy of Cancer (SITC) Board of



Directors. He has been an active member of the SITC since 2010 and served as co-chair of the Early Career Scientist Committee for three years starting in 2011. He also served on the Annual Program Committee and the Bylaws Committee, and since 2018, he has been a member of the Awards Committee. Capitini created the first SITC online continuing medical education course, Immunology 101 for the Non-Immunologist, now in its third edition, as a prerequisite to the Advances for Cancer Immunotherapy (ACI) seminar series; he continues to serve on the ACI subcommittee. His term on the SITC Board of Directors will begin in January 2021.

Capitini is an associate professor in the Division of Hematology, Oncology and Bone Marrow Transplant in the Department of Pediatrics at the University of Wisconsin School of Medicine and Public Health. He also is the program leader for developmental therapeutics at the UW Carbone Cancer Center, a director of clinical innovation for the UW Forward BIO Institute, a research scholar of the American Cancer Society, and a young investigator on a Pediatric Cancer Dream Team sponsored by the St. Baldrick's Foundation and Stand up to Cancer. He leads a National Institutes of Health-supported laboratory focused on developing cell-based therapies, including natural killer cells and CAR-T cells, for the treatment of childhood cancers like leukemia, neuroblastoma and osteosarcoma.

## Moore Named a 2020 Vallee Scholar

Darcie L. Moore, PhD, assistant professor, Department of Neuroscience, University of Wisconsin School of Medicine and Public Health (SMPH), was named by the Vallee Foundation as a 2020 Vallee Scholar.



Her research focuses on the regulation and movement of proteins during the earliest steps of adult neurogenesis, when neural stem cells (NSCs) exit quiescence and begin to divide. By developing novel imaging methods to define quiescent NSCs, she hopes to contribute to the understanding of stem cell biology, identifying novel targets for treating aging-related diseases.

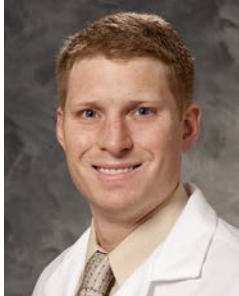
"I am very appreciative of all of the support that UW-Madison colleagues have provided as I established my research program," says Moore. "In particular, I am grateful to the memory of our former chair, Dr. Donata Oertel, who passed away in April. She nominated me for this award, and she would have been so pleased." (See the Goodbye Dear Friend article about Oertel in *Quarterly*, Volume 22, Number 2, 2020.)

Moore is exploring how stress and aging change the process by which stem cells divide. She discovered that aging leads to differences in the proportions of damaged proteins that each stem cell inherits. Her lab is investigating how proteins involved in this process interact, and it aims to identify related therapeutics.

Six 2020 Vallee Scholar candidates are selected each year based on the originality and innovation of their science, the quality of their proposal and their record of accomplishment.

## Morris and Weichert Lead \$14.5 Million Grant

Zachary Morris, MD, PhD, assistant professor and vice chair, Department of Human Oncology, University of Wisconsin School of Medicine and Public Health (SMPH) (top), and Jamey Weichert, professor, Department of Radiology (bottom)—along with a large team of UW-Madison researchers—



have earned a five-year, \$12.5 million National Institutes of Health (NIH) research program grant, plus \$2 million in institutional matching funds, to study the combined use of immunotherapy and targeted radionuclide therapy to treat metastatic cancer. The research also is supported by unique research facilities at the UW Carbone Cancer Center and UW-Madison.

“This comprehensive preclinical research brings together two distinct classes of cancer treatment—radiation and immunotherapy,” says Morris. “It will give us a good understanding of the principles of how these therapies can work together and what might be the best approach to use them in combination clinically. We hope that combining these therapies will increase the response and cure rates for potentially any cancer.”

Noting that the UW2020 initiative brought these diverse research groups together in 2015, Weichert comments, “Collectively, our UW team is uniquely capable of proposing and conducting such an interdisciplinary treatment approach to advanced cancer.”

## Rowley Receives Neuroradiology Award

Howard Rowley, MD, was awarded the 2020 Gold Medal by the American Society of Neuroradiology (ASNR). The award honors his exceptional service and achievement in neuroradiology and recognizes his many contributions to stroke trials, dementia research and advanced imaging techniques, as well as his gift for teaching and ability to distill complex topics into memorable information. Peers have hailed him one of the greatest educators in neuroradiology.



“This is . . . an award given to all the people who taught me and supported me, especially my partners in medical physics,” says Rowley, the Joseph F. Sackett Professor of Radiology at the University of Wisconsin School of Medicine and Public Health, and a professor in the Departments of Neurology and Neurological Surgery.

“I stand on the shoulders of giants—everyone from janitors to administrative assistants who have made this possible. I’m grateful for all of those connections,” adds Rowley, who also is the chief of neurological MRI.

He hopes to inspire others to create even better solutions to problems and incrementally improve the field of neuroradiology. He and his colleagues have led the field in fast imaging protocols, which find the necessary information for diagnosis within a shorter time, reduce cost and extend the reach of imaging to more people.

He has been involved in the ASNR since 1990, serving as chair of its foundation for five years and as president from 2016 to 2017.

## UW Hospitals are #1 in Wisconsin for Ninth Year

UW Health’s hospitals and providers have earned a reputation for innovation and remarkable patient care that is recognized



throughout the world. For the ninth year in a row, *U.S. News & World Report’s* “Best Hospitals” ranked University of Wisconsin Hospitals, which includes University Hospital and UW Health at The American Center, as No. 1 in Wisconsin.

*U.S. News & World Report* surveyed more than 4,500 hospitals as part of its rankings. In addition to the No. 1 ranking in Wisconsin, University of Wisconsin Hospitals saw six medical and surgical specialties ranked among the best in the nation: ear nose and throat; gastroenterology and gastrointestinal surgery; geriatrics; gynecology; neurology; neurosurgery; and orthopedics. Five additional specialties were rated as high performing: cancer; cardiology and heart surgery; nephrology; pulmonary and lung surgery; and urology.

“This ranking reflects our continued commitment to excellence,” notes Alan Kaplan, MD, CEO of UW Health. “As we strive for continual improvement of patient care, particularly in these uncertain and challenging times, I’m proud of the remarkable work our providers and staff do to make this recognition a reality.”

The 505-bed University Hospital and 56-bed UW Health at The American Center are part of UW Health, which also includes American Family Children’s Hospital; Carbone Cancer Center; six regional cancer centers; SwedishAmerican in Rockford and Belvidere, Illinois; UW Health Rehabilitation Hospital; and an affiliation with UnityPoint Health-Meriter.



GINA GREEN-HARRIS, MBA

## RELATIONSHIPS

## BEFORE RESEARCH

by Beth Pinkerton

**G**ina Green-Harris, MBA, is known for building successful community-academic partnerships by putting people first.

Based in Milwaukee, Wisconsin, she serves as the director for several University of Wisconsin School of Medicine and Public Health (SMPH) programs—the Center for Community Engagement and Health Partnerships; Lifecourse Initiative for Healthy Families; Wisconsin Alzheimer's Institute (WAI) Regional Milwaukee Office; and All of Us Research Program in Milwaukee.

She describes herself as a “recruitment scientist” and bridge builder, connecting underrepresented communities together to

develop innovative, culturally appropriate research and community engagement projects that can lead to improved health outcomes for our most disparate populations. With her guidance, the Wisconsin Idea of applying university research to improve the health and quality of life for all residents comes to life in communities that traditionally have been neglected.

In 2008, she joined the SMPH as a program manager for the WAI under the leadership of then-Director Mark Sager, MD, professor of medicine. Green-Harris was hired to implement a new pilot project to create dialogue with African Americans about dementia and recruit people for the Wisconsin Registry for Alzheimer's Prevention

(WRAP), the world's largest parental history cohort study of Alzheimer's disease (AD).

Though African Americans have up to twice the risk of developing some form of dementia compared to non-Hispanic whites, lack of access to providers, less education and a reluctance to discuss AD meant that African Americans weren't being diagnosed. As WRAP personnel began to meet with the community, Green-Harris realized it was critical to do something different, and the first step was to develop a relationship with the community based on mutual respect.

