Graduation World Tour 2009

Student Nafis Ahmed electrified the audience with his senior class message. Look inside for more about his performance and the “playlist” he suggested for the Class of 2009.
Facing
The medical school’s new Center for Global Health aims to do much more than pinpoint areas of the globe in need of medical aid. Learn more about the center’s ambitious goals and the team of experienced professionals who will help achieve them on page 14.
Dean’s Message

What are the odds of becoming a U.S. astronaut?
About one in a million with an even slimmer chance of actually traveling in space, according to NASA. So Northwestern must have the magic touch. This March medical school alumnus Michael R. Barratt, MD ’85, GME ’89, arrived at the International Space Station, becoming Northwestern’s second astronaut-physician, after Joseph P. Kerwin, MD ’57, to live and work in space. In our first feature, we explore the specialty of aerospace medicine—an area of expertise that started Dr. Barratt on his path to becoming an astronaut.

This year we launched a Center for Global Health that will help us develop and share our strengths in clinical care, research, and education around the world. In the second feature, learn more about the plans and goals of this exciting new international enterprise under the leadership of faculty member Robert L. Murphy, MD, GME ’84.

At Alumni Weekend 2009, former Northwestern students reconnected, reminisced, and “made history” with their old classmates and mentors at a reunion event that celebrated the medical school’s sesquicentennial or 150th year. In our third feature, we offer a photo album of the good times that were enjoyed this April and invite you to mark your calendar for Alumni Weekend 2010!

Alignment, innovation, and impact continue to drive our strategic vision as we help shape the future of medicine as leaders and innovators. In the final feature, we profile David Mahvi, MD, new chief of the Division of Gastrointestinal and Oncologic Surgery, who brings his expertise as a teacher, inventor, and surgeon to Northwestern.

Best regards,

J. Larry Jameson, MD, PhD

Vice President for Medical Affairs and Lewis Landsberg Dean

MD degree gives grads backstage pass to life

On a warm spring day, excitement ran high as 167 medical students received their diplomas at Northwestern’s graduation convocation on May 14 at Chicago’s Navy Pier Grand Ballroom. This always momentous ceremony held extra special importance as it marked the school’s sesquicentennial year.

Proud parents, friends, and relatives gathered to snap photos, give pats on the back, and send out a few enthusiastic shouts as the students filed into the ballroom.

“We are absolutely thrilled to see this day come,” said Amy Finn, mother of new graduate Ian Finn of Boston, who was one of 12 students graduating with dual MD/PhD degrees. “We are grateful to the Feinberg School of Medicine for providing our son the opportunity for a bright future.”

Dean Larry Jameson and Northwestern University President Henry Bienen conferred the degrees and applauded the 150th graduating class on their accomplishments. “Today you join the world’s most respected and distinguished profession,” said Dean Jameson. “You will find that your patients now refer to you as doctor, even though some of them could be your grandparents. They trust you with their most precious possession: their health. Northwestern has prepared you well for this next chapter.”

Class president Josephine Ni presented faculty member James J. Paparello, MD, assistant professor of medicine in the Division of Nephrology, with the 2009 George H. Joost Award for teaching excellence. She noted his unintimidating nature and ability to explain complex concepts in simple terms.

Keynote speaker and proud alumnus James R. Webster Jr., MD ’56, GME ’64, told graduates that they have the best jobs in town with a degree that offers them “a backstage pass to life with a priceless opportunity to interact with human beings at the most difficult and delicate times of their lives, including literally life and death.” This professor of medicine and emeritus director of the medical school’s Buehler Center on Aging, Health, and Society, encouraged them to be agents of change whether it be to help solve the problems of the national health care system or affect the “behavioral choices that account for how long and how well people live.”

A geriatric medicine specialist, Dr. Webster went on to explain that diet, exercise, and lifestyle choices play as large a role in health outcomes as genetic makeup. He called on the graduates to use their leadership skills and the new “bully pulpit implicit in
follow in the footsteps of thousands of graduates before them, going to feel like we're performing for the very first time.” He told dozens of times but in a few short weeks from now, it’s our turn. “We’ve practiced the lyrics, we’ve even rehearsed with the equipment.” he told the chuckling audience. “Sure we’ve studied the chords, guitar in his life or on TV, for that matter. That although he may look like a musician, he’s never played the guitar in his life or on TV, for that matter.

He encouraged the group to take heart, though, knowing that they will follow in the footsteps of thousands of graduates before them, who also feared their first day but went on to greatness.

When the Department of Urology launched an international surgical relief program in 2001, it began providing underserved communities with much-needed quality treatment of genitourinary disease delivered by highly skilled faculty members and residents. This year, for the first time, the program gave a medical student a head start on his surgical rotation.

Citing the careers of Sandra F. Olson, MD ’63, GME ’69, the first female chief of staff at Northwestern Memorial Hospital, and Quentin D. Young, MD, personal physician to the late Dr. Martin Luther King Jr., and now leading the cause for universal health care reform, the “newly minted” Dr. Ahmed encouraged his classmates to follow their predecessors.

Finally, Dr. Ahmed asked his classmates to stand, turn, and applaud their “supporting crew” of family, friends, and teachers for making them the “rock stars of the Class of 2009.”

After leaving the ballroom, the new Northwestern graduates, as now is tradition, gathered together with Dean Jameson to raise a champagne toast to the end of their medical school education and the beginning of their bright futures.

Luncheon honors graduating seniors

The annual graduation luncheon often serves as the dress rehearsal for the big event: commencement. Sponsored by the Northwestern University Medical Alumni Association, this year’s luncheon gave seniors the opportunity to enjoy the elegant surroundings of the Fitz-Carton hotel and give kudos to five classmates who were recognized at the May 13 event. Jonah Flaxer of Oak Park, Illinois, and Justin Reif of Colorado Springs, Colorado, received the Kenneth M. Viste Jr., MD ’66, Student Service Recognition Award. The Frederick Stem Award went to Melissa Martinelli of Glenview, Illinois, and the Neil Stone Award, to Catherine Koss of Alexandria, Virginia. Lakshmi Tummala of Douglasville, Georgia, was honored with the Jonathan Philip Reder Award. These happy medical school seniors mugging for the camera are (from left) Michelle Lin, Benjamin Gayed, Cristina Garcia, Krispy Lee, Josh Joans, Smita Joshi, Zachary Dismont, Ben Gray, Ned Dion, Jeffrey Backes, Katharine Brock, and Kristin Berona.

Surgical relief program helps the underserved

Student Michael Granieri feels his global aid experiences have enriched his medical education by connecting him with patients living in resource-poor countries.

I believe in teamwork and collaboration at every turn. It’s that simple. When I’m in the operating room, I depend on a team to complete the task of performing a transplant. But prior to the transplant, another team helped the patient navigate through the complexities of preparing for the transplant process. Following the surgery and for years to come, yet another team will work collaboratively to optimize the long-term effectiveness of the transplant. These teams do not work in silos. Instead, the teams themselves collaborate with each other to ensure continuity of purpose. This provides the pride of enterprise and sense of shared destiny needed to succeed.

I view my role as a medical leader much like that of the coach or manager of a sports team. My job is to facilitate the recruitment of the best and brightest, and to update the playbook based on the strengths of the players while identifying and remediating the weaknesses. I am responsible for team discipline and morale. I mediate disputes and misunderstandings and provide encouragement when needed. The surgeon sets the tone in the operating room. The coach/manager sets the spirit of the team. Camaraderie is essential, and therefore being a member of the team, being a buddy to the players, is also essential. However, we all report to a higher order. In the case of a sports team, that’s usually the league, which has its own set of rules and regulations. But the team’s performance has to be aligned with the expectations of the owners, the fans, and the city. In the case of academic medicine, it’s a department or rather, many departments. It’s a hospital, a school, a university.

As the director of the newly formed comprehensive transplant center, I work with many teams, with many captains and many leagues. Yet they all coalesce into one academic institution—an academic center. This is where it all comes together.

While the perspective of a surgeon, a division chief, a center director, or dean of clinical affairs may differ slightly, it really boils down to a simple concept: align interdependent efforts and help create the best team, the best league, the best academic medical center. The end game, you ask? Provide the best care possible to our patients by assembling the most talented and most connected teams. It’s that simple.

Michael M. Abecassis, MD, MBA
James Roscoe Miller Distinguished Professor of Medicine
Professor of Surgery and Microbiology—An immunology
Chief, Division of Organ Transplantation
Director, Comprehensive Transplant Center
Dean, Clinical Affairs

Michael Granieri, MD

From left: Samet and Jane Elkind; Dean Jameson; Jeff Starkey; and Nafis Ahmed, MD. Photos by Janet DeRaleau.
New department, center boost school’s efforts in research and clinical care

A top researcher on how to measure outcomes among cancer patients and the quality of life for patients in medical clinical trials was named chair of the newly created Department of Medical Social Sciences at the medical school.

