White Coats
A STRONG SYMBOL FOR STUDENTS WHO DREAM OF BECOMING DOCTORS

WOMEN IN LEADERSHIP p. 4
MEDICAL SCIENTIST TRAINING PROGRAM p. 10
MIDDLETON SOCIETY p. 16
JANUARY 2015
Wednesday, January 14  Operation Education, Health Sciences Learning Center

MARCH 2015
Friday, March 6  Winter Event, Fluno Center, Madison

APRIL 2015
Friday, April 24  WMAA Board of Directors Spring Meeting, Health Sciences Learning Center; WMAA Awards Banquet, Union South

MAY 2015
Friday, May 15  SMPH Graduation, Union South

JUNE 2015
JUNE 4-6 • MEDICAL ALUMNI WEEKEND
Thursday, June 4- Saturday, June 6  Reunions for classes of 1950, '55, '60, '65 and '75 and a celebration for all classes that graduated in 1965 or earlier!

OCTOBER 2015
OCTOBER 16-17 • HOMECOMING WEEKEND
Friday, October 16  Reunions for Classes of 1970, '80, '85, '90, '95, 2000, '05 and '10 (details to be announced)
Saturday, October 17  UW vs. Purdue

SAVE THE DATE!

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Women in Leadership
Nine dynamic women are department chairs and three hold top administrative roles.

Middleton Society
The school honors its most dedicated donors through this annual evening of gratitude.

Medical Scientist Training Program
Graduates of this program thrive as physician-scientists.

Fall on Campus (above)
Students stroll through crunching leaves in a picturesque section of UW-Madison near the Lakeshore Dorms.

On the Cover
Following an honored tradition, M2 Mazdak Bradberry helps M1 Taylor Boland don her white coat—a strong symbol of their chosen career path.

Photo by John Wingren/Media Solutions
One of my favorite local youth programs, Camp Shalom, embraces the slogan “We inherit our past, we create our future.” This rings true as we celebrate in this issue of Quarterly many wonderful aspects of our school’s legacy and a few of the keys to a promising future.

An icon of our school—Dr. Robert Schilling—leaves a legacy worth emulating. At the Middleton Society event, Bob received our school’s highest honor, the Folkert Belzer Award (see page 22). In a truly bittersweet unfolding, we lost him a few weeks later. Bob embodied the very best traditions of the University of Wisconsin School of Medicine and Public Health (SMPH) and UW-Madison.

We also are celebrating the first 75 years of the McArdle Laboratory for Cancer Research. As a major “birthday present,” the SMPH provided McArdle with a new facility. Its faculty and staff recently moved into the Wisconsin Institutes for Medical Research (WIMR) Tower II. We are confident that the faculty, staff and students—and their successors—will take full advantage of this building’s incredible resources. We are especially pleased that all occupants of the WIMR complex now are in close proximity to our clinical programs at UW Hospital and Clinics and our educational programs in the Health Sciences Learning Center.

Shepherding McArdle into its promising future is its new director and the new chair of oncology, Dr. Paul Lambert, an internationally renowned researcher, gifted teacher and dynamic leader (see page 36).

Other talented chairs and leaders are shaping our SMPH departments and centers. We have moved forward with our commitment to make sure the SMPH leadership team, like all segments of our school community, reflects the diversity of the population that we serve. We recently welcomed new leaders of our school’s Office of Multicultural Affairs. Dr. Tracy Downs and Mr. Manuel Santiago are well poised to advance our commitment to diversity at all levels. Watch the next issue of Quarterly for details.

We also recently welcomed a new cohort of students who will help shape the future of health care in Wisconsin and the world.

In another article, we highlight our National Institutes of Health (NIH)-funded Medical Scientist Training Program (MSTP), which prepares students for combined MD/PhD degrees. This program has an impressive history of shaping the careers of talented physician-scientists and is continuing to develop the next generation of leaders who will tackle the most critical health-related challenges. An MSTP student, Julian Motzkin, is the first author of two research articles described on page 32.

Talented people and promising programs need resources to reach their full potential. We are in one of our country’s most difficult phases in the evolution of medical research funding. Only the “best of the best” are able to secure federal funding. We are extremely proud of our faculty members who have received competitive grants from the NIH and other organizations to advance our research.