“As well-intended as we were, UW-Madison and the UW School of Medicine and Public Health didn't have the best track record in this regard,” she says. “As we were

talking with community stakeholders, we heard stories about investigators who had come to Milwaukee and collected data, but never returned. There was distrust all around.”

Along with her team, Green-Harris spent the first 18 months listening to people in the community, bringing feedback to campus and coaching researchers on how to engage the community. They worked with community members to create the Community Advisory Board to give a voice to the local people.

“You can’t go in there wearing your white coats and think you’re going to save everyone. You have to understand that, from a practical standpoint, you may be a smart person with content knowledge, but when you step into the community, the community member is the expert,” Green-Harris notes.

She adds that it is important to start with questions such as, “Is there anything you need?” before mentioning a research study. Initially, she and the outreach team focused on talking with families about AD, and helping them get diagnosed and learn to navigate the health care system. Outreach Coordinator Stephanie Houston, MBA, helped design and implement a dementia care model.

The team also brought the Amazing Grace Chorus to Milwaukee. This innovative program goes beyond singing to providing resources and support to caregivers and their loved ones who have AD. They find joy in the experience of singing together, while becoming connected to a new family and getting information and resources about the disease.

By “meeting people where they are,” Green-Harris and her team doubled the number of African American participants in the WRAP. That philosophy also guides her work with the Lifecourse Initiative for Healthy Families, an asset-based community model aimed at improving conditions that lead to healthier birth outcomes among African American families in Kenosha, Milwaukee and Racine, Wisconsin.

The initiative recently made changes to give families a voice at the table, help local

organizations develop infrastructures for sustainability, and address stressors related to systemic racism.

Green-Harris says it is easy for outsiders—when they don’t take time to learn from the community about what is working—to overlook positive elements of communities that suffer high levels of disparity.

“If you look only at our ZIP Code, you miss a lot about the uniqueness, potential and resilience of the people of Milwaukee,” says Green-Harris, whose experience, including being born in Los Angeles and raised in Milwaukee, has influenced the lens through which she considers health equity.

She observes, “Most program funding and research grants come from a perspective of a deficit—how many Black folks die from stroke? How many people are dying from COVID-19? How many people are suffering from hypertension in high-risk communities? My question is, how many people are not? Who is surviving and thriving, and why? Let’s build on that data to create research and programs that will change our outcomes.”

Green-Harris is committed to helping evolve the narrative around health disparities. Hoping to be part of the solution, she believes in the “Talented Tenth” model described by W.E.B Du Bois, who charged educated Blacks to use their gifts, time and treasures to reinvest in communities and improve the health of future generations.

After graduating with a psychology degree from Central State University, a historically Black college in Wilberforce, Ohio, Green-Harris created community programming for people living with HIV/AIDS in Dayton. She returned to Wisconsin to work for the Department of Corrections, where she created a neighborhood supervision program and a restitution program for families who were victims of crime.

Next, recognizing her strengths, the Ohio Commission on Minority Health recruited Green-Harris into a role that took her to all 77 Ohio counties to find small “mom and pop” organizations working with HIV-positive

families. She was responsible for coaching the organizations on business planning, helping them attain 501(c)3 status and finding fiduciary agencies to support them. This work led her to earn a master of business administration degree from Franklin University in Columbus, Ohio.

“Larger organizations tended to be majority organizations, and smaller ones generally were minority-run groups. I aimed to bring together their gifts of talent,” reflects Green-Harris, who now is working toward a doctorate in clinical investigation at UW-Madison and is an inaugural fellow in the UW Institute for Clinical Research and Intervention’s fellowship program. “Working for UW-Madison has been one of the best experiences of my life. I have grown professionally and personally. I am so proud to be part of an institution that is working with integrity and intention to continue the Wisconsin Idea for generations to come.”

In September 2020, Green-Harris was appointed as the inaugural chair of the Governor’s Health Equity Council. The 33-member group is charged with creating a comprehensive plan to achieve equitable health outcomes for all people in Wisconsin, namely by addressing health disparities based on race, economic status, education level, history of incarceration and geographic location.

About this appointment, Green-Harris says, “It is an honor to work with many great leaders across the state. I am humbled, and I look forward to working to create a plan that will become part of the fabric of health equity for Wisconsin, as well as a model for others across the country.”

She continues, “At the end of the day, if we hope to see health equity, we have to reach the people who have the most disparate conditions, and research is critical and essential to changing the narrative.”

And reflecting on the big picture, Green-Harris concludes, “I am thankful that I get to be a change agent for innovative research and strategic programming that will impact the lives of many who would otherwise be left behind.”

## COVID-19 RESEARCH *continued from page 7*

testing the antibodies in less severely ill, non-hospitalized COVID-19 patients. And a third trial is testing whether the substance prevents SARS-CoV-2 infection in people who have been exposed to someone in their household with COVID-19. The principal investigator is Hartman.

- **Ruxolitinib Clinical Trial:** Being conducted in partnership with the pharmaceutical company Novartis, this study is examining the potential for an existing drug called ruxolitinib to treat cytokine storm, a serious and often deadly complication of COVID-19. The goal is to determine whether ruxolitinib can effectively treat the subset of patients who experience cytokine storm. The principal investigator is David Andes, MD (PG '95, PG '98), professor, SMPH Department of Medicine.

- **Quarantine 15 Weight Management:** A study titled Partner2Lose is looking at whether involving a person's significant other in their weight loss helps or hinders the process. The pandemic has provided an opportunity to investigate how disruptions to dietary and activity routines have affected weight management during the COVID-19 pandemic. The principal investigator is Corrine Voils, PhD, professor, SMPH Department of Surgery.

### COVID-19 PRE-CLINICAL LABORATORY RESEARCH

- **COVID-19 Pneumonia Research:** This project's goal is to improve the accuracy of identifying COVID-19 pneumonia on routine chest radiographs to offer an alternative means of diagnosis. Researchers aim to be able to quickly



*In the COVID-19 BioBank, Daron Byas processes specimens of convalescent plasma, which contain antibodies from patients who have recovered from COVID-19; these antibodies are central to the treatment of some patients who are ill with the disease, and they are used in clinical trials and other studies being conducted on the novel coronavirus.*

identify which COVID-19 patients have pneumonia so clinical health care providers can triage treatment of the disease. The principal investigator is Guang-Hong Chen, PhD, professor, SMPH Department of Medical Physics.

- **Nasal and Oropharyngeal Disinfectant Study:** This research is assessing the feasibility and efficacy of self-administered nasal and oropharyngeal disinfectants in reducing the development of COVID-19 illness in health care workers. A disinfectant for this use could temporarily clear nasal passages of the virus and reduce transmission during times in the clinical setting when social distancing is not possible. The principal investigator is Daniel Shirley, MD, assistant professor, SMPH Department of Medicine.

- **Alternative Method for COVID-19 Testing:** This study aims to develop an isothermal amplification method to detect viral RNA in swab samples in a manner that does not require cycling samples through numerous hot and cold cycles. Researchers hope a new method will reduce demand on existing testing. Co-principal investigators are David Beebe, PhD, professor, SMPH Department of Pathology and Laboratory Medicine, and UW College of Engineering Department of Biomedical Engineering; David O'Connor, PhD, professor, SMPH Department of Pathology and Laboratory Medicine; and Thomas Friedrich, PhD, professor, UW School of Veterinary Medicine.



**THERE'S MORE ONLINE:**  
go to [clinicaltrials.uwhealth.org](https://clinicaltrials.uwhealth.org)  
and search for "COVID-19"

# Gold Humanism Honor Society

## VIRTUAL CEREMONY RECOGNIZES INDUCTEES

Each fall, the University of Wisconsin School of Medicine and Public Health (SMPH) honors the induction of fourth-year medical students into the Gold Humanism Honor Society (GHHS). The society is one of many programs sponsored by the Arnold P. Gold Foundation, which is devoted to elevating the principles of humanism in medicine.

Students are selected by classmates to be inducted into the society. Those inductees then elect two faculty members and a resident to join the GHHS. The induction introduces new members to others who can serve as friends and mentors.