David Cella, PhD, professor of psychiatry and behavioral sciences, will head the department, where he will focus on quality of life measures, outcomes science, and statistical tools used to support clinical research. The department will support Northwestern’s growing interest in translational research and developing robust approaches for measuring clinical outcomes, according to Dean Larry J. Amsden in a March announcement.

The new department chair most recently served as executive director of the Center on Outcomes, Research & Education (CORE) at Northwestern. He led the construction and coordination of the clinical trial infrastructure at CORE, which serves as an umbrella for, and catalyst to, a wide range of collaborative and multidisciplinary academic activities relating to the broad area of ‘‘treatment and field of transplantation. Providing a framework of functional cores, the center will allow investigators and clinicians from a number of disciplines to conduct high-impact research, educate surgeons, physicians, and scientists, and ultimately define best clinical practices and inform public health policy on an array of transplant-related issues.

The Comprehensive Transplant Center will be led by Michael A. Abecassis, M.D., MBA, James Roscor Miller Distinguished Professor of Medicine, professor of surgery and microbiology–immunology, and dean for clinical affairs at the medical school. He also serves as chief of organ transplantation and medical director of the kidney and liver transplant program at Northwestern Memorial Hospital.

Faculty accomplishments shine on the national stage

The Leukemia & Lymphoma Society selected Shao-Ma, MD, PhD, assistant professor of medicine, to receive the organization’s “Special Fellow in Clinical Research” award for a three-year period that started this July.

The documentary film Mapping Stem Cell Research: Terra Incognita that features the personal story of John A. Kessler, MD, Ken and Ruth Davee Professor of Stem Cell Biology and chair of neurology, and his daughter, Allison, now a medical student at Northwestern, has won a 2008 Peabody Award—one of the most prestigious honors in broadcast kartemquin Films in Chicago produced the film, which was aired nationally on PBS Independent Lens series last year and internationally on CBC, SBS Australia, and NOGA. Award recipients were honored at the 68th Annual George Foster Peabody Awards ceremony held on May 18 at the Waldorf-Astoria hotel in New York City.

Robert J. Vassar, PhD, professor of cell and molecular biology, received one of three 2009 Potamkin prizes for research in Pick’s, Alzheimer’s, and related diseases from the American Academy of Neurology. He was cited for his outstanding achievement in researching the molecular basis of Alzheimer’s disease.

D. Mark Courtneym, MD, assistant professor of emergency medicine, received the “Best Faculty” presentation award at the 2009 annual meeting of the Society for Academic Emergency Medicine held in New Orleans this May.

Match Day emotions run high for students

Anxiety, tears, joy, hugs, kisses. High fives. Match Day 2009 involved all that and more for the 162 students who gathered at a Chicago pizza restaurant on Match 19 to find out their future assignments as residents. For the first time, faculty mentors presented assignment envelopes to their students. Those same mentors hooded them at medical school graduation ceremonies in May.

At the event a delighted Melissa A. Marinelli of Glenview, Illinois, not only got her desired match in emergency medicine at Northwestern McGaw but also received a congratulatory fleece jacket emblazoned with the words “Northwestern Emergency Medicine.” Residency program director Jamie Collings, MD, jacket emblazoned with the words “Northwestern Emergency Medicine. “Residency program director Jamie Collings, MD, “I have no doubt that Melissa will be a future leader in the specialty of emergency medicine, and we are honored to have the Northwestern McGaw but also received a congratulatory fleece jacket emblazoned with the words “Northwestern Emergency Medicine.””

“People are generally defined as those who have taken two or more years off between undergraduate studies and matriculation to medical school. Currently, about 15 percent of enrolled Feinberg medical students fit this description. While Marinelli and Smith are staying close to home, Karuna Dharan of Grand Rapids, Michigan, started her residency in otolaryngology at Baylor College of Medicine in Houston this summer. Her proud father, Brij, who flew to Chicago to join the celebration, is undeterred by the distance. “I’ve already checked out direct flights from Grand Rapids to Houston,” he said.

Otolaryngology, dermatology, and neurologic and orthopedic surgery were the most competitive specialties for medical school seniors, according to the National Resident Matching Program (NRMP). The program sponsors Match Day throughout the United States. This year’s number of match applications to the NRMP was the largest to date with more than 13,200 U.S. medical school students—400 more than in 2008. All 196 positions offered by the Northwestern McGaw training program matched this year. “Every seat on the plane taken,” noted Raymond H. Curry, MD, GME ’85, executive associate dean of teaching and professor of medicine and medical education. The Department of Medicine notes that 92 percent of its matches were among students historically underrepresented in medicine.

You can view the entire list of where this year’s graduates are going for their residency training at www.wardroundsonline.com.
Heartburn Meds Ineffective for Asthma?

For nearly 20 years, doctors blamed acid reflux, in part, for triggering severe asthma symptoms such as coughing, sneezing, and breathlessness. They often prescribed heartburn medication for asthma sufferers to help them with these symptoms.

A new national study, led in Illinois by a medical school researcher, has found that the longstanding practice of prescribing heartburn medication is ineffective and unnecessarily expensive for asthma patients who don’t exhibit symptoms associated with acid reflux such as heartburn or stomach pain.

"Now we know that we should not be using these medications for the treatment of asthma if the patient does not have reflux symptoms," said Lewis Smith, MD, a professor of medicine and principal investigator of the Illinois Consortium for the American Lung Association's Asthma Clinical Research Centers. Dr. Smith also is associate vice president for research at Northwestern University.

Asthma sufferers spend as much as $12 million annually on prescription heartburn medication because they believe it will help control attacks of wheezing, coughing, and breathlessness. About 23 million people in this country have asthma. An estimated 12 million individuals with asthma have an "attack" each year, and 2 million visit the emergency room.

The results of this study, published in the April 9 issue of the New England Journal of Medicine, are considered to be the most comprehensive evaluation to date of the efficacy of prescription heartburn medication to control respiratory flare-ups in asthmatics whose symptoms have not been well-controlled by other therapies.

Dr. Smith said the medication has been prescribed to asthma sufferers because "when you have a patient who is not doing well, you are always looking for ways that make sense to try to make them better. We should be trying these medications, but if the patient doesn’t get any better, we should stop them."

On/Off Switch Determines Cell Fate

How does a human cell remember its past and decide its future? This is the six-million-dollar question that biomedical researchers have long sought to answer in their attempts to fine-tune and develop better cellular therapy.

Working with human bone marrow stem cells that can turn into bone or muscle, investigators at Children’s Memorial Research Center have demonstrated how these cells make decisions that determine their fate. William T. Tie, MD, PhD, assistant professor of pediatrics, and colleagues found that stem cells respond to environmental stimulation by dynamically balancing the production of bone- or muscle-forming factors.

Published in the April 21 issue of the Proceedings of the National Academy of Sciences, the research described the cells' ability to control their fate with a " bistable switch" mechanism — similar to an on/off light switch. This mechanism explains important concepts in stem cell biology such as memory and plasticity. Further understanding these concepts may help researchers discover critical development-al genes that can be applied to cell fate control and cellular therapies.

Stem Cells Reverse MS, Diabetes

Autologous stem cell transplants can "reset" the immune systems of people with Type 1 diabetes or multiple sclerosis, according to research led by Northwestern’s Richard K. Burt, MD, associate professor of medicine.

His study published in the April 15 issue of the Journal of the American Medical Association showed that patients who underwent chemotherapy to destroy their immune systems and then received transplants of their own stem cells became insulin-free—several of them for more than three years.

In Type 1 diabetes, the immune system attacks and ultimately destroys the insulin-secreting beta cells in the pancreas. After the transplant, patients showed an increased level of C-peptide, a byproduct of insulin production that indicates improved functioning of the beta cells. The same approach appeared to reverse the neurological dysfunction of early-stage multiple sclerosis (MS). "This is the first time we have turned the tide on this disease," said Dr. Burt, who is also chief of immunotherapy for autoimmune diseases at the medical school. He conducted the clinical trial at Northwestern Memorial Hospital.

Patients in the small phase I/II trial continued to improve for up to 24 months after the stem cell transplants, then stabilized. They experienced improvements in functioning affected by MS, including walking, ataxia, limb strength, vision, and incontinence. This study appeared in the March issue of the Lancet Neurology.

MS is an autoimmune disease in which the immune system attacks the central nervous system. In its early stages, the disease is characterized by intermittent neurological symptoms, called relapsing-remitting MS. During this time, individuals with the disease will either fully or partially recover from the symptoms experienced during the attacks.