For example, our UW Population Health Institute recently received a large award from the Robert Wood Johnson Foundation to build a culture of health. Dr. Elizabeth Jacobs and her team received a multi-million dollar award from the Patient-Centered Outcomes Research Institute. Stay tuned for announcements about other large grants that we anticipate will be activated soon, including the largest NIH grant in the history of our school. Together, these successful grant applications cover the entire spectrum of basic, clinical, population health and translational research—the elements that define our transformation into a school of medicine and public health.

While our faculty members continue to succeed in obtaining larger slices of the shrinking extramural research pie, the margin of excellence in our academic missions still increasingly relies on the generosity of our supporters. It is a personal pleasure to highlight, on page 24, Dr. Richard Boxer, an extremely loyal, supportive alumnus and a valuable advisor for past and present deans.

The SMPH’s legacies help guide us as we work toward securing a bright future. Whether one’s reflections focus on academic medical centers or Big Ten football, it is clear that championship teams need support from their fans—and a sense of their history and destiny—to achieve their full potential.

Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison
Greetings fellow medical alumni! I would like to introduce myself as your new Wisconsin Medical Alumni Association (WMAA) president. I am excited and honored to serve in this role.

About seven years ago, I was asked to join the WMAA board. The decision was easy. It was an opportunity to invigorate my relationship with the University of Wisconsin School of Medicine and Public Health (SMPH) and help look for ways to encourage other alumni to do the same.

The salient message of our mission statement is to cultivate relationships among alumni and students. Those of you who know me personally know what makes me smile: People, relationships and networking. I encourage each of you to get involved at any level to help support our SMPH.

There are many opportunities to consider:

• Join the prestigious Middleton Society. This represents a cumulative commitment of $10,000. You may have contributed some funds in the past. If so, those funds can be applied to a multi-year pledge to reach this goal and immediately become a member. Each September, the WMAA and school host a wonderful reception, program and dinner to honor Middleton Society members. This year’s event was held at the beautiful new Edgewater Hotel (read more on page 16).

• Participate in the recently created Stethoscope Program. A $150 donation gives a student a beautiful medical tool that is an important part of his or her first steps on the journey to becoming a physician. (See page 8.) The program’s funds also aid in the student’s first year of WMAA-sponsored programs. A $500 donation covers a stethoscope plus all four years of these expenses.

• Consider volunteering for our Wisconsin Alumni Shadow Program. Students cherish the opportunity to get a snapshot of what it’s really like to practice in the community.

• Attend Operation Education on Wednesday, January 14, 2015. Very popular with the students, this evening in the Health Sciences Learning Center allows them to move from table to table to discuss various fields of medicine with practicing physicians. Alumni and school faculty staff the tables.

• Host an alumni reception in your geographic area. The helpful staff in the WMAA office and UW Foundation can help you do this.

For more information about these programs, contact the WMAA office at WMAA@med.wisc.edu or via phone or mail. Full contact information is on the back cover of this magazine.

On a personal note, on September 1, 2014, my 91-year old wonderful mother passed away. Along with my dad, she instilled the concept of giving back. I am very grateful for the way they shared this value with my brothers and me. Years ago, my parents decided to start a Great People Scholarship—the Dr. William and Riva Merkow Great People Scholarship—to help fund medical students in need. Their philanthropic philosophies helped me realize how important and gratifying it is to support worthy causes.

Please consider joining me in giving back to your school of medicine and public health. Thank you for listening.

Steve Merkow, MD ’80
President, Wisconsin Medical Alumni Association
PATRICIA KEELY, PHD
Chair, Department of Cell and Regenerative Biology, since April 2014

TERRI YOUNG, MD, MBA
Chair, Department of Ophthalmology and Visual Sciences, since September 2014

LAUREL RICE, MD
Chair, Department of Obstetrics and Gynecology, since October 2007
Nine dynamic women are leading departments at the University of Wisconsin School of Medicine and Public Health (SMPH). That’s a nine-fold increase since Robert N. Golden, MD, became the SMPH dean.