The Gold Foundation established the GHHS in 2002 to recognize rising fourth-year medical students who have demonstrated exemplary attitudes and behaviors characteristic of the most humanistic physicians.

“The mission is to recognize and encourage the development of humanism, compassion, integrity, respect and service toward patients and colleagues,” SMPH Dean Robert N. Golden, MD, shares. “We recognize that these aspects of a physician are as important as academic and technical excellence, and we encourage our students and ourselves to develop them.”

In spring 2020, the Gold Foundation notified the SMPH that results of its triennial GHHS chapter check-in survey ranked the SMPH’s chapter as exemplary.

In an August 2020 virtual ceremony, the SMPH inducted these people into the GHHS:

### Fourth-Year Medical Students

- Angela Ai
- Joe Archer
- Alex Bryant
- Sara Adelina Cuadra Aruquete
- Mackenzie Delzer
- Sarah Di Bartolomeo
- Connor Enright
- Brenna Funfar



*Yanzi Jiang, M4, receives her GHHS pin from Angela Ai, M4, following the virtual ceremony.*

YANZI JIANG



- Jenna M. Hatab
- Steven Hesse
- Joey Janz
- Catherine Jensen
- Yanzi Jiang
- Alec Lerner
- Alexandra Mechler-Hickson
- Laura Miller
- Colleen Morken
- Nivi Nair
- Mariana Niño de Guzmán Ramirez
- Marissa Paulson
- Hayley Severson
- Chelsie Sievers
- Anna Marie Sorensen
- Samuel Starke
- Payden White
- John Ziegler



### Resident and Faculty Members

- Jenny Tumba, MD, resident, Department of Psychiatry
- Alexis M. Eastman, MD '10 (PG '13, '14), assistant professor, Department of Medicine
- Jason W. Stephenson, MD, associate professor, Department of Radiology; Stephenson also received the GHHS' Leonard Tow Award

For more information and to see a video of the GHHS induction ceremony, go to [intranet.med.wisc.edu/white-coat-ceremony/](http://intranet.med.wisc.edu/white-coat-ceremony/)

## GHHS Pledge

I pledge by all that I hold dear as a physician:

- I will care for my patients with compassion, respect, empathy, integrity and clinical excellence;
- I will listen to my patients with my whole being;
- I will advocate for each patient as a unique individual;
- I will serve as a role model and mentor to promote humanism in health care;
- I will remember always the healing power of acts of caring;
- I will dedicate myself to joining with others to make health care optimal for all.

# Alpha Omega Alpha

## NATIONAL MEDICAL HONOR SOCIETY INDUCTS NEW MEMBERS

The Alpha Omega Alpha (AOA) medical honor society welcomed 25 fourth-year medical students, six faculty members and two house staff mentors from the University of Wisconsin School of Medicine and Public Health (SMPH) in April 2020.

Although no ceremony marked the occasion due to COVID-19, the induction remains a huge honor for these individuals based on their high level of professionalism.

The AOA recognizes honesty, honorable conduct, morality, virtue, unselfishness, ethical ideals, dedication to serving others and leadership.

Robert N. Golden, MD, dean of the SMPH, and Rebecca S. Sippel, MD (PG '06), an associate professor of surgery and the AOA councilor for the Wisconsin Chapter—along with the balance of the school's leadership and the Wisconsin Medical Alumni Association—share heartfelt congratulations with these inductees.

### AOA STUDENT INDUCTEES



Sara Elizabeth Berman



Hannah Blanchard



Ryan Austin Denu



Natalie Dosch



Leo D. Dreyfuss



Kathryn Eszes



Emily Guy



Ryan Haggart



Shilpa Kalluru



John Michael Kopriva



Joseph Charles L'Huilier



Andrew McAsey



Allison Ellen Nackers



Nikki Niewold



Alberto Perez



Shoshana Rudin



Natanya Shayna Russek



Eleanor Sato



Kaylee Brooke Scott



Bailee Stark



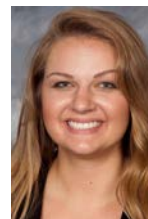
Michael Z. Tao



Andrew Truong



Alec Winzenried



Lauren Woldanski



Savannah Vogel



## AOA FACULTY INDUCTEES

**William Aughenbaugh, MD '97 (PG '00)**, is a professor, vice chair of education and residency program director in the Department of Dermatology. He is interested in complex medical dermatology, including severe psoriasis and immunobullous diseases, as well as management of melanoma and non-melanoma skin cancers. After he earned his medical degree at the SMPH, he completed an internship at the LDS Hospital in Salt Lake City, Utah, and a dermatology residency at UW Health.



**Sabrina M. Butteris, MD**, an associate professor in the Department of Pediatrics, is the vice chair of clinical affairs and chief of the Division of Global Pediatrics. Her global health work has focused on leadership, curriculum development and education in the United States and abroad. She co-founded the Global Health Learning Community of the Association of Pediatric Program Directors. She is the co-creator of SUGAR PREP, a suite of free educational products used to prepare medical providers to work in resource-limited settings. Butteris earned her medical degree at the Medical College of Wisconsin in Milwaukee and completed her residency and chief residency at Northwestern's Children's Memorial Hospital in Chicago, now called Lurie Children's Hospital.



**David Frazier Jarrard, MD**, is a professor in the Department of Urology and associate director at the UW Carbone Cancer Center.



His laboratory, part of the campuswide epigenetics consortium, studies clinically relevant epigenetic factors underlying cancer development and progression. His team

identified that altered genomic imprinting with aging occurs and increases the risk of prostate cancer development. Another area of Jarrard's research involves the activation of cellular senescence in cancer as a novel therapeutic and prognostic approach. Jarrard earned his medical degree at the University of Virginia School of Medicine, Charlottesville, completed his residency at the University of Chicago Medical Center, and completed a fellowship at The Johns Hopkins Hospital in Baltimore, Maryland.

**Tabassum (Tabby) Kennedy, MD (PG '09)**, an associate professor in the Department of Radiology and chief of its Section of



Neuroradiology, earned her medical degree at the University of Pennsylvania School of Medicine in Philadelphia. She then completed an internship at Presbyterian Hospital, University of Pennsylvania, a residency at Mallinckrodt Institute of Radiology in St. Louis, and a fellowship at UW Health. Kennedy is dedicated to creating an engaging educational environment in the classroom, online and in the clinical radiology rotation. She is an assistant block leader for acute care and has been involved in developing the ForWard Curriculum. She strives to ensure that all students gain proficiency in critical radiology skills and has been awarded an SMPH Dean's Teaching Award.

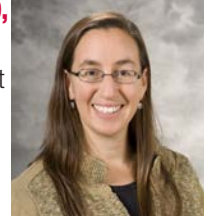
**Joshua Ross, MD**, is the executive vice chair of the BerbeeWalsh Department of Emergency Medicine. His academic interests include using



interprofessional simulation and electronic health record innovation to promote patient safety. He has multiple grant-funded projects and publications. Ross earned his medical degree at The Ohio State University; he then completed his residency, chief residency and pediatric emergency medicine fellowship at the Children's Memorial Hospital affiliated with Northwestern University. Ross focuses

on ensuring that the Department of Emergency Medicine continues to provide the highest quality of care for patients and families. He strives to cultivate a culture of excellence and professional satisfaction for the entire health care team.

**Sarina Schrager, MD, MS '06**, is a professor (CHS) in the Department of Family Medicine and Community Health. Her teaching focuses on women's health



education for residents. Her research interests include work-life balance and shared decision-making in cancer screening. She practices full spectrum family medicine at Northeast Clinic and does faculty development in her department. She earned her medical degree from the University of Illinois College of Medicine at Chicago, completed her family medicine residency at MacNeal Hospital in Berwyn, Illinois, and completed a fellowship in Women's Health at MacNeal that combined graduate work in women's studies with clinical care in family practice.

## AOA HOUSE MENTOR INDUCTEES

**Annie Dunham, MD '17**, is a third-year general surgery resident in the Rural and Community Surgery Track of the Department of Surgery. She earned her medical degree in the SMPH's Wisconsin Academy for Rural Medicine.