New ALS Gene Discovery

Northwestern investigators in a collaborative study identified a new gene whose mutations cause 4 percent of inherited cases of ALS (amyotrophic lateral sclerosis). The study, reported in the February 27 issue of Science, points to a common cellular deficiency in the fatal neurological disorder, said Terespa Siddique, MD, Le Turner ALS Foundation/Herbert C. Wexler Foundation Professor of the Davee Department of Neurology and Clinical Neurological Sciences at the medical school. The new research is part of a national collaboration directed by Dr. Siddique, principal investigator for the “Genetics of ALS” project funded by the National Institutes of Health (NIH).

In earlier research Dr. Siddique and colleagues discovered the first and second ALS genes (the SOD1 gene in 1993 and the ALS1 gene in 2001) leading to familial, or inherited, ALS. They also identified ALS-related loci on chromosomes 9, 15, 16, and X.

The new study found mutations in the FUS/TLS gene in ALS families participating in the NIH-funded, multi-center project and included, among others, a large Italian family previously studied by Drs. Siddique and Pietro Correlli of the University of Modena in Italy.

ALS causes the death of motor neurons in the central nervous system, which compromises the brain's ability to send signals to the body's muscles. This leads to loss of voluntary muscle movement, paralysis, and, eventually, death from respiratory failure. The cause of most cases of ALS is unknown.

Presenting Smoothie Disease Fighters

Instead of a dreaded injection with a needle, someday getting vaccinated against disease may be as pleasant as drinking a yogurt smoothie.

A medical school scientist has developed a new oral vaccine using probiotics, the healthy bacteria found in dairy products like yogurt and cheese. He has successfully used the approach in a preclinical study to create immunity to anthrax exposure. Using the same method, he has also developed a breast cancer vaccine and vaccines for various infectious diseases.

This new generation vaccine has big benefits beyond eliminating the "Ouch!" factor. Delivering the vaccine to the gut — rather than injecting it into a muscle — harnesses the full power of the body's primary immune force within the gut.

"This is potentially a great advance in the way we give vaccines to people," said Mansour Mohamadzadeh, PhD, the lead author and an associate professor of medicine in gastroenterology at Northwestern. "You swallow the vaccine, and the bacteria colonize your intestine and start to produce the vaccine in your gut. Then it's quickly dispatched throughout your body. If you can activate the immune system in your gut, you get a much more powerful immune response than by injecting it. The pathogenic bacteria will be eliminated faster."

Most vaccines consist of protein and won’t maintain their effectiveness after being digested by the stomach. However, the lactobacillus protects the vaccine until it is in the small intestine.

The Northwestern study was reported in the March 17 issue of the Proceedings of the National Academy of Sciences.
Navy Lt. Christine R. Stehman, MD ‘04, doesn’t speak either of the two official languages of Afghanistan—Pashto and Dari (Eastern Persian)—but that didn’t stop her from volunteering to run an Afghan women’s health clinic during a recent deployment. In March Dr. Stehman returned to the states after serving as the flight surgeon for a squadron of some 300 Marines stationed on a NATO base outside of Kandahar. In addition to her assigned duties, she provided health care services to spouses and children of members of the Afghan National Army who were being mentored by coalition forces.

Explains Dr. Stehman, “They didn’t have a lot of female health care providers to see these women who, because of cultural restrictions, aren’t allowed to take off their burkas in front of men.” Filling this void until a permanent female physician could take over the clinic, she helped to raise awareness about the importance of improving the medical treatment of Afghan women.

Dr. Stehman attended Northwestern on a Navy scholarship. After graduating from the medical school in 2004, she completed a one-year internship at Naval Medical Center San Diego. At that point she was ready for one of five operational tours, working either with undersea, shipboard, clinic, Fleet Marine Force (a branch of the Navy), or flying units. She chose flight surgery training—a combination of six months of specialty coursework and on-the-job experience—because it offered a skill set that broad field, but as I went through it, I realized that I’d like to broaden out a little bit further, and started realizing that there was this entity called aerospace medicine, that I love to fly and do a lot of other things that were outside of the normal office routine.”

A broad field in its own right, aerospace medicine involves the health, safety, and performance of persons engaged in air and space travel, according to the Aerospace Medical Association (AsMA). The extreme environmental aspects of this specialty area require knowledge of the effects of microgravity, radiation exposure, G-forces, and hypoxia, to name a few conditions, on the human body. While Dr. Barratt completed a “civilian” aerospace medicine residency and master’s degree program at Wright State University in Dayton, Ohio, other specialists often obtain their training via the military where they have access to flying personnel. For example, 38 percent of AsMA’s membership of 3,000 has military ties. For the small, but significant, number of Northwestern alumni who count themselves as aerospace medicine specialists, serving in the military began as a way to finance their medical educations and give back to their country. It has also allowed them to care for a high-flying patient population, ensure the safety of those involved in air and space travel, and offer general clinical services. Such has been the case for three alumni of the medical school—featured here in this Ward Rounds story—whose aerospace medicine expertise gives new meaning to the “friendly” skies.

This year the medical school proudly celebrates its 150th birthday here on planet Earth. On April 16, alumnus Michael R. Barratt, MD ’85, GME ’89, also noted a significant milestone—his big 5-0—220 miles above Earth on the International Space Station (ISS) where he unfurled a purple and white sesquicentennial banner in honor of his alma mater.

A NASA astronaut and flight engineer for the Expedition 19 space mission, Dr. Barratt blasted off on March 26 from the Baikonur Cosmodrome in Kazakhstan aboard a Russian Soyuz TMA-14 spacecraft. This first space flight for Dr. Barratt makes him the second medical school alumnus to live and work in space; on May 25, 1973, physician-astronaut Joseph P. Kerwin, MD ’57, served on NASA’s first manned Skylab 2 mission.

Going boldly where still few have gone before, Dr. Barratt arrived at the ISS thanks, in part, to his expertise in aerospace medicine. “I went into medicine because I liked working with people,” said Dr. Barratt in an oral history produced by NASA. “It was a relatively
she felt would likely not come along once she traded the Navy for civil life. In fact, this summer she left the military—although she remains on active reserve—and started an emergency medicine residency at Chicago’s Stroger Hospital of Cook County on July 1.

“We treat a relatively healthy population of people who must stay in top shape,” explains Dr. Stehman about her former job. Based at the Marine Corps Air Station Miramar, she can drive or take a car service to a deployment. “Unfortunately, the sharp pullout he expected didn’t occur.

As the Air Force (AF) accident investigation board tried to figure out how an experienced fighter pilot could make such a fatal error, it was a physician sitting on that board who provided the answer. “I had been the flight surgeon for a squadron of F-16 fliers so I knew how those planes reacted,” explains Col. James H. Oliver, MD ’57, who became board certified in aerospace medicine in 2008. He also completed training to become a flight surgeon, the Air Force had other plans. It first assigned Dr. Casbon to practice family and primary care medicine and then steadily promoted him to leadership roles at bases in the United States and Europe.

Moving up in the ranks to his current position as an AF colonel stationed at Offutt AFB in Nebraska, Dr. Casbon didn’t practice aerospace medicine until August 2003 when he became commander of the 99th Aerospace Medicine Squadron located at Andrews AFB in Maryland. In this role he led and directed some 160 military and civilian personnel in areas of aerospace medicine ranging from flight medicine and bioenvironmental engineering to aero-medical staging for the reception and care of wounded soldiers returning from Iraq and Afghanistan. He also got to see a lot of “very important” people land and take off from Andrews, home of the official U.S. presidential aircraft known as "Air Force One."

“At Andrews I finally got to use the ‘wings’ I had gained my flight surgeon qualifications at Elmendorf AFB in Alaska,” says Dr. Oliver, who recently attended the Air Force Academy in Colorado. “We flew transportation was available to us for medical procedures, pilot’s data, and military operations. I was able to fly in 27 different airplanes in which he often sat in the copilot’s seat. Stationed in Thailand during the Vietnam War, he flew some 50 combat missions in large helicopter gunships. He later flew a medical evacuation program at Brooks AFB—one of only four accredited U.S. residency programs in the specialty. As part of the curriculum, he earned an MPH degree at Johns Hopkins University in 2006. A year later, following the completion of his aerospace medicine residency and then opted for a three year in his residency program to achieve accreditation in occupational medicine. Dr. Casbon completed his training in July 2008 and moved on to his next assignment as commander of the 55th Medical Operations Squadron at Offutt AFB. In charge of guiding 300 military and civilian personnel providing primary and specialty care to 29,000 individuals, Dr. Casbon—ironically—does not have any aerospace medicine responsibilities. He does, however, serve as the base’s occupational medicine consultant in matters pertaining to flight medicine as well as traditional concerns of the specialty such as hearing protection, exposure to hazardous chemicals, and workers’ compensation.