He’s celebrating because gender diversity is moving in the right direction, and he’s optimistic because the recruitment of faculty and students from other underrepresented groups is gaining momentum.

Golden’s vision is for the school’s faculty and student body to reflect the rich diversity of our society.

He shares, “Our leaders should represent what we seek to achieve as an institution, and we seek to achieve diversity.”

—continued on next page

NOT PICTURED
Azita Hamedani, MD
Chair, Department of Emergency Medicine, since July 2014

Donata Oertel, PhD
Chair, Department of Neuroscience, since November 2014

ELLEN WALD, MD
Chair, Department of Pediatrics, since January 2006

VALERIE GILCHRIST, MD
Chair, Department of Family Medicine, since January 2008

SUSAN E. LEDERER, PHD
Chair, Department of Medical History and Bioethics, since January 2008

TRICIA KILEY, PHD
Chair, Department of Biomolecular Chemistry, since February 2013
Eleanor Maxine Bennett, MD, climbed some of the tallest peaks in the United States and Switzerland, but some say she scaled bigger mountains at work.

In 1953, when few women held medical degrees, Bennett (1915-2008) joined the faculty of the Division of Otolaryngology at the University of Wisconsin Medical School, now called the UW School of Medicine and Public Health (SMPH). Ten years later, she became the chief of that division. Back then, success for women physicians required toughness to gain acceptance from many male peers.

CHANGING LANDSCAPE

Today, the SMPH is celebrating success in attracting many talented women to its faculty and student body (see sidebar). About 38 percent of its faculty are women, and many women hold leadership positions.

Of the school’s 27 departments, nine have women serving as chairs. This was not the case when Robert N. Golden, MD, became the dean of the SMPH in 2006.

“When I first met with all of the chairs, I was astonished to observe that, while we had many talented female faculty members, only one was a chair,” says Golden.

Ellen Wald, MD, chair of the Department of Pediatrics, was that woman. She and her husband, Arnold Wald, MD, a professor in the Department of Medicine, joined the SMPH faculty just before then-Dean Philip Farrell, MD, PhD, handed the reins to Golden.

“Dean Golden announced early on that he wanted to recruit more women leaders to provide role models for other women and assure equity,” she recalls.

Golden elaborates, “When I pull together our department chairs to discuss challenging issues, having bright men and women in the room provides a rich and complete perspective.”

ALL TYPES OF DIVERSITY

Golden also made it a high priority for the school to increase other types of diversity, including racial, ethnic, economic background and sexual orientation.

“We have been able to improve gender diversity quicker than several other important types of diversity. Due to our region’s demographics, it may take more time and effort to increase the number of faculty and students from some underrepresented groups,” he says.

Patricia Keely, PhD, chair of the Department of Cell and Regenerative Biology, observes diversity increasing among basic science graduate students, which she credits, in part, to supplemental funding provided by the National Institutes of Health for trainees from underrepresented groups.

SMPH initiatives such as the Centennial Scholars Program—which provides support for junior faculty from underrepresented groups—make a difference, notes Patricia Kokotailo, MD, associate dean for faculty development and faculty affairs, whose office administers such programs.

“The Centennial Scholars Program is helping two medical history and bioethics faculty members excel in my department,” says Susan E. Lederer, PhD, chair of the Department of Medical History and Bioethics.

Golden says, “The historic discrimination against women and other underrepresented groups gradually has subsided, and the blatant, illegal barriers are gone. But other more subtle, and at times unconscious, biases persist.”

Recalling a story from early in her own career, Lederer shares, “When my husband applied for our supermarket check-cashing card, he wrote ‘Dr. Susan Lederer and Mr. Mark Lederer’ on the form, but the card listed the doctorate after his name.”

WORK AND LIFE BALANCE

Recognizing that only women face the biological realities of pregnancy, Golden says he observes many men becoming more involved in family responsibilities, which traditionally have been largely borne by women. To aid families, the school helped establish a nearby infant care center that gives priority to SMPH faculty and staff.

Valerie Gilchrist, MD, chair of the Department of Family Medicine, shares, “Compared to the 1980s, I’ve noticed men and women being equally concerned about having time to balance their professional and family lives. I’m careful about giving advice, because the way I did it may not fit others.”