**Emelia Hakes, MD (PG '19)**, is a clinical assistant professor in the BerbeeWalsh Department of Emergency Medicine. She earned her medical



degree at the University of Arizona-Phoenix, followed by a residency, chief residency and fellowship in the BerbeeWalsh Department of Emergency Medicine.

# Dean's Teaching and Research Mentorship Awards

**D**ean's Teaching Awards and the Dean's Award for Excellence in Medical Student Research Mentorship honor outstanding contributions by University of Wisconsin School of Medicine and Public Health (SMPH) faculty members.

"These awards are special because the honorees are chosen by faculty members who have won these awards in the past," shares Dean Robert N. Golden, MD. "Although our traditional awards ceremony was canceled due to the COVID-19 pandemic, we celebrate these outstanding faculty members who earned 2020 awards."

## Dean's Teaching Awards

- **Beth Altschaffl, PhD '06**, faculty associate, Academic Affairs, SMPH, and Department of Kinesiology, UW-Madison School of Education
- **Meghan Cotter, PhD**, lecturer, SMPH Departments of Academic Affairs and Physical Therapy
- **Kelly Hodgson Kline, MD '97**, faculty member, SMPH Department of Pediatrics, Gundersen Health System
- **Sara Johnson, MD '07**, assistant professor, Department of Medicine
- **Catherine A. Reiser, MS '80, CGC**, professor (CHS), program director, Master of Genetic Counselor Studies, Genetic Counseling Training Program, SMPH

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

- **Jason Abel, MD**, associate professor (CHS), SMPH Department of Urology

**Altschaffl** teaches undergraduate- and graduate-level courses in human physiology. She was selected as the founding integrated block leader for the



Body in Balance block of the ForWard Curriculum. In addition to teaching medical students and assisting with curricular design, she assists faculty in the development and design of basic science electives for medical students. She received her doctorate degree from UW-Madison.

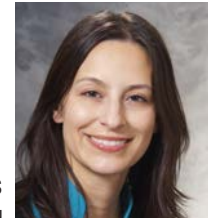
**Cotter** has served in multiple teaching and leadership roles at the SMPH. Her work in the anatomy teaching group reaches a wide spectrum of health professions learners. She became a co-director of the clinical anatomy and radiology fourth-year medical student elective and the anatomy course for occupational and physical therapy students. She was a founding assistant block leader for the Mind and Motion block of the ForWard Curriculum and contributed to the development of the curriculum. Cotter received her doctorate in anatomy from Case Western Reserve University in Cleveland.



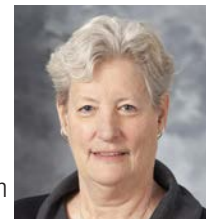
**Hodgson Kline** has taken on numerous teaching and leadership roles as a preceptor and pediatric clerkship director for the SMPH's Wisconsin Academy for Rural Medicine (WARM) at Gundersen Health System. She serves as the regional block director for the Care Across the Life Cycle block of the ForWard Curriculum at the Western Academic Campus and teaches WARM students in her rural pediatrics practice in Tomah, Wisconsin. She has been a pioneer in several curriculum initiatives, including teaching in the Internship Preparation Course at Gundersen. She earned her medical degree from the SMPH.



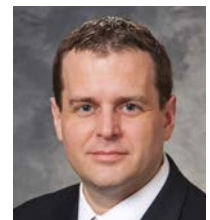
**Johnson** devotes time to a broad range of teaching efforts for medical students, residents and faculty members, with a focus on communication and teaching skills. She became the founding co-director of the Internship Preparation Course, which she helped design and implement in the ForWard Curriculum. Johnson completed the Stanford faculty development program and Harvard Macy program for educators and remains involved in national educator training programs. She earned her medical degree from the SMPH.



**Reiser** joined UW-Madison as a clinical genetic counselor and has worked with a variety of centers and programs. She has been a devoted teacher and mentor for health profession students across the continuum, including undergraduate and genetic counseling students. She has developed courses for the SMPH, as well as training resources that have been distributed nationally. Reiser also has served on national professional advisory councils and other such groups. She received her master's degree from UW-Madison.



**Abel** has a national reputation for his clinical and academic work in renal cancer. A prolific researcher, he has consistently involved medical students in his funded research program. He also has mentored numerous medical students, resulting in 19 publications and 65 abstracts. Abel earned his medical degree from the University of Texas in Houston.



## WINNING ENTRY IN THE SIXTH ANNUAL

# Bioethics Essay Contest

**L**eigh Berman, a third-year medical student



at the University of Wisconsin School of Medicine and Public Health (SMPH), received the 2020 Dr. Norman Fost Award for the Best Medical Student Bioethics Essay. The contest—sponsored by the SMPH and its Department of Medical History and Bioethics—asked students to choose a topic related to ethics surrounding the COVID-19 pandemic. This essay was edited for publication in *Quarterly*; the unedited essay, including references, is available at [med.wisc.edu/bioethics-essay](http://med.wisc.edu/bioethics-essay)

## Should Health Care Workers Receive Ventilator Priority in COVID-19?

by Leigh Berman

COVID-19 has overwhelmed hospitals around the world, forcing health care institutions and providers to ration medical resources, including ventilators, amongst their patients. A *New England Journal of Medicine* article written by several bioethicists outlines six recommendations for fair and effective resource allocation in the event of scarcity. This group suggested that, all else equal, health care workers (HCWs) should get priority over medical treatments. Although “promoting and rewarding instrumental value” appears just and practical in a pandemic, providing HCWs unique, preferential access to ventilators is neither a fair nor necessary criteria.

Proponents of prioritizing ventilators for HCWs cite two main arguments: (1) HCWs who recover from COVID-19 will be able to return to work to care for the rest of the population and (2) neglecting to promise optimal treatment for HCWs will

promote absenteeism. The first argument initially appears pragmatic, as HCWs are scarce resources: if thousands of HCWs become sick or die, COVID-19 will more easily overwhelm hospitals, leading to more suboptimal treatment and death. Prioritizing treatment for infected HCWs would therefore promote utilitarianism if the medical intervention enabled HCWs to return to work or avoid infection all together. While personal protective equipment (PPE), a theoretical vaccine and a medication that reduces disease severity would satisfy this requirement, HCWs with severe enough disease to require a ventilator are unlikely to be able to return to work in the near future should they survive. Given the long recovery times and medical complications associated with mechanical ventilation for both COVID-19 and non-COVID-19 patients, providing HCWs priority over ventilators likely has limited utility in reducing HCW scarcity.

Second, some contend that HCWs need reassurance of optimal treatment in order to risk their lives at work. This concern stems from a history of HCWs neglecting to treat patients with infectious diseases. During plagues, doctors commonly fled affected towns, leaving thousands to die untreated. In the 1980s, many HCWs refused to treat patients with HIV. After these epidemics, though, the medical community and the American Medical Association have largely affirmed that physicians must “apply knowledge and skills when needed, though doing so may put [them] at risk.” While duties regarding acceptable risk are less clear for other HCWs, a social contract between HCWs and society states that HCWs agree to put themselves in harm’s way by caring for the sick and, in return, receive trust, esteem and financial stability. HCWs who reap these benefits have a responsibility to continue working in a pandemic regardless of whether they are promised preferential care. So far in this pandemic, we have seen little absenteeism despite the lack of guidelines

giving HCWs priority over ventilators or adequate PPE, demonstrating adherence to the social contract.

Although promising HCWs preferential access to optimal care is not necessary to prevent absenteeism, I agree HCWs may deserve such a privilege for their valued efforts. However, it is unfair to provide HCWs priority over treatments without giving other essential workers—such as food service, transportation and social workers, who jeopardize their health to aid the pandemic response—the same privilege. While HCWs who undergo years of education and training to obtain their positions are potentially more prone to scarcity than other types of essential workers, giving HCWs preferential access to ventilators may not prevent HCW scarcity, as outlined. Without a clear reason to provide HCWs treatment priority besides that “they deserve it,” we cannot accept this criteria without applying it to all essential workers who equally deserve optimal treatment.