“Aerospace medicine, like other specialties, has links to preventive and occupational medicine,” explains Dr. Casbon, who enjoys the epidemiological aspects of preventing disease and reducing occupational hazards. “Aviator is an occupation, and there are many different types of aviation occupations from flying to repairing planes.”

In regard to his own career in aerospace medicine, Dr. Casbon is once again paying back the military for his recent graduate medical education. Although currently in a clinical role and not in charge of fliers, his situation could change. After all, in the past 12 years, he has moved every 24 months to different AF jobs and bases. Says Dr. Casbon, who has already served 25 years in the military, “Well, the Air Force still has a commitment of a few more years from me due to my residency training, so you never know. I could get to use my wings in the future.”

As Dr. Casbon and his fellow Northwestern alumni have discovered, practicing aerospace medicine presents many opportunities outside the usual office environment that can take off at a moment’s notice. From flying off to the “wild blue yonder” to residing in space as Dr. Barratt is now exploring, the possibilities are almost endless. As Dr. Barratt is now exploring, the possibilities are almost endless.
GOING GLOBAL
NEW CENTER FOR GLOBAL HEALTH TRAVELS A TWO-WAY STREET
by Janet DeBlaauw

Although the school has been involved in global health research and education programs for students for many years, the new center coordinates current educational efforts, provides more robust research opportunities, and moves Northwestern into a larger arena.

In his recent State of the School address, Dean J. Larry Jameson described his goal to move the school’s ranking to the top 10 of medical schools in the United States by 2020. Five years from now, he envisions a center that will be a major American university medical school,” he said. “Northwestern must go global if it is to become a center for global health. "Northwestern must go global if it is to become a major American university medical school,” says Dr. Murphy. That’s where his plan comes into play.

Five years from now, he envisions a center that will be a substantial globally oriented enterprise with active research and teaching components, including exchanges among Northwestern faculty, partner faculty, and students. Additional faculty members and an increase in the number of grants and philanthropic support will anchor the center. Add to that further development of relationships with partners in Africa and expansion to an Asian site. In Europe, he sees the medical school partnering with select universities, formalizing relationships with them, and establishing a Northwestern office in a major European capital, probably Paris.

Dr. Murphy, an internationally regarded infectious diseases physician, scientist, and educator, began his tenure at the medical school in 1981 and became John Philip Oliver Professor of Infectious Diseases in 2001. He founded the International AIDS Education Project in the mid-1990s and continues as its director. In 2003 he was appointed Nigeria country director for the President’s Emergency Plan for AIDS Relief (PEPFAR), and in 2008 received the first of two Fogarty International Research Collaboration Awards from the National Institutes of Health. Dr. Murphy has gathered a group of medical professionals with experience in global and public health to lead center projects. Most have lived and worked in under-resourced countries. They understand the cultures and have profound respect for the people. He calls them the "troops.”

Shannon R. Galvin, MD, the center’s associate director for research and assistant professor of medicine, has come to Northwestern from the University of North Carolina (UNC)—home to an established global health center. While on staff at UNC, she lived and worked in the hospital wards in Lifongwe, Malawi. A poor country in southern Africa, residents of Malawi suffer from widespread famine as well as high rates of HIV and child mortality. "The people are wonderful and friendly,” she says. "Them make do with what they have. Children play with cars made of chicken wire and soccer balls made of rolled up bags.” This ingenuity is reflected in the Malawian HIV treatment program, she notes, which has started thousands of people on HIV medications in a very resource-constrained setting.

The center’s director for African Research, Babafemi O. Taiwo, MD, a native of Nigeria, came to Northwestern five years ago as a fellow in infectious diseases. Now an assistant professor of medicine, his focus will be on HIV research and related problems such as hepatitis, tuberculosis, and malaria. Within the Division of Infectious Diseases, he will oversee two HIV research-related grants: the Fogarty and PEPFAR. Dr. Taiwo brings a "bidirectional perspective,” he says, achieved by having trained and worked in both Nigeria and the United States. Dr. Taiwo notes, "Having staff with diverse backgrounds enhances the center’s credibility to its mission of trying to engage a global community.

Words like ‘bidirectional’ and ‘bilateral’ help guide the global health center’s mission and goals. Global health care in Dr. Galvin’s mind means encouraging medical students and faculty and those of partnering countries to do much more than pass each other coming and going like highway traffic. "It’s more about having a sense of what your partner country is capable of achieving and listening to the people—your colleagues—when they tell you what they need,” she says. Dr. Murphy agrees. "The concept of people from the United States and elsewhere going to poor countries, doing studies, and writing reports is long gone. Whether it’s us going over there and doing some training for them or them coming here and getting training and then going back, it’s a two-way street in the global setting.”

Oche Agbaji, MD, co-principal investigator of the PEPFAR grant based in Jos, Nigeria, exemplifies the direction the center is taking. Although a highly competent physician, Dr. Agbaji required training in the basics of clinical research such as writing protocols and manuscript writing. Through a Fogarty grant, he recently spent one month in this country, two weeks of which were spent studying at Northwestern and the University of Chicago. “It’s important to understand that we are from two different parts of the globe in terms of development and issues,” he remarks, “but there are things we can gain from each other.”

Adding a unique twist to the makeup of the center are pharmacologists Kimberly K. Scarsi, PharmD, MSc, research assistant professor of medicine, and Kristin Darin, PharmD, research associate. Both will play major roles in training Nigerian and other African medical professionals in the use of HIV medication, including understanding side effects, drug interactions, and the principles and implementation of pharmacokinetic studies. Dr. Scarsi first worked internationally when she traveled to Botswana in 2005. A trip to Nigeria came...
Robert J. Havey, MD ‘80, GME ‘84, and his associates at the Center for Global Health Education and Community Services (GHECS), explains Adam Koon, MPH, who helps coordinate global health education for the center. Koon has traveled to under-resourced countries as part of his MPH studies. He recently joined Northwestern from Emory University.

Those interested in traditional study experiences in Europe and other developed countries can choose from a number of formal affiliations offered by OME, including programs in Japan, Taiwan, France, Sweden, Germany, and the Czech Republic. If students desire an established curriculum with formal rotations in China, Uganda, South Africa, or Mexico, they can take advantage of IPD offerings. Finally, through an affiliation with the Heartland Alliance for Human Needs and Human Rights, GHECS offers clinical internships in Mexico and Guatemala that run from four to eight weeks. These shorter jaunts typically interest students completing their early years of medical school and looking for summer experiences. Often fourth-year students hoping to complete their electives abroad will work in clinics where there is a strong Northwestern faculty presence.

Recalling her senior year experience, Elizabeth K. Murphy, MD ‘08, spent one month in Palacios, Bolivia, last year completing a family medicine rotation in a rural clinic run by medical school faculty member Mark E. Molitch, MD, professor of medicine. “I saw unusual conditions such as Chagas disease,” recalls Dr. Wolf, “a parasitic ailment that I would never have seen in the United States.”

The Department of Family and Community Medicine also administers two different scholarships to support student travel through affiliated and unaffiliated programs at Northwestern. Recipients of the Ken and Ruth Davee Scholarship as well as the Global Health Initiative funding (see sidebar on opposite page) conduct primary care rotations and community health projects in developing countries.

Students often seek global health opportunities for two reasons: a cultural and/or educational experience or to work on a project. Both have merit. Students in the first group typically shadow physicians and “see what health care is like in another setting,” explains Dr. Murphy, adding that such an opportunity can be the beginning of a social consciousness that may lead to a different career path later in life. Those seeking project-related experiences visit a location where medical professionals need an extra pair of hands to manage data, help in a lab, or perhaps even see patients under the supervision of a licensed physician. The center has already set up some of these projects in Senegal, Malawi, Nigeria, Uganda, Kenya, and Tanzania.

Despite the medical school’s enthusiasm and support, the center will clearly need to focus its efforts to become a success, according to Dr. Murphy. Building sustainable reciprocal relationships takes time. He sees little expansion in Latin America and Africa beyond Northwestern’s present partnerships. Asia, however, is wide open, particularly Vietnam and Cambodia. On the European front, Dr. Murphy looks forward to a growing relationship with France’s Pierre et Marie Curie University, which ranks 39th out of the top 50 universities in the world.

Multifaceted, the center also serves as a testament to the school’s objective of providing volunteer medical services and relieving human suffering. Emphasizes Dr. Murphy, “Our mission in global health care is to help as many people as possible and to answer the important medical questions relevant to the people of the world.”