Keely notes, “It frightens some women to think they may have to choose between a career and having a family. I tell them that, as a single mom, I’ve raised a child and had a successful career. I place a high priority on spending time with my son, who is now 16.”
Azita Hamedani, MD, Wisconsin Chair of Emergency Medicine—who has two young children and a physician husband, and spent the past several years helping her department evolve from its earlier status as a division—says she feels like a juggler who manages several spinning plates.

“One of my mentors advised, instead of focusing on ‘balance,’ embrace that at different times personal and professional issues will require more or less of your attention. It’s important to realize if an important ‘plate’ is wobbling, then take care of it,” explains Hamedani.

Like the other women leaders, Christine Seibert, MD, associate dean for medical education and a professor in the Department of Medicine, has always been a working mom. She explains that her ability to maintain balance was aided by her pharmacist husband’s flexibility to work less when their children were young.

Seibert notes that Madison’s size—compared to Chicago, where she used to work—allows reasonable commute times and opportunities to attend school events. All of these leaders value this type of flexibility.

Kokotailo recites a favorite quote: “Women can have it all, they just can’t have it all at once.”

**Implicit Bias**

Today’s biggest challenge in hiring and promoting women is implicit bias. Fortunately, the SMPH has ready access to a nationally recognized expert in women’s equity, Molly Carnes, MD, a professor in the Department of Medicine and director of the UW-Madison Center for Women’s Health Research. She prolifically publishes and lectures on her research about diversity.

Golden calls upon Carnes to coach search committees about implicit bias, which can taint the way people perceive candidates. Kokotailo arranges faculty workshops through the UW-Madison Women in Science and Engineering Leadership Institute, which Carnes co-founded.

“Molly has demonstrated that even men and women with the best of intentions are not immune from implicit bias,” says Golden. “We need to do everything possible to create an environment that attracts women and men from diverse backgrounds. The best candidate can’t possibly be a woman if you haven’t attracted any female applicants.”

**Shared Vision**

Laurel Rice, MD, chair of the Department of Obstetrics and Gynecology, says Golden’s approach is working.

“Before interviewing in Wisconsin, I was the vice chair of OB/GYN at the University of Virginia,” she says. “It was easy to ascertain that the UW School of Medicine and Public Health embraced important principles of women’s equity and women’s health. This is helping our department develop into one of the nation’s top OB/GYN departments.”

The chair of the Department of Ophthalmology and Visual Sciences, Terri Young, MD, MBA, shares a similar sentiment.

“Having recently joined the school, I am grateful that my vision resonates with that of Dean Golden and others. I would love to build our Ophthalmology and Vision Program into a translational research center of excellence. We have outstanding basic and clinical researchers, so I think it’s possible,” says Young.

She is grateful for teachers who recognized her strengths and helped her achieve her dreams. Excellence during Young’s senior year at a Detroit high school earned her opportunity-rich summer positions at Ford Motor Company. She received a scholarship to Bowdoin College in Maine. She earned her medical degree from Harvard Medical School and completed further training at the University of Illinois, University of Pennsylvania and Johns Hopkins University. She was a tenured professor of ophthalmology, pediatrics and medicine at Duke University before moving to Madison.

**Professional Mentors**

The leaders say many mentors helped them along the way, and that Golden and others support chairs in ways that matter.

Tricia Kiley, PhD, chair of the Department of Biomolecular Chemistry, appreciated having frequent meetings with Golden when she was a new chair. The Massachusetts native moved to UW-Madison in 1987 for her postdoctoral work before joining the SMPH faculty, and she fell in love with the university and city. However, earlier in her career, she did not love how people elsewhere expected women to be as tough as men.

“Over time, I realized that was ridiculous. It is important for men to realize the contributions women make. We should encourage everyone to share strengths and accept differences,” notes Kiley, who is married to a professor in the Department of Bacteriology, Tim Donohue, PhD.

Keely agrees, noting, “I think we need to embrace basic differences in the way men and women communicate. We are getting to the point, I believe, where it’s ok to display feminine aspects, such as a propensity for empathy. While both genders can be empathetic, it seems to be more pronounced among women.”