Not only does this allocation criteria lack fairness, it lacks equitability. Unlike HCWs, other types of essential workers are not protected by pre-existing social contracts rewarding them esteem and financial stability for their high-risk work. Other essential workers are also more likely to be people of color and of lower socioeconomic status. Providing HCWs but not all essential workers preferential access to treatments may thus exacerbate the disproportionate burden of COVID-19 on marginalized and underserved populations.

Overall, while some bioethicists have proposed giving HCWs priority over medical interventions including ventilators, doing so is neither fair nor necessary. Unless a given medical intervention can reliably prevent HCW scarcity, there is no strong argument as to why HCWs should receive resource priority over other essential workers. In order to promote fair, equitable and effective resource allocation amidst COVID-19, HCWs should not receive priority over ventilators.


**BADGER**
**BROTHERS**
**SAVING LIVES AND STRIVING  
FOR A HEALTHIER WORLD**

*Left to right, Jesse Charles, MD '14, enjoys time in the North Cascade Mountains with his brother's son, Finn Charles, and his twin brother, Joel Charles, MPH '12, MD '14. The twins now live in Washington State and Wisconsin, respectively, and relish time to travel together.*

by Nicole Heiman

“**T**he patients ... came in like all the others: feverish, coughing and short of breath—each one of them afraid, each one of them alone,” says Jesse Charles, MD '14. “I evaluated them, made sure they had water and blankets—anything that could provide them some measure of comfort. I arrived the following day to find them still in the ER because the hospital was so full. Alarms sounding all night, and patients coding around them. Sleep, that most essential of medicines, was completely inaccessible.”

Jesse Charles has seen the worst effects of the COVID-19 pandemic firsthand. An ardent physician whose practice is in tiny Winthrop, Washington, he left home in early April 2020 and flew to New York, where the pandemic was most severe, to assist those most in need. By the time he arrived, the Brooklyn Health Center, where he was assigned, had already lost five staff members to the virus. Jesse Charles saw patients die alone, cut off from their families. In the three weeks he was there, he cared for his patients' health and worked diligently to connect them with their loved ones. Although his willingness to go the extra mile couldn't change the trajectory of the

virus, it at least gave them the opportunity to say goodbye.

“That hospital is filled with some of the most dedicated, hard-working people I've had the privilege of working with,” recalls Jesse Charles. “Unfortunately, it is under-funded and under-staffed, even on a good day. With the surge of COVID patients, that only became truer. These were not human failings. They were the failings of a system. This is not the fault of the staff. ... No amount of heroism on the part of health care workers can overcome a system which distributes resources so unjustly.”

With a jarring front-row view of the existing poverty and devastating racial

inequity, Jesse Charles witnessed how COVID-19 is affecting the disabled, the mentally ill and communities of color more severely than others.

“This virus has laid bare what we already know to be true: that health and well-being is a luxury in this country, that sickness is a burden we do not share equally, that even without this virus, each year 245,000 people die because of poverty—175,000 because of racial inequity.”

Jesse Charles and his identical twin, Joel Charles MPH '12, MD '14, are dedicated doctors and devoted advocates for marginalized communities. Having grown up in a low-income neighborhood in Green Bay, Wisconsin, they became aware, at an early age, of the ways that injustice and public policy combine, leaving some populations more vulnerable than others.

“Most folks live on the edge of catastrophe, where one gust of bad luck or bad policy can push them into ruin,” Joel Charles shares. “My brother and I always had tailwinds that protected us from those effects: an intact family, public health insurance, good public schools, a faith community, scholarships and mentors. We had a desire to return that benefit to the public, particularly to the most vulnerable. Medicine was a clear way to help, where we could use the best science to serve patients and the power of our white coats to advocate for the larger community in which they live.”

Jesse Charles adds, “Having received so much structural support from our community and government, it was always in my mind to work in some sort of field that would allow me to serve others. There were other fields that I considered throughout my education, but medicine is what I always came back to.”

These formative experiences led the Charles brothers to focus their career sights on family medicine. Joel Charles currently splits his time between a clinic in Soldiers Grove, Wisconsin, and the Vernon Memorial Hospital (VMH) in Viroqua.

“We chose family medicine because we each felt called to care both for individuals

and communities,” Joel Charles says. “Taking care of families through the entire spectrum of their lives helps us remember that our patients exist primarily in the community, not just in our exam rooms. That means much of our work as doctors needs to take place in the community. This mindset is particularly useful during a pandemic—when the most important measures to keep people healthy take place outside the four walls of our hospitals and clinics.”

Now the clinical lead on VMH's COVID-19 response team, Joel Charles' daily routine changed when the pandemic first hit the United States. Rather than seeing patients at the clinic, his days begin with a status update, checking local and statewide coronavirus case numbers. He also sets aside time for researching best practices of health care facilities in Wisconsin and around the world so he and his department leaders can guarantee that they're supporting aligned efforts.

“My greatest challenge right now,” he says, “is creating a bridge between caring for the health of the patient in front of me and trying to ensure that society as a whole makes decisions that help rather than harm all the patients. COVID-19 has revealed a deep unfairness which has been growing in America for decades.”

Jesse Charles lives in a town of fewer than 400 people. He and three other providers serve patients at a humble clinic that has only four exam rooms and is located an hour from the nearest hospital.

“There is a huge need for rural family medicine doctors in this country, so, in that sense, we were both looking to serve where we were needed,” he says.

While at the University of Wisconsin-Madison—where they earned bachelor's degrees and medical degrees, and where Joel Charles also earned a master of public health degree—the brothers gained a deeply felt belief in the Wisconsin Idea, the philosophy that knowledge generated at the university should be used in service for the benefit of the people. As they advanced in

their careers, that belief transformed into a driving force, combining scientific expertise from the university with the local knowledge of other individuals around the state.

“Learning about the social determinants of health helped me realize just how lucky Jesse and I are,” says Joel Charles. “The people of Wisconsin have continually invested in us, first through basic needs like food assistance programs and BadgerCare health insurance, then through quality public schools, and later through FASTrack scholarships to obtain our undergraduate degrees. It's important that we repay Wisconsinites through service to the public.”

Jesse Charles built a strong educational base in liberal arts and humanities, something he considers essential to understanding the human condition. His recent journey east began with an article he read in the *New York Times* about the Brooklyn Health Center being in disaster mode. He felt deeply drawn to go where the need was greatest, so when Governor Andrew Cuomo put out a request for doctors to serve in New York, Jesse Charles volunteered without hesitation.

“The most important thing I did in my time in New York was to connect my patients with their families, to treat them as human beings, to acknowledge their suffering, and to work to ease it,” he recalls.

Joel Charles admits to having complex feelings regarding his twin's decision. He found the idea of his brother caring for patients at the epicenter of our nation's pandemic to be both frightening and profoundly moving.

“His decision to put himself at risk for the good of the community inspired me to reflect on a fundamentally important question: What personal sacrifices am I willing to make?”

He continues, “This pandemic is causing profound suffering concentrated particularly on people of color, the poor, rural folks and other marginalized communities. In these times, there is a great need for all of us who have been given the privilege of security and the power of leadership to reflect on what



*This photo of Joel Charles, MPH '12, MD '14 (left), and Jesse Charles, MD '14, was taken in 2010 when they were medical students at the SMPH. They were featured in the summer 2010 issue of Quarterly magazine.*

sacrifices we can make to be helpful to our neighbors, visible and invisible, both near and far.”

Reflecting on his time in Brooklyn, when he witnessed significant socioeconomic and racial disparities in terms of who contracted the novel coronavirus, Jesse Charles says he deems his training at UW-Madison essential. Without it, he notes, he may not have been able to recognize these disparities and understand where they came from. He volunteered knowing that he would likely come away with a great deal of sorrow; however, he was less prepared for the anger he felt upon returning home.

“I hope I can channel it. I hope that America can channel it,” shares Jesse Charles. “I hope that this is the start of a new era in our lives. I hope we can take this experience and let it forge us into a stronger people, into a society that remembers that its origins are communal, that we are strongest when we stand for each other rather than ourselves.”

Despite the challenges he faced in New York, and the deaths he witnessed, Jesse Charles also experienced moments of happiness: a pregnant woman previously intubated in the intensive care unit (ICU) being allowed off oxygen support; her

premature baby surviving; “Three Little Birds” playing over the hospital public address system as a recovered ICU patient walked out of the hospital breathing freely.