Robert J. Havey, MD ‘80, GME ‘84, and his associates at Chicago Lake Shore Medical Associates (CLSLA) have come up with a unique way to give back—to the world. Through solicitations to their patients, they’ve raised more than $250,000 in support of the new Center for Global Health. This fundraising has made it possible for 60 students to visit several different sites, including Bolivia, Jamaica, Nicaragua, and South Africa. Their Global Health Initiative fund provides financial support to Northwestern medical students who would like to travel to under-resourced clinics around the globe to further their education. Through flyers in the waiting room, postings on their website, and an annual fundraising event, CLSLA offers its patients an opportunity to provide charitable support that will make a difference in both global health care and the future of primary care medicine.

“The people of our community and that is all anyone can hope for a career,” says Dr. Murphy. What started in 2005 as six sites in Nigeria has grown to 35, making personal visits to each site prohibitive in the typical 10- to 12-day visits conducted throughout the year. Now Drs. Scarsi and Darin focus on more “central training,” where staff from each of the sites attend a training session in a central location and then take the knowledge back to their clinics. The center’s plans also include hiring an administrator to manage travel arrangements, visas, and grants, as well as an assistant director to coordinate all activities.

Medical students have served as one of the biggest motivators for the establishment of the Center for Global Health. Today’s students enter Northwestern having traveled extensively and expect such opportunities as part of their continuing education. Medical student Sara Patrawala from Rochester, New York, for example, studied in Germany while working on her undergraduate degree in environmental sciences at Northwestern. Last year she spent eight weeks in India working on a project: she compared obstetric perspectives between patients in a free clinic for the poor versus one that served a more affluent population.

In addition to student interest, all physicians increasingly require knowledge of global diseases as the world becomes a smaller place. Consider that the acronym AIDS requires no explanation anywhere in the world. The disease not only influences the physical health of people but also has impacted total economies and upset the balance of power politically. Today global health issues play a role in the practice of every physician whether he or she practices in Cairo, Egypt, or Cairo, Illinois.

Russell G. Robertson, MD, chair of the Department of Family and Community Medicine, serves as associate director of education for the center. Three existing depart-
MAKING HISTORY

ALUMS RECONNECT AT ONE VERY HISTORIC ALUMNI WEEKEND

A reunion event unlike any other, Alumni Weekend 2009 celebrated not only milestone reunion years for Northwestern medical as well as physical therapy (PT) graduates but also the medical school’s 150th anniversary. Nearly 700 medical alumni, faculty, students, guests, and staff participated in 31 events that featured a special bus tour of Chicago sites significant in the history of the medical school. The Department of Physical Therapy and Human Movement Sciences moved its usually scheduled fall Alumni Weekend to spring to join in on the festivities. Sixty-eight PT alumni and guests participated in their department’s reunion activities, which included the Sesquicentennial Ball held at the Ritz-Carlton hotel. A Ward Rounds Alumni Weekend photo album is worth many more words and photos than we can print here. So please enjoy these memorable snapshots and make your plans for next year’s reunion. For more unforgettable Alumni Weekend moments, check out www.wardroundsonline.com.

1: Dean Larry Jameson (left) congratulates this year’s Distinguished Alumni Award recipient, Dr. David Skorton (’74).
2: Alumni Weekend was a family affair for (from left) Dr. Sharon Krejci Mowat (’99) and her parents, Drs. James Krejci and Charlotte Kutumai (’59).
3: From one Medical Alumni Association leader to another, outgoing president Dr. Bonnie Typlin (’74) passes the traditional “tie” and gavel to incoming president Dr. F. Douglas Carr (’78) at the reunion dinner-dance event.
4: Dr. Laura Gordon (’82) returns to the medical school after enjoying one of the weekend’s Chicago tours.
5: Longtime Class of 1959 representative, Dr. Paul Urnes takes a moment to catch up with a friend at the Sesquicentennial Ball.
6: Dr. Mary Jadhon Cunningham (’84) and husband Joseph traveled from their home in Manlius, New York, to participate in Alumni Weekend.
7: A campus tour of the Nikon Imaging Center holds the attention of (from left) Drs. Sanford Elton (’59), Bud Miller (’59), Ralph Baehr (’59), and James Monge (’55).
8: Nathan Davis, the great-great-great-grandson of founder Dr. Nathan Smith Davis, signs Northwestern’s “charter” at, fittingly, the Nathan Smith Davis Club reception.
PT alums reconnecting at an Alumni Weekend research poster presentation include (from left) Tim Hennum (’99), Bill Condon (’99), and Tim’s wife Leanna Hennum (’98).

Future medical alums from the Class of 2012 (from left) Nitin Yerram and Laura Matthews experience reunion fun with third-year student Martin Pham.

Dr. Richard Boronow (’59) and wife Kathryn warm up the dance floor at the Sesquicentennial Ball.

Happy 150th anniversary, Northwestern!

A State of the School presentation gave alumni an update about their alma mater.

Students Kevin Day and Nourolhoda Birouti intently listen to Dr. Charles Modlin (’87) at an alumni-student mentoring luncheon held during the reunion weekend.

CLASS OF 1959

Front row: Meryl Haber, Glenn Faith, Martha Brooks Whitworth, Harvey Doorenbos, Theodore Greenlee, and Richard Boronow.

Second row: William Rossing, Keith Petersen, Mary Ann Smith Frable (GME ’64), Joel West, Paul Urnes, Kathryn Davis Mahaffey, Sanford Antin, and Paul Bubala.

Third row: Lee Rogers, Leonard Young, John Romine, George Kaplan, Richard Blonsky (GME ’62), Nancy Cherney Jeffrey (GME ’62), James Lindsey (GME ’64), and Barbara Bear.


Last row: Henry Head (GME ’65), David Casswell, Robert Richter (GME ’65), Ralph Baehr, and Preston Dills.

JOIN US NEXT YEAR!
ALUMNI WEEKEND 2010
APRIL 9–10
The tools and techniques of surgical oncology evolve rapidly. “We now do some pancreatic surgery laparoscopically,” says David M. Mahvi, MD, chief of the Division of Gastrointestinal (GI) and Oncologic Surgery. “There wasn’t even a laparoscope when I was in residency training.” Dr. Mahvi, James R. Hines, MD, Professor of Surgery, who joined the medical school and Northwestern Memorial Hospital (NMH) last July, has played a prominent role in designing devices to ablate, or destroy, tumors in abdominal organs. He and colleagues at his former institution, the University of Wisconsin-Madison (UW), hold several patents for such devices. One, a multiprobe microwave ablation system, has been used in clinical practice since 2006.

For more than a decade energy-based therapies, such as cryoablation and radiofrequency (RF) ablation, have supplemented or replaced tumor resection via the scalpel—the gold standard for removing tumors. These technologies have made such operations minimally invasive and faster. “Each approach has its strengths and weaknesses,” says Dr. Mahvi. “Cryoablation usually works just fine, but early on, there were some complications in using it on the liver. As the tissue thawed, it would crack, and you’d get lots of bleeding. RF ablation works, but the tumors tend to recur about 20 percent of the time.”

With the early use of both types of ablation, complication rates were higher in larger tumors and in those near major vasculature. A “heat sink” effect that raised or lowered the temperature at the margins of the tumor allowed some malignant cells to survive freezing or burning. Attempting to improve on these therapies, Dr. Mahvi and biomedical engineer John G. Webster, PhD, at UW, conducted some early work with microwaves in animal models. Microwaves heat tissue faster to higher temperatures, which reduces the heat sink effect because less time is available for blood flow to carry the heat away. But because these approaches are so new, evaluating their effectiveness is a “moving target,” according to Dr. Mahvi.

Dr. Mahvi’s research in this area continues with his UW collaborators, focusing on liver, pancreatic, and metastatic colorectal cancers. “David is a world-renowned authority in complex tumors of the hepatobiliary-pancreatic tract,” says Nathaniel J. Soper, MD, Loyal and Edith Davis Professor and chair of surgery. “Our plans include enhancing programs and services in that field as well as expanding the scope of services in GI oncology generally. David is a person of great intellect and integrity, who works well with people across disciplines.”

Dr. Soper, a GI surgeon, knew Dr. Mahvi through various national organizations. For the Society for Surgery of the Alimentary Tract, Dr. Mahvi serves as president-elect. “This is probably the most prestigious GI surgery organization in the U.S.,” says Dr. Soper. “His nomination to be president is a tribute to his accomplishments. It’s a real feather in our cap that we could recruit him here.”

Dr. Mahvi enrolled at the Medical University of South Carolina in Charleston as an MD/PhD student in pathology in the late 1970s. However, during his required surgical rotation, “I found I had no interest in doing anything but surgery,” he recalls. “I was excited to get up in the morning and go to the OR.” The decision to switch was easy, but the conversation with his respected pathology mentor was not.

Despite the specialty change, he was still committed to conducting research. So he searched for the best surgery programs that also required research training. He chose Duke University Medical Center in Durham, North Carolina, where he completed a general surgery residency and a two-year research fellowship in tumor immunology from 1981–89. That same combination of clinical surgery and research drew him to UW’s Section of Surgical Oncology. Dr. Mahvi remarks, “It was exactly the right environment for starting my career.”