Elizabeth Petty, MD ’86, recalls having few women role models when she attended the SMPH. She says the increase in women leaders attracted her back to her alma mater after she completed a pediatric residency at UW Hospital and Clinics, and genetics fellowships and postdoctoral research at Yale School of Medicine. She is now the SMPH senior associate dean for academic affairs.

All leaders encourage trainees and faculty to seek out many mentors of both genders.

“The person you turn to for research help is different from who you go to for clinical...
New Students

SHARE GRATITUDE FOR STETHOSCOPES FROM DONORS

A new academic year is a time of great anticipation and excitement at the University of Wisconsin School of Medicine and Public Health (SMPH). Every August, the school welcomes about 175 new students who dream of becoming doctors and improving the health of the residents of Wisconsin and beyond.

The new students’ first patient encounters began on day 1 as they participated in “Faces of Patients,” an immersive experience in which the future physicians learned one of the most important lessons in medicine: Doctors don’t treat diseases, they treat people.

Orientation week is a time to learn about what’s to come, meet faculty members and bond with classmates.

The Wisconsin Medical Alumni Association (WMAA) hosted several events to welcome the Class of 2018. The White Coat Ceremony also included a ceremony in which the WMAA gave each student a stethoscope that was purchased for him or her by an alum. WMAA staff strategically matched stethoscope donors and recipients based on medical interests or geographic area. Matches—such as donor Ann Ruscher, MD ’91, and first-year student Mercedes Williams—helped foster connections.

“It was inspiring to receive my first stethoscope from an alumna who is a practicing physician. I felt honored and welcomed to the SMPH,” says Williams. “This gift also motivated me to succeed so, one day, I can join the field next to such amazing physicians.”
New Students Share Gratitude for Stethoscopes from Donors

Large photo (left to right): At the Badger Cookout sponsored by the Wisconsin Medical Alumni Association to welcome the Class of 2018, M1 students Jason Davies, Tony Yu, Iris Vuong and Kelleen Boehlke pose with Bucky Badger and thank donors for their new stethoscopes.

Three photos below (left to right): Ann Ruscher, MD ’91, funded a stethoscope for M1 Mercedes Williams; Gwen McIntosh, MD ’96, helps M1 Holly Ortman with her new white coat, while Christine Seibert, MD, looks on; M1 Nikita Shulzhenko writes a thank-you note to someone who helped him get to where he is in life.
Collaboration among scientists and physicians to ensure that clinical experiences inform laboratory research, and vice versa, sets the stage for breakthroughs that can alter the way we treat patients and approach health care. These powerful interactions forge new ways to contextualize diseases, technologies and population health.

Sometimes the scientist and physician working to address medical challenges are one and the same. Such is the case for students who graduate from the Medical Scientist Training Program (MSTP) at the University of Wisconsin School of Medicine and Public Health (SMPH).

The program acts like two interlaced four-year programs. Students first complete two years of medical education. In their third year, students break away from their MD class and enter one of myriad PhD programs where they pursue rigorous biomedical and health sciences research. Upon defending their doctoral theses, they rejoin the MD track for their third and fourth years of medical training. Each graduate earns a combined MD/PhD degree.

The MSTP became a program in 1988. Today, it includes 72 students and adds 10 students each year.

The program’s physician-scientist graduates are highly sought-after for their unique abilities to work at the interface of clinical care and basic science research. This program began informally in the 1980s, when a few students combined research training with their medical education. It evolved into an organized program in 1988, and a decade later, its roster included 26 students.

The MSTP’s director in 1998, Brad Schwartz, MD, secured a T32 National Institutes of Health (NIH) training grant, which bestowed upon the eight-year program the highly sought MSTP designation and much-needed funding. Following Schwartz, Deane Mosher, MD, became the program director in 1999. A professor in the SMPH Department of Medicine, Mosher retired from the directorship 13 years later. He and Schwartz laid the foundation to support the program, which now adds nine or 10 students each year and continues to flourish under the T32 grant.