In the end, Jesse Charles found solace in the continued care he was able to provide for two patients who were originally on his service in the emergency room. Once they were transferred to the general medicine floor, he sat with them, in head-to-toe protective equipment, and spoke with them about their lives, their families and their questions. One patient in particular, a reticent man with whom Jesse Charles had struggled to connect, took him by surprise.

“On the morning that he walked out of the hospital, he broke down in tears and hugged me, my protective shield pressing against my face,” Jesse Charles recalls. “He’s the only person I’d hugged, other than my partner, in over a month. We agreed that someday, when the world is right again, I will come back to New York, and we’ll get coffee. Then we will be able to have a real conversation, one where neither of our faces is hidden.”

## Medical Training and Advocacy

Upon earning his master of public health and medical degrees at the University of Wisconsin School of Medicine and Public Health (SMPH), Joel Charles, MPH '12, MD '14, completed a family medicine residency in Santa Rosa, California.

His passion for improving health in medically underserved communities drew him to Oaxaca, Mexico, where he volunteered to promote health, sustainable community development, youth empowerment and environmental stewardship.

Joel Charles has since become the chair of strategy for Wisconsin Health Professionals for Climate Action—a fast-growing group of more than 270 physicians, nurses and other health care professionals—which helps protect the public’s health from climate change by empowering community members and health professionals to advocate for equitable policies and other solutions to the climate crisis.

Jesse Charles, MD '14, shares his twin’s passion for helping improve the health and quality of life of medically underserved individuals and populations. With this goal, through an AmeriCorps position before he entered the SMPH, he was a community outreach liaison in inner-city Pittsburgh.

After he earned his medical degree from the SMPH, he completed the Family Medicine Residency of Western Montana in Missoula. Since then, he has created a curriculum to introduce residents, nurses and support staff to well-being modalities, including mindfulness meditation, for their personal and professional enrichment.

With a shared love of spending time in the mountains—backcountry skiing, rock climbing and more—both brothers are working toward a diploma in mountain medicine from the Wilderness Medical Society. This will prepare them for wilderness and mountain medicine, alpine rescue and vertical rock rescue.

# Medical Student Reflections

**T**hese works were published in “The Script” by the Medical Writing Interest Group at the University of Wisconsin School of Medicine and Public Health.

## Saying Goodbye

Four weeks of checking in, checking on, listening to jokes, murmurs, heartbeats and fears, examining body, numbers and patterns. Four weeks. It shouldn't be this hard, but I would be worried if I didn't feel anything. It got to the point that I could sense how his spirits were based on the first three seconds in the room. I became his “bad penny” since I came into his room so often, spent so much time with him. He was my first assigned patient on service, and today we said goodbye.

It happened for two reasons. One, I'm changing teams—a constantly recurring event. But more importantly, more heartbreakingly, because he is dying. Likely within days. I've listened as he refused to let the nurses shave his beard, and I heard the story of why his beard is so important to him. I've watched the feisty light in his eyes wax and wane. I saw how badly he wanted to go home, even if it was just to die. I watched as he accepted that even this was not possible and that things he wanted looked unlikely and eventually became certain not to happen. I watched him hold court with a room full of medical students and heard his deep belly laugh with his brothers—who all had matching beards. I watched him love in the way only septuagenarians know how to love. I know his favorite meal and what about the medical field drives him most crazy.

I know there will come a day, with time, when all these details of this proud, fierce, strong, independent individual will fade from my mind. But for right now, I'm holding on to them like treasures. I'm taking all this in and letting it hit me because he deserves to have his life and his death witnessed; as a human and as someone in my care. So, I may blink back the tears, but I will feel them all. I may swallow the lump in my throat as I present his case on rounds, but I know it's there. I will give thanks for the opportunity to take care of this gentle soul. I will remember him. And I will let his life, and death, teach me. I will give thanks for my patient laughing, living and dying in my presence, allowing me to bear witness to it all.

—by *Kaylin Darling, MD '20*

## Socially Distanced, Not Socially Isolated

4 walls  
600 sq ft  
30 days

a prison  
with a window and wifi

hickory and ash canopy  
180 degrees of shore  
11 hours of sunlight

prison break  
a paradise persistent in pandemic

6 ft  
10 digits  
1 phrase

alone together

—by *Zachary Dunton*

## About the Authors

**Kaylin Darling** was a fourth-year medical student when she wrote this essay and has started a residency in Pennsylvania. From Beaver Dam, Wisconsin, she was inspired to write this piece by an interaction with a patient on her first inpatient rotation during the Acute Care Block of the ForWard Curriculum. She says she will never forget this man and the stories he shared, adding that the experience has shaped her interactions with patients.



**Zachary Dunton** was completing his third year of medical school when he wrote this piece during Wisconsin's Safer at Home orders in spring 2020. He shares, “Everyone in the country has experienced flavors of loneliness during this pandemic. While there are many aspects of COVID-19 that we cannot control, we can control our reaction to this new normal.” He is pursuing a global health certificate in addition to a medical degree.



## Approach to Treating Incurable Form of Blindness

Scientists at University of Wisconsin-Madison have published a proof-of-concept method to correct an inherited form of macular degeneration that causes blindness, and that is currently untreatable.

Best vitelliform macular degeneration, or Best disease, is an inherited eye condition that typically leads to blindness over the course of a few decades. The disease can be caused by more than two hundred mutations in the BEST1 gene.

The researchers were able to correct the disease in stem cells from patients with BEST1 mutations by overwhelming broken copies of the gene with many functional copies of BEST1. The approach worked for most, but not all, of the BEST1 mutations they tested. As an alternative approach for mutations that did not respond to this gene augmentation method, the team used CRISPR-Cas9 gene editing to eliminate the mutated gene, leaving its healthy copy untouched.

A paper chronicling the research, co-led by David Gamm, MD, PhD (PG '02, '03), professor, Department of Ophthalmology and Visual Sciences in the UW School of Medicine and Public Health (SMPH), was published in the *American Journal of Human Genetics*. Other co-leaders were Bikash Pattnaik, PhD, assistant professor, Department of Pediatrics, SMPH, and Kris Saha, PhD, associate professor, Department of Biomedical Engineering, UW College of Engineering, and Wisconsin Institute for Discovery.

The BEST1 gene encodes a protein that regulates the movement of chloride across a layer of the retina called the retinal pigment epithelium (RPE). Best disease is dominant, meaning that people who inherit only one faulty copy of the BEST1 gene will develop the disorder. Mutations in BEST1 cause the RPE layer to break down,

resulting in blurred central vision that progresses to irreversible vision loss.

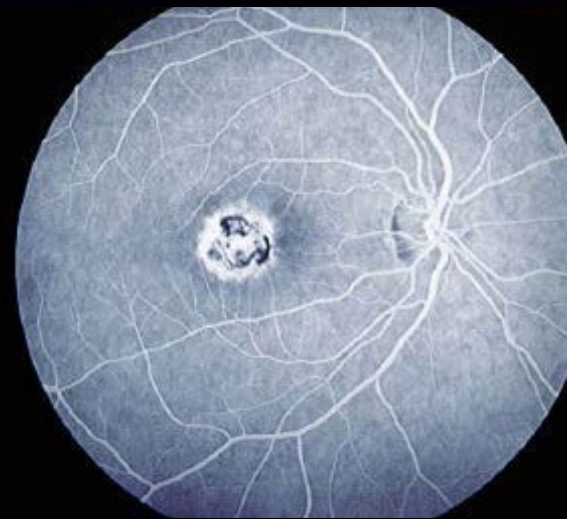
“People with Best disease have a wide range of mutations that can affect different parts of the protein, all of which were thought to require complex, individualized gene therapies to fix them,” Gamm says. “We found that many of these mutations were actually very sensitive to a broader gene therapy method that is already established for other retinal diseases.”