Julian C. Schink, MD, GME ’86, today professor of obstetrics and gynecology and chief of the Division of Gynecologic Oncology at Northwestern, met Dr. Mahvi at UW. “David and I collaborated on patient care and got to know each other well,” says Dr. Schink, who had joined the UW faculty in 1992. “In our world of multidisciplinary care, he’s someone whose judgment I absolutely trust. He sees the big picture quickly and takes care of surgical issues with an economy of motion and emotion.”

TEACHER INVENTOR SURGEON

Innovation remains vital to advancing surgical techniques. For Dr. David Mahvi, invention comes as naturally as performing surgery and teaching the tools of his trade as the medical school’s chief of gastrointestinal and oncologic surgery.
They also worked together on clinical research and administrative duties for UW and its cancer center. “I was excited to see him come to Northwestern,” continues Dr. Schink. “David always puts patients first, with science and education as top-tier priorities. He appropriately deploys responsibility, expects excellence, and leads by example.”

Dr. Mahvi directed the general surgery residency at UW from 2000–2008 and twice won the top residency teaching award (1998 and 2003). “Teaching is a blast,” says Dr. Mahvi. “I always like having graduate students, residents, and junior faculty around. They bring energy and fresh perspectives—I never look at teaching as a one-way interaction.”

Dr. Mahvi hit the ground running when he arrived at Northwestern. In his first winter quarter, he taught students in NUvention, a course jointly run by the business, engineering, law, and medical schools that focuses on product development and licensing. “Much of the students’ benefit, Dr. Mahvi gladly shared his practical experience and expertise. As soon as he arrived on campus, he started working with surgical residents. Says Dr. Soper, “Several residents in their last years of surgical training have told me that the experience on Dr. Mahvi’s service was the best one they’ve had in their entire residency. That’s remarkable given the short time he’s been here.”

Northwestern emphasizes general surgery training, rather than specialized fellowships, for a good reason: nearly 80 percent of U.S. surgical residents do not feel that the experience on Dr. Mahvi’s service was the best one they’ve had in their entire residency. That’s remarkable given the short time he’s been here.”

Dr. Mahvi’s research focus changed dramatically from National Institutes of Health-supported basic science studies of tumor immunology and related genetic therapies earlier in his career. “That line of work ran into regulatory problems because of the death of a research participant in a non-cancer clinical trial at the University of Pennsylvania in 1999,” recalls Dr. Mahvi. “Gene therapy research was shut down completely for two years in the U.S., and we had to redo all our protocols. That set us back so far that it was pretty discouraging.”

He was also conducting clinical research on cryo- and RF ablation, including projects with Dr. Schink. A further opportunity in the mid-1990s with a spine surgeon introduced Dr. Mahvi to three-dimensional computer modeling and other engineering techniques applied to designing surgical tools and procedures. Although this work took him outside of his patient care skill set, he found the engineering aspects straightforward and fun. He and his colleagues ended up helping a company design laparoscopic tools to access the spine.

“David Mahvi has a great appreciation for what engineers can do,” says John G. Webster, PhD, professor emeritus of biomedical engineering at UW, who has been collaborating with Dr. Mahvi on energy-based ablation tools since 2000. “He wrote a big grant with us that allowed me to recruit electrical engineering PhD students to do the work on tumor ablation.”

The inventive process starts with Dr. Mahvi describing the clinical problem. “We might propose 10 solutions,” says Dr. Webster. “Then he’ll tell us why nine of them won’t work, and we’ll build the 10th one.” Dr. Mahvi tries out the new tools in porcine models.

One such project aims to improve liver tumor resection. “If you have a tumor near the end of a lobe, you can just cut it off and the lobe grows back,” says Dr. Webster. “But the surgery takes about an hour and may include excessive blood loss. We came up with something like a rake that penetrates through the edge of a tumor. Then you run electricity sequentially through pairs of tines and cuto- terize a plane through there. You cut away what’s outside that plane and it doesn’t bleed.”

“It’s cool when it works the way we want it to,” adds Dr. Mahvi. “It’s not quite there yet.”

Using computer modeling requires inputting numerous parameters to make the simulation as accurate as possible. For example, normal liver and liver tumor tissues have different electrical characteristics. Due to his large surgical caseload, Dr. Mahvi can send his fellow researchers many different tissue samples so they can make the necessary measurements.

Because this work is supported by federal funds, patients for tools ready for human clinical trials are given to the Wisconsin Alumni Research Foundation—the technology transfer operation for UW. The researchers have no proprietary interests in the final product that reaches the market.

Dr. Mahvi also has a federal Small Business Innovation Research grant for another microwave ablation project with a collaborator at his medical school alma mater. “Attracting federal funding validates your work. People in your field believe your idea is valuable enough to support,” says Dr. Mahvi. He adds with a grin, “However, it’s miserable writing grants all the time.”

At Northwestern Dr. Mahvi has already made immediate contributions to organizing multidisciplinary clinical care teams. He helped revamp the bariatric surgery service that resides in surgical oncology, directed by Alexander P. Nagle, MD, GME ’03, assistant professor of surgery. By fostering a more collaborative service, Dr. Mahvi feels they have streamlined the patient care experience. He shares, “The service received a Center of Excellence award from the American Society for Bariatric Surgery, so the surgeons are good at what they do. We’ve just enhanced the structure so that they can be even better.”

He was also instrumental in developing the new Pelvic Health Center at NMH, codirected by Janet E. Tomezsko, MD, assistant professor of obstetrics and gynecology and head of the Section of Urogynecology; Anne-Marie Boller, MD, assistant professor of surgery in Dr. Mahvi’s division; and John C. Hairston, MD, GME ’01, associate professor of urology. “The team includes colorectal surgery, urology, and urology,” explains Dr. Mahvi. “Someone with a pelvic problem can walk in the door, have a complete workup, and leave with a treatment plan the same day. Previously, seeing those three specialists might take a month.” NMH is building new space for the center, with completion expected later this year.

“These initiatives are easy to achieve here because the school and hospital leadership is terrific,” says Dr. Mahvi. “I feel the energy, and the potential is enormous.”

That includes improving care for people with pancreatic cancer, a disease with a poor prognosis. “Many tumors have essentially been cured by chemotherapy or other methods,” says Dr. Soper. “Pancreatic cancer is nowhere near that. That’s why we need people like Dr. Mahvi and others at the Robert H. Lurie Comprehensive Cancer Center to specifically work on ways to treat these tumors because we usually don’t find them until they’re relatively advanced.”

Dr. Soper expects Dr. Mahvi to expand his own personal practice in surgery of the pancreas, bile duct, and liver and recruit more people to help in those areas. An admirer of Dr. Mahvi’s dry sense of humor and sense of fun, Dr. Soper looks forward to more contributions from the new GI chief. He says, “Dr. Mahvi has demonstrated strengths in research, education, and patient care that make him an exceptional role model for those who aspire to be academic surgeons.”

And as some surgeons-in-training at Northwestern have already found out, Dr. Mahvi has enjoyed teaching them as much as they have relished learning from him.
President’s Message

ALUMNI PROFILE

What happens in Vegas... comes to Northwestern

Keeping a low profile suits Las Vegas-based internist Stephen H. Miller, MD ’82, just fine. His accomplishments, however, and some of his patients have gotten his name out before the public in ways he hasn’t always anticipated.

“About five years ago I got a call from my medical school classmate Kenny Heiferman (MD ’82, GME ’85),” recalls Dr. Miller. “He said that he saw my name in People magazine. I was quoted discussing the health of Roy [Horn of entertainment duo Siegfried and Roy].” In 2003 a tiger severely wounded the famed magician during a show at the Mirage Hotel in Las Vegas. As Horn’s longtime physician at that time, Dr. Miller provided his expert opinion on his celebrity patient’s prognosis.

Since 1985 Dr. Miller has practiced medicine in Las Vegas, where he has built a diversified practice by coordinating physical exams for the Nevada Federal Bureau of Investigation, conducting numerous clinical drug studies, and developing strong and close bonds with his patients. Some of these individuals, grateful for the care and personal attention Dr. Miller has provided them, also have boosted this medical school alum’s profile—especially at his alma mater.

Although this native of Cleveland has only been back to the Chicago campus once since graduating, Dr. Miller thought of Northwestern when one of his patients wanted to express his gratitude through a generous gift. In 2006 Sidney Kramer, who passed away earlier this year, helped to establish the Stephen H. Miller, MD Scholarship with a $100,000 gift in recognition of Dr. Miller’s compassionate and excellent care. Since its inception, several medical students have benefited from the Miller scholarship during their first and second years in school.