Anna Huttenlocher, MD, became the MSTP director in summer 2012, after serving as an associate director for 13 years. As a professor in the SMPH Department of Pediatrics and the UW-Madison Department of Medical Microbiology and Immunology, she balances caring for patients in her pediatric rheumatology practice; teaching medical and graduate students, residents and postgraduate trainees; overseeing an active research laboratory; and leading the program.

She does not hold the MSTP’s reins alone. A leadership team representing a broad array of physician-scientists helps support the program. Associate directors...
Scott Reeder, MD, PhD, professor and medical director of Magnetic Resonance Imaging; Mark Burkard, MD, PhD, assistant professor, Division of Hematology/Oncology, Department of Medicine, and member, UW Carbone Cancer Center; and Caitlin Pepperell, MD, assistant professor, Departments of Medicine and Medical Microbiology and Immunology. Paul Cook is the longtime program administrator, and Chelsea Hanewall is the program coordinator. These talented professionals are advancing a program populated by 72 students who are spread across four years of medical school and four years of graduate school.

“Our goal is to train the best possible physician-scientists who combine research with clinical training to advance their chosen fields,” Huttenlocher says. “To do that, individuals cultivate careers along a broad spectrum. Some are primarily research-based but have a clinical perspective that will modify their research; others focus more on clinical care with a research perspective that alters how they practice medicine. And some balance the two fields equally.”

UW-Madison’s sustained research prowess is a plus for prospective students who compare MD/PhD programs across the nation. The university ranked third among U.S. public institutions in total research expenditures for the 2012-13 academic year. The SMPH accounted for 33% of that figure.

The strength of doctoral research paired with medical education at the top-10 school offers immense breadth and depth for students. They explore a wide range of research topics, such as creating diagnostic aids, building analytical tools, pursuing public health and epidemiology, and investigating basic mechanistic biology, chemistry, genetics and more.

MSTP students are as unique and encompassing as their research. They are Ironman participants, marathoners, musicians and foodies—renaissance men and women with an uncommon drive that has likely pushed them forward throughout life. That driving force helps them take full advantage of the program, which averages eight and a half years of training.

“Our students are interested in the brain, in medical physics and in all sorts of research fields. I find this amazing spectrum of people inspiring,” says Huttenlocher. “These are students who will end up translating their clinical knowledge into improved treatments that directly benefit patients. They do highly creative projects and influence the entire school environment. Then they go out and do amazing things throughout their residencies and careers.”

One such graduate is Loren Denlinger, MD ‘98, PhD ’98, who entered the MSTP in 1990, when it was a line item in the Dean’s budget rather than an NIH-funded entity. He earned an MD and a PhD in medical microbiology and immunology at the SMPH, followed by an internal medicine residency in the American Board of Internal Medicine Research Pathway at UW Hospital and Clinics. He also completed a fellowship in pulmonary and critical care and conducted pulmonary research at the hospital.

Since he was a graduate student, Denlinger has followed the same research thread—exploring the interplay of inflammation and a cellular receptor, P2X7. He joined the SMPH faculty as a clinical instructor in 2004; he is now an SMPH associate professor and specializes in pulmonary and critical care medicine at UW Hospital and Clinics.

“I was really interested in the genetics of the P2X7 receptor, which influences the speed and strength of cytokine responses important for immunity during infection. As a
When you look at the leading biomedical researchers across the country, many of them have combined MD and PhD degrees. Without the extended financial support, an MD/PhD student may be inclined to abandon his or her research training to pursue a lucrative role, perhaps in private practice, to pay off the debt sooner. But the support for the combined degree track is music to the ears of students like Shawn Jackson, now in his final year of the MSTP.

Jackson is eyeing a five-year combined residency in pediatrics and anesthesiology, which—with additional fellowship training—will lead him toward his goal of becoming a physician-scientist in pediatric intensive care. “The fact that I’m not going to have $200,000 of debt that would continue to increase during my residency is really amazing. A lot of my friends are starting residencies, and even though they’re paying as much as they can on their loans, their total debt is still going up,” says Jackson, a Tucson, Arizona, native. “The financial support has allowed me the flexibility to do what I love.”

Another major factor that helps students is financial support offered through the MSTP. For those who do not have a scholarship, financial pressure in medical school is huge, says Denlinger, adding that the MSTP’s funding sources helped him stay productive and escape heavy debt.