Fixing a dominant genetic disease via gene therapy typically requires precise removal or repair of the nonfunctional gene without causing harm to the functional gene, a difficult task that is frequently unsuccessful. In contrast, recessive genetic diseases that arise when a person inherits two nonfunctional genes—one from each parent—can be corrected by a technique called gene augmentation. This well-established process introduces a functional copy of the gene to fill the void.

“To use another analogy, dominant mutations produce workers that actively look to sabotage the efforts of their capable coworkers, whereas recessive mutations produce proteins that never show up for work at all,” Gamm explains. “The latter is usually simpler to treat than the former.”

A research team at the McPherson Eye Research Institute, which Gamm directs, hypothesized that it might be possible to adequately dilute the influence of the nonfunctional BEST1 protein by counterbalancing it with many functional copies of BEST1 protein through gene augmentation.

In the lab, the approach worked in RPE cells derived from induced pluripotent stem cells of patients with most, but not all, of the BEST1 gene mutations they tested. Where gene augmentation did not succeed, the team was able to correct the dysfunction using CRISPR-Cas9 gene editing.



The research was carried out in large part by Divya Sinha, PhD, an assistant scientist in Gamm's lab, Ben Steyer, PhD '18, MD '20, a former MD-PhD student in Saha's lab, and Pawan Shahi, PhD, a postdoctoral research associate in Pattnaik's lab. The research team also included Sushmita Roy, PhD, associate professor, Department of Biostatistics and Medical Informatics, SMPH, and Wisconsin Institute for Discovery.

The scientists demonstrated that their two-pronged gene therapy strategy may hold potential to treat all Best disease mutations in a highly effective manner.

“We were able to reverse the disease in all the cell lines using one method or the other,” Gamm notes. “We also were able to determine which mutations were likely to respond to the first-line gene augmentation strategy, and which would be better served with the second-line gene editing approach.”

An additional benefit came into focus as this research progressed, according to Gamm.

“Our findings also could be applicable to some dominant genetic mutations that affect tissues elsewhere in the body,” he says. “It's very exciting.”



# Disadvantage-Associated Brain Changes

People in the most disadvantaged U.S. neighborhoods may face greater odds of developing Alzheimer's disease (AD)-related brain changes, according to researchers at the University of Wisconsin School of Medicine and Public Health (SMPH).

Using a technique they developed that links neighborhood socioeconomic information with brain bank samples, researchers found an association between neighborhood disadvantage and the presence of AD-related brain changes shown during an autopsy. Study data showed that people who lived in the most disadvantaged neighborhoods have roughly twice the odds of having these brain changes than people who lived in the wealthiest neighborhoods.

Neighborhood disadvantage reflects the income, employment, education and housing quality in a precise geographic area, notes Amy Kind, MD '01, PhD '11 (PG '05, '07), associate professor, Division of Geriatrics and Gerontology, Department of Medicine, who led the study with Ryan Powell, PhD, MA, assistant scientist in the department's Health Services and Care Research Program.

"This is the first study of its kind to link neighborhood disadvantage to the brain tissue markers related to Alzheimer's disease," Kind says. "It provides a new way to link social determinants to biobanks, and neurons to neighborhoods. It opens opportunities for countless other studies which may further examine the interplay between social factors and fundamental biology, providing opportunities for new therapies and interventions."

For this study—published in *JAMA Network Open* by Kind, Powell and several co-authors—researchers defined the neighborhood disadvantage using data

provided through the Neighborhood Atlas, a free, online tool developed by Kind and her team in 2018.

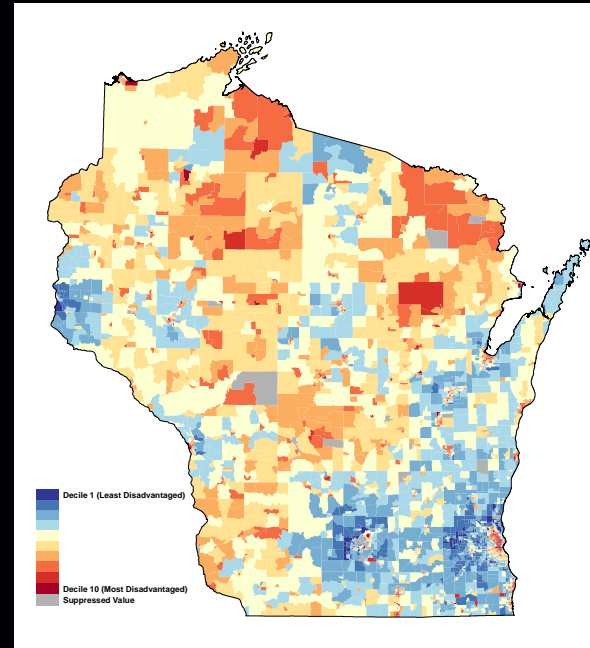
Research in the last decade has shown that AD-related brain changes can begin more than a decade before a person experiences symptoms. Researchers can detect evidence of these early brain changes with advanced imaging scans, but a brain autopsy upon death is the most conclusive way to confirm AD. For this reason, National Institute on Aging-affiliated Alzheimer's Disease Research Centers (ADRCs) have programs that allow AD research participants to donate their brains after death.

Powell and Kind's study included data from the brains of 447 donors who died between 1990 and 2016; no information was collected on social factors of the donors. Doctors examined brain tissues for the presence of two kinds of AD-related amyloid deposits.

The team then linked autopsy findings to detailed conditions based on each donor's last known residence before death. They found there were fewer donors from disadvantaged neighborhoods than from other neighborhoods.

Analysis found that increasing neighborhood disadvantage is associated with increased odds of AD-related brain changes. However, the authors say more research is needed to confirm these findings.

The team also analyzed how difficult it might be for people from disadvantaged neighborhoods to access ADRC brain bank services. Using advanced geographic simulation techniques, the team determined that only 56 percent of the U.S. population lives within 100 miles of an ADRC, and those people are more often from the wealthiest neighborhoods.



This finding suggests that geographic access is likely more challenging for those living in more disadvantaged neighborhoods—a population from which scientists need participation to get a more well-rounded view of the disease, according to Powell.

"Diverse representation is a known challenge, and there is a lot of work going on to improve participation," he notes. "But with future advancements in treatment and prevention tied to existing data and research, we need to continue to make diverse participation and geographic access to research center services a priority in ongoing strategy."

These findings may help researchers develop precision medicine strategies aimed at identifying individuals at increased risk for AD and provide tailored treatment and prevention efforts.

# Cancer Patients' Unique Needs During the COVID-19 Era

Since the beginning of 2020, we have been living in an unprecedented time of change. By the time you read this, many things likely will have changed from the time I wrote it, and not in the usual “lifelong learning” sort of way.

Like many physicians, I was drawn to oncology, in part, by the brisk pace of change, and it's something I still love about this field: new medications, regimens, tests and biomarkers. It keeps me on my toes in a fun and challenging way. But now, it feels like *everything* in our world is changing. COVID-19 descended on us like a tornado, uprooting many aspects of our jobs that previously felt immobile. For instance, I thought I would always see patients in clinic. Now, almost every oncology practice has implemented some telemedicine, and for many, it is a large portion of their patient care time. When it became critically important to limit patients' travel to health care centers, most of us shifted to doing our clinics remotely in just a couple of weeks. That was *fast* compared to the usual rate of medical system change! We also moved patients to oral chemotherapy when possible, and we pushed out surveillance scans, labs and examinations. We had hard conversations about the unknown, such as the likely increased risk of chemotherapy in the time of COVID-19. And we did all of this while home-schooling our children and, in some cases, supporting partners who had lost jobs.

Sadly, in the past few months, I had more patients choose to transition immediately from diagnosis to hospice care than ever before in my practice, for fear that they may “catch” COVID-19 due to their chemotherapy and die alone in the hospital. For patients who were doing potentially curative chemotherapy—but for whom a delay may mean a lower rate of cure—we treated them without visitors in the chemotherapy room.

Although this may sound trivial, it was one burden too many for some. The uncertainty of chemotherapy, cancer, related treatments and side effects are things we ask our patients to endure every day. But, for some, to endure these things without the comfort of loved ones at their side was too much to bear. As we realized this pandemic would cause many months of disruption, some of my patients developed symptoms of progressive cancer. We could no longer defer treatment.