“I have a passion and great amount of respect for Northwestern. I, for one, hope that one day the scholarship will cover a year’s tuition for a single medical student.”

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“I have a passion and great amount of respect for Northwestern,” says Dr. Miller, who is one of five siblings in his family of six to become a physician. “It wasn’t a hard decision to direct the funds to the medical school to support the education of students.”

Other patients of Dr. Miller have also donated to the scholarship fund, which has grown to about $125,000 to date. Dr. Miller hopes that one day the scholarship will cover a year’s tuition for a single medical student.

For a recent holder of the Miller scholarship, Northwestern’s influence on Dr. Miller lifted a weight off this now third-year student’s shoulders. “Receiving the scholarship meant that I didn’t have to worry about finding a part-time job. It was a huge day for me, and it is wonderful to see so many of my old friends.”

Three other alumni were awarded for their service and contributions to their alma mater. Lee F. Rogers, MD ’59, received the Dean’s Award, given for outstanding contributions by an alumnus’s faculty member. Dr. Rogers served as professor and chair of radiology at Northwestern from 1974 to 1999. Alumni service awards went to Walter W. Hurman, MD ’62, and Paul D. Urnes, MD ’59, who received the same honor in 1989.

Alumni awards honor contributions, service

Out of this world

When astronaut Michael R. Barratt, MD ’89, GME ’99, packed for his trip to the International Space Station (ISS) in March he carried with him the essentials, which included a special banner commemorating the medical school’s 150th anniversary.

Dr. Barratt requested a “flying commemo...” from his alma mater in August 2008. “I wish to take this opportunity to honor my past involvement in your school,” he wrote in a letter to Northwestern. “I plan to unpack the item and take photographs within the setting of the ISS, then return the item to you after the flight.”

Carrying the purple and white banner in his official flight kit, Dr. Barratt made good on his promise by sending Ward Rounds a photo from out of this world. On May 29 three new members joined Dr. Barratt and the crew of Expedition 19, who have been in space since March 26.

This addition to the group marks the beginning of Expedition 26 and six-person crew operations. For the first time, all five of the international partners are represented on the ISS. They are NASA, the Russian Federal Space Agency, the Japan Aerospace Exploration Agency, the European Space Agency, and the Canadian Space Agency.

In addition to helping advance the ISS mission of “extending the permanent human presence in space,” Dr. Barratt got the opportunity to watch on his laptop computer the new Star Trek movie. Paramount Pictures transferred the movie—released in early May—to NASA’s Mission Control in Houston, which then uplinked the film to the space station, according to NASA.

In an interview with Ward Rounds in 2007, Dr. Barratt shared with readers that one of his childhood heroes was Dr. “Bones” McCoy from the Star Trek television series.

Above: With planet Earth in the background, astronaut Michael Barratt displays the sesquicentennial banner specially made for his trip.

Cheryl SooHoo
RIC president and CEO highlights hospital’s past, present, future

The medical school’s not the only institution on campus with a rich history. Providing an overview of the past, present, and future direction of the Rehabilitation Institute of Chicago (RIC), guest speaker Joanne C. Smith, MD, MBA, GME ’92, RIC president and CEO, spoke at the April 25 meeting of the Alumni Association National Board held during Alumni Weekend 2009.

Dr. Smith’s presentation followed the organization’s progression from its humble beginnings in a renovated warehouse on Ohio Street in 1952 to its present 25-story flagship on the Northwestern campus. Designated as the #1 rehabilitation hospital in the country by U.S. News & World Report every year since 1991, the RIC’s evolution as the leading institution in physical medicine and rehabilitation has reflected, in part, society’s changing view of people with disabilities.

The RIC’s roots back to Paul B. Magnuson, MD, former chair of the Department of Orthopaedic Surgery at the medical school. Dr. Magnuson helped establish rehabilitation medicine as a specialty after World War II by founding the first school of physical therapy in the country at Wesley Memorial Hospital. In 1952 the RIC was incorporated, and its doors opened two years later thanks to Dr. Magnuson’s successful fundraising efforts.

“Those are the steps we’re so interested!” said Dr. Smith, showing the group of alumni board members a photo of the first RIC building where patients entering the front doors encountered an intimidating flight of stairs. Beginning as an outpatient center, the facility eventually started taking in those individuals who needed more intensive care.

The 1970s brought not only the creation of today’s RIC hospital on Superior Street, but also a change in attitude toward individuals learning to cope and live with disabilities thanks to the leadership of Henry B. Betts, MD, former chair of physical medicine and rehabilitation as well as president and CEO of the RIC and chair of its foundation. Remarked Dr. Smith, “Our product back then was to provide physical medicine and rehabilitation, and his patients lobbied patients can increase the frequency and duration of their therapy sessions to achieve greater and faster improvement and recovery.” Dr. Smith added, “Impossible is no longer a part of our medical lexicon.”

Currently there are some $2 million Americans living with disability. As the U.S. population grows older and lives longer, the demand for advances in rehabilitation medicine will increase substantially, according to Dr. Smith. Driven by these demographic as well as market forces reshaping the field, the RIC plans to reinvent itself with the creation of a new building either on or near the medical center complex.

Future expansion will allow for additional care discoveries based on the institute’s research initiatives. They will be influenced by new findings in bionic medicine, nanotechnology, brain-machine interfaces, and the use of smart devices, to name a few. Dr. Smith shared that the RIC of tomorrow will continue to meld the best of clinical care with the best of science. As the hospital moves forward, it plans to support a wide range of clinical trials, measure outcomes, and innovate new standards in care, among them a cutting-edge physical plant that will allow laboratories to coexist with patient care to quickly bring scientific discoveries to the bedside.

Dr. Joanne Smith shares her vision for a new RIC building that will allow the institute to expand its clinical and research initiatives.

Dr. Larry Jameson, MD, PhD, vice president for medical affairs and Lewis Landsberg Dean of Northwestern University Feinberg School of Medicine, also spoke to the group about the state of the school. He noted that the nation’s economic downturn has had an impact on the medical school and that some belt tightening is inevitable.

Dean Jameson has made scholarships and financial aid one of his priorities to help decrease student debt and provide Northwestern a more competitive edge in attracting students. He also highlighted the school’s move from 22nd to 19th place in the U.S. News & World Report rankings. “The question is whether this is a fluctuation or a trend,” said the dean, noting that the school has held steady at a ranking of 22 or 21 for nearly a decade. Sharing with the national board the school’s goal to move into the top 10 of medical schools by 2020, Dr. Jameson expressed some concern over the flattening of research dollars and its impact on Northwestern.

In closing, the dean said that donations from alumni provide a “key fuel for the medical center,” but that activities such as mentoring students and helping to attract top students are also invaluable.

Ginny Darakjian, assistant dean for alumni affairs, reported that this year’s Alumni Weekend was the best attended to date, with nearly 700 alumni, faculty, students, guests, and staff participating in 31 events. During the reunion weekend, incoming alumni board president E. Douglas Carr, MD ’78, replaced Bonnie L. Tysky, MD ’74, with James A. Hill, MD ’74, professor of orthopaedic surgery at Northwestern, becoming president-elect. The RIC’s 2009 National Alumni Association Board will be held October 24. James DeRaleau

In May the Massachusetts School of Medicine (MMS) honored Erwin A. Staubner Jr., MD ’70, of Williamstown, Mass., with its 2009 Award for Distinguished Service to the Society. Recognized for his strong commitment to the goals of the society, this retired physician has been a member of MMS’s board of trustees and numerous committees and task forces, addressing such issues as pharmaceutical gifts, hospital closings, and health care reform.

Sharon Krejci Mowat, MD ’99, of Danville, Calif., a pediatric hospitalist, was elected medical staff president of Kaiser Permanente’s Walnut Creek Medical Center in Northern California.

In April Marleta Reynolds, MD, GME ’85, professor of surgery at Northwestern, was appointed surgeon-in-chief and head of the Department of Surgery at Children’s Memorial Hospital. Dr. Reynolds had served on an interim basis in these roles since last September.

The University of Mississippi Medical Center named Richard C. Boronow, MD ’99, of Brandon, Miss., an honorary physician in 2008.

Colby Shad Thaxton, MD ’04, PhD ’07, assistant professor of urology at Northwestern, was named 2009 Researcher of the Year by Bioscience Technology. Announced in the magazine’s May issue, the award recognizes Dr. Thaxton for his research using gold nanoparticles to develop new therapeutics for atherosclerosis. Dr. Thaxton and his team built artificial nanomaterials to mimic HDL, known as good cholesterol, and its cholesterol-removing properties that take “bad” cholesterol, or LDL, deposits to the liver for excretion.

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G. Klaud Miller, MD ’75, GME ’78, of Evanston, Ill., was appointed associate editor of the Journal of the American Academy of Orthopaedics.