My patients for whom their cancer has no cure often describe their world feeling increasingly smaller over the months or years they have the condition. During normal times, we initially hope for a great response to treatment, but we eventually accept “stable disease” as a good outcome. Then we accept second- and third-line treatments, while we hope for a good response to clinical trials or new therapeutic options. Later, we begin to hope for a few “good” days amidst many not-so-good times. In comparison, especially during the uncertain days at the beginning of the COVID-19 pandemic, many patients experienced an unsettling shrinking of their world all at once. I feel like my patients unfairly lost the time and space to process their illness while they pondered the restrictions placed upon all of us.

COVID-19 also has laid bare many gross inequities that have been amplified in health care disparities. This has worsened as people lost health insurance, housing and access to healthy food. Those of us who are involved in cancer disparities work have struggled to turn this tide, and more people are paying attention to this concern. I am hopeful this is the beginning of meaningful change to tear down barriers that prevent our patients from living their fullest, healthiest lives. We each have a role to play to make things better.

There have been a few bright spots and lessons learned from the changes forced by

COVID-19. As we gradually brought patients back to the hospital, our waiting rooms and clinics had to abide by social distancing rules and universal masking. I think this is a positive change for patients because others are now conscientious about hand washing and staying at home when they are unwell. I hope the political spin about wearing masks subsides as we share communal concern for our fellow humans and try to reduce the risk to vulnerable people. I think the ability of telemedicine is helping patients in rural and distant areas stay connected with us. I believe COVID-19 has re-lit the fire in our collective bellies about why we went into medicine, what an amazing group of people health care workers are, and how appreciative the community is for our clinical service. Further, I think many of us now see the critical importance that a robust public health system plays in our daily lives.

In these days of social distancing, my husband—Dr. Matthew LoConte, who completed his geriatrics and palliative medicine postgraduate work at UW Health and is a clinical assistant professor in the Department of Medicine's Division of Geriatrics—and I have sought time outdoors to recharge our batteries after our challenging days. I am drawn to sailing our Butterfly boat on the Madison lakes. While it's primarily a one-person sailboat, we squeeze two on the scow. I yearn not for brisk winds and full sails, but for calm winds and becalmed lakes as I struggle to adapt to the rapid change around me.

**Noelle K. LoConte, MD (PG '06)**

*Associate professor, Division of Hematology and Oncology, Department of Medicine, University of Wisconsin School of Medicine and Public Health and UW Carbone Cancer Center*



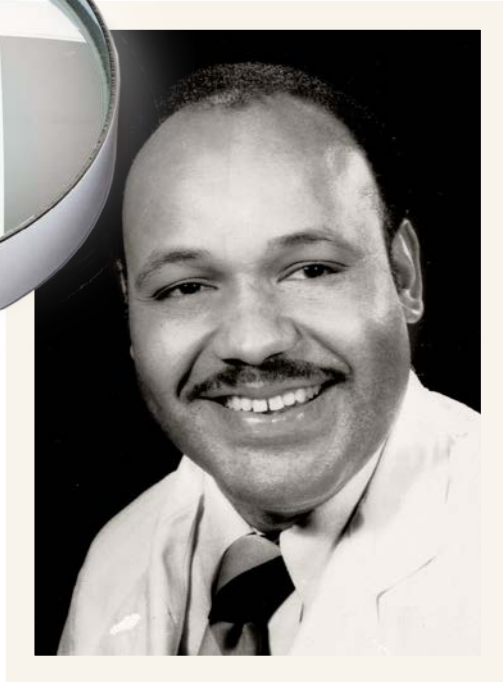


# I Know YOU

## ... OR DO I?

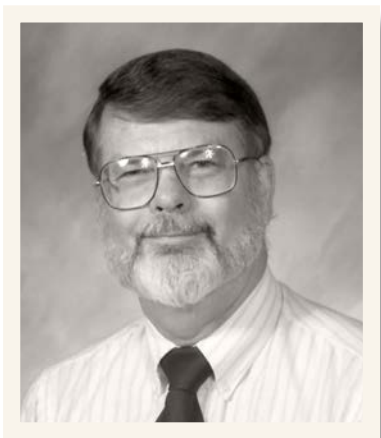
If you think you can identify the person in the photograph at right, send your guess to [quarterly@med.wisc.edu](mailto:quarterly@med.wisc.edu). We'll draw one of the correct responses and announce the winner in the next issue of *Quarterly*.

For the last issue (see below), Ashley G. Anderson, Jr., MD '77, MS '99, won the prize drawing and will receive a gift from the Wisconsin Medical Alumni Association!



### HINT ABOUT PHOTO ABOVE:

After graduating from the SMPH, he completed a residency and chief residency in New York City.



### ABOUT LAST ISSUE'S PHOTO:

In the past issue of *Quarterly*, 35 people correctly identified Hugh L. Moffet, MD, emeritus professor, Department of Pediatrics, University of Wisconsin School of Medicine and Public Health (SMPH). He taught medical students and residents and consulted in

infectious diseases throughout the state from 1971 until his retirement in 1998. Moffet died in November 2019, at age 87, in Henderson, Nevada.

Moffet was the sole author of two textbooks: *Pediatric Infectious Diseases* (three editions) and *Clinical Microbiology* (two editions). Many readers said they keep his books close at hand.

Several former trainees and colleagues described Moffet as “wise,” “kind” and “colorful.”

“Hugh Moffet’s enthusiasm for medicine, especially infectious diseases, inspired everyone around him,” wrote Paula Jones, MD '77, who specialized in infectious diseases. “Those of us in the early days of the Independent Study Program (ISP) benefited from his mentorship and friendship. We were fortunate to study a draft of his textbook, *Clinical Microbiology*. His published memoir, *A Diffident Doctor*, chronicles

his keen interest in science and clinical stories. Many will remember his affectionate moniker, ‘Hughmophilus!’”

Another ISP participant, Marjorie Sexton, MD '80, recalled, “As I debated what specialty I would pursue, I looked at my mentors. I had been a high school teacher and already knew that the people you work with make the job what it is. Dr. Moffet was a superb role model who adored children, and he was a great teacher and displayed unflagging commitment to intellectual integrity. I wanted to practice with doctors like him and chose pediatrics.”

Former pediatric pulmonology fellow Michael Rock, MD (PG '89), shared, “I had many pleasant conversations with Hugh in his office. He had metal filing cabinets that lined two walls of his office. I presume there were thousands of articles in those filing cabinets, and Hugh had total recall of the contents of all of the articles.”

# 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 *Quarterly* magazine as space allows. Please include names, dates and locations. Photographs are encouraged.

**Have you moved?** Please send us your new address.

## CONTACT INFORMATION:

Wisconsin Medical Alumni Association  
750 Highland Ave.  
Madison, WI 53705



OR online at [med.wisc.edu/alumni/share-your-news](http://med.wisc.edu/alumni/share-your-news)  
OR e-mail [quarterly@med.wisc.edu](mailto:quarterly@med.wisc.edu)  
OR via phone at (608) 263-4915

University of Wisconsin  
Medical Alumni Association  
Health Sciences Learning Center  
750 Highland Ave.  
Madison, WI 53705

Nonprofit Org.  
U.S. Postage  
PAID  
Madison, WI  
Permit No. 2117

MS-557100-20

# Help Our Medical Students Succeed!

## MATCHING FUNDS AVAILABLE FOR NEED-BASED SCHOLARSHIPS

Start a need-based scholarship as an individual, family or class, or add to an existing need-based scholarship! Your fund will receive a match of \$12,500 from the Wisconsin Medical Alumni Association (WMAA) once \$12,500 in new gifts has been received.

These matching funds will be available until December 31, 2021, or until \$500,000 of matching funds has been expended.

For more information, please contact Sara Dillivan-Graves at (608) 280-1124 or via e-mail at [Sara.DillivanGraves@supportuw.org](mailto:Sara.DillivanGraves@supportuw.org)



At the 2019 WMAA Scholarship Reception, donors Richard Welnick, MD '73, and Kathy Welnick (left and right) pose with Haley Schoenberger, MD '19, who received a scholarship funded by the couple.