The National Alliance on Mental Illness presented James M. Laster, MD ’69, MPH, of Virginia Beach, Va., with the Exemplary Psychiatry Award during the annual conference of the American Psychiatric Association last year. This award recognizes psychiatrists who have “gone the extra mile” in providing excellent clinical care and educating family members, consumers, and the public to reduce the stigma surrounding mental illness. Dr. Laster also received this honor in 1993.

Diane E. Wills, MD ’79, of Downers Grove, Ill., received the American Heart Association’s Go Red for Women Award last year. This program helps fund research, conducts public and professional educational programs, and advocates for the protection of women’s heart health.

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**Progress Notes**

**1944**
Robert E. Herren, MD, of Rockford, Ill., continues in retirement to give health talks to seniors groups. During 2008 he gave 98 presentations.

**1950**
David E. Streitmatter, MD, GME ’51, of Dallas moved last year to an apartment in the Presbyterian Villas North. He retired from internal medicine in 1993 but still enjoys taking advantage of CME opportunities and maintaining his licenses.

**1953**
Lester R. Dragstedt II, MD, of Des Moines, Iowa, is retired chief of surgery of the Des Moines VA Medical Center. He recently celebrated his 80th birthday and one month later, his 56th wedding anniversary. Never one to sit still, he continues to play indoor doubles tennis three times a week, followed by playing bridge. He writes, “Northwestern—still the right medical school for me!”

**1959**
Harvey E. Dorenbos, MD, of Holland, Mich., enjoyed an interesting career that took him to far-flung places. After training in general surgery, he served as a medical missionary in the Sultanate of Oman, which at the time had a traditional Bedouin culture. From there he worked in Ethiopia during communist rule. Now retired, he works eight months a year in hospitals in Kenya, Sudan, Malawi, Liberia, and India. Wilard A. Fry, MD, of Winnemucca, Ill., a Francophile, is a member of Morayo Daley’s Chicago Greeters program, meeting with French tourists visiting the city. He also sits on the Chicago-Paris Sister Cities Committee.

Simon K. Myint, MD, of New Hall, Calif., continues his volunteering ways. So far this year he has offered his services as a visiting surgeon in Mexico, Haiti, and Nepal. He writes, “Still teaching medical students at Charles Drew University of Medicine and Science in Los Angeles. At 81, I am not finished yet!”

**1960**
Theodore C. Rozena, MD, of Landrum, S.C., was invited by the Indian government’s Defense Research and Development Organization last December to lecture at the International Conference on Molecular Mechanisms of Disease in Gwalior. From there he gave a similar lecture at the International Conference on Translational Pharmacology and the 41st Annual Conference of the Indian Pharmacological Society. Back home, he conducts research in the Trial to Assess Chelation Therapy, which is funded by the NIH.

**1964**
Josephine T. Colbach, MD, of West Linn, Ore., is enjoying her third year of retirement after 37 years in emergency medicine/urgent care with Northwest Permanente in the Portland area, while husband Edward M. Colbach, MD, continues to practice psychiatry and serves as a clinical professor at Oregon Health Sciences University. Both history buffs and nature lovers, they spend their time reading, hiking, and working on their small tree farm. Philip W. Thieman, MD, MPH, of Montreal, Quebec, Canada, reports that he retired to Palm Springs, Calif., New York City, Fort Lauderdale, Fla., and Cape Cod before moving to Canada for his “final resting place.” This general surgeon served in the Navy and was an attending at Columbia Presbyterian in New York. In 1978 he returned to active duty as a commander surgeon and flight surgeon stationed in Iceland and then in the states in Maine, Massachusetts, and New York.

**1979**
Irwin Benuck, MD, of Chicago, professor of clinical pediatrics at Northwestern, served as a college mentor to 43 of the medical students who graduated this May. Sandra A. Enste, MD, MBA, of Cincinnati proudly received her business degree from Notre Dame. It was “a wonderful challenge,” she writes.

**1981**
Christopher M. Rembold, MD, of Charlotteville, Va., professor of medicine in cardiovascular disease at the University of Virginia, and his lab team have been studying the role of calciun, HSP20, and paxillin in smooth muscle contraction and relaxation. They are in their 22nd year of funding. He and wife Kristen Staba (BS ’79) have two daughters. Karen is in her third year at medical school at Northwestern, and Ingrid is studying history at Merton College of the University of Oxford in England.

**1988**
Mark K. Urman, MD, of Beverly Hills, Calif., was listed in the “Super Doctors” section of the December 2008 issue of Los Angeles magazine, as one of the best cardiologists in Southern California. He is medical director of The Heart Center at Cedars-Sinai Medical Center in Los Angeles.

**1992**
Rajneesh Agrawal, MD, of Las Vegas, Nev., a neuro-interventional radiologist, announced the birth of Audrey Rose in April 2008. The family’s newest addition joins siblings Alex and Anna Grace.

**1999**
Sharon Krejci Mowat, MD, of Danville, Calif, this year celebrated her 10-year medical school reunion along with her mother, Charlotte Kutsunnai Krejci, MD ’99, of Dubois, Calif, who celebrated her 50th. Lorena L. Shih, MD, and husband Thomas J. Walsh, MD ’72, report that they are delighted to have returned to “rainy Seattle” along with their toddler twins, Gabriella and Gabrielle. Lorena joined Pediatric Associates, a private pediatrics practice, and Tom is an assistant professor in urology at the University of Washington. Shelly Yazavi-Flaim, MD, GME ’12 of New Lenox, Ill., mother of identical twin boys, wrote the American Academy of Pediatrics’ upcoming book, Raising Twins, from Pregnancy to Preschool—Advice from a Pediatrician Mom of Twins, which will be available in bookstores October 1.

Scottsdale, Arizona, provided a desert backdrop for a Northwestern Alumni Brunch held March 8. Twenty-nine alumni and guests participated in the event, which featured updates about the medical center complex from medical school Dean Jay L. Eilerman and Northwestern Memorial Hospital HealthCare President and Chief Operating Officer Dean Harrison. Dr. Jeffrey Glassroth, vice dean and chief academic officer, discussed medical education and future changes in the curriculum at the medical school. Here Dean Jameson takes the opportunity to spend time with alumni from the Class of 1958, Drs. Philip Scheerer (left) and Gene Laker.

**Southwest alums catch up on alma mater**

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**Cycling to eradicate malnutrition in Burma**

Bruce F. Scharschmidt, MD ’70, of San Francisco and his son, Brent, cycled from Central Thailand to the Burmese border in late March to raise money to improve the health of displaced people residing in Burma's border areas. Their 10-hour “Biking for Burma” ride netted more than $17,500 to support a malnutrition program launched by Brent, a volunteer with California-based Planet Care/Global Health Access Program. One dollar feeds a malnourished child for a day. The trip over mountainous terrain also involved “two flat tires and a kilogram of sunblock” during the Scharschmidt family’s journey. Spouse and mom Peggy S. Crawford, MD ’73, followed by car.

February Dr. Stern and other deaf health care professionals held a symposium for the National University Corporation: Tsukuba University of Technology, sharing their educational and technological challenges and successes.

**Alumna senior citizen**

Anita Khanna, MD, of Las Vegas, Nev., tells her classmates, “I really wish I could have made our 15-year reunion but our second baby was due the weekend before. Mich, now 8-1/2 months, joins big brother Levy, 3-1/2 years. Between private practice in pediatrics and raising two boys, we are busy.”

**Alumna坐标**

Anita K. Shama, MD, of Denver was married to Charles R. Caulson on February 14. A longtime Coloradoan, Dr. Khaanu maintains a private practice in adolescent and adult psychiatry. Elisabeth K. Shim, MD, of Los Angeles was named one of Los Angeles’ Super Doctors in 2008. A dermatologist, she has launched her own skin care company called Verdura; its sunscreen was named one of the best new sunscreens of 2008 by Allure and Lucky magazines.

**Ward Rounds Online**

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**Send items for Progress Notes to ward-rounds@northwestern.edu or to the street address on page 32.**
When she’s not working at Doernbecher Children’s Hospital in Portland, Oregon, Veronica C. Swanson, MD ’92, regularly takes part in cardiac surgical missions to countries in need of advanced health care services. In February Dr. Swanson traveled to Ghana, where she helped to open a new hospital. Last fall she spent time in Peru, continuing a collaboration of advanced health care services. In February Dr. Swanson traveled to Ghana, where she helped to open a new hospital. Last fall she spent time in Peru, continuing a collaboration of advanced health care services. In February Dr. Swanson traveled to Ghana, where she helped to open a new hospital. Last fall she spent time in Peru, continuing a collaboration of advanced health care services.

Alum puts her heart into surgical missions

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