With such costly training lasting nearly a decade, program support—including the NIH grant and Rath Fellowship through the UW Foundation—is vital for MSTP students. “The NIH training grant supports much of the MSTP program, as does the Rath Fellowship, which was donated by a person in Wisconsin and is matched by funds from the UW Graduate School. The generosity is just amazing,” says Huttenlocher, noting that the fellowship supports seven student stipends every year. “These types of private and public financial support make a huge difference in how we understand human disease and come up with treatments.”

She adds, “The philosophy behind the NIH grant is to allow students to do the dual training without incurring a large debt.

When you look at the leading biomedical researchers across the country, many of them have combined MD and PhD degrees. Without the extended financial support, an MD/PhD student may be inclined to abandon his or her research training to pursue a lucrative role, perhaps in private practice, to pay off the debt sooner. But the support for the combined degree track is music to the ears of students like Shawn Jackson, now in his final year of the MSTP.

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A similar passion is evident in sixth-year MSTP student Lisa Sudmeier, who is finishing her PhD and hopes to defend it in summer 2015.

Working with Barry Ganetzky, PhD, a professor in the Department of Genetics, Sudmeier is studying the neurotoxic side effects of radiation therapy. Although radiation is a mainstay treatment for patients with brain tumors, they often suffer long-term neurological side effects.

Sudmeier is studying neuronal development and degeneration at a molecular level. In the first part of an extended research project, Sudmeier is helping establish fruit flies as a model for radiation-induced tissue damage. Once established, she hopes that screening for genetic modifiers can begin to shed light on where and why changes take place.

“For me, this whole question was set up while I was on a neuro-oncology rotation with Dr. Steve Howard in the Department of Human Oncology,” says Sudmeier, from Janesville, Wisconsin. “He and I read a paper each week and discussed it as part of the rotation. One of the issues that came up sparked my research project.”

The neuro-oncology rotation is part of the MSTP’s Medicine 903 course, which is a longitudinal clinical experience during graduate school.

While reviewing literature, Howard, an associate professor who holds an MD and PhD and specializes in radiation oncology, confided in her that he loses sleep at night trying to weigh the risks and benefits of radiation for children.

He notes that childhood cancer patients have a survival rate greater than 70 percent, so quality of life is an important factor in designing their treatments. Long-term side effects of radiation treatments for brain tumors include the threat of eye and teeth problems, adrenal insufficiencies, infertility, cognitive issues and secondary cancers. The risks are as real as the cancer being treated.

“At the time I was doing that rotation, Barry Ganetzky and David Wassarman were beginning their work with fruit flies and traumatic brain injury,” notes Sudmeier. “I thought, if they can study traumatic brain injury in flies, I’ll be able to study this, too. I was inspired by what they were doing, which is different from anything else being done in the lab.”

Can a fruit fly tell us something about how the brain responds to radiation treatment and impact the way we treat childhood cancer? Could understanding the genetically encoded functional differences of an immune system receptor help alleviate symptoms for asthma sufferers?

Answers to these questions and many, many others are being explored by students and faculty in the SMPH’s Medical Scientist Training Program.
New WMAA Board Members

On July 1, 2014, eight University of Wisconsin School of Medicine and Public Health (SMPH) alumni joined the Wisconsin Medical Alumni Association (WMAA) board of directors for their initial three-year terms. A year ago, three alumni joined as new national board members.

We are featuring six of the new members here. Watch for more WMAA board member profiles in the winter issue of Quarterly.

Karen Peterson, WMAA executive director, thanks all of the board members for their dedicated service to supporting the SMPH’s missions. The new members are:

**District 1**
Mathew Aschbrenner, MD ’06, Wausau
Mark Fenlon, MD ’84, MBA, Plover
Michael Witcik, MD ’07, La Crosse

**District 2**
Karen Adler-Fischer, MD ’80, Appleton

**District 3**
Kent Haselow, MD ’92, Brookfield
Alex Tucker, MD ’75, Mequon

**District 4**
John Siebert, MD ’81, Baraboo
Meghan Lubner, MD ’03, Madison

**National Members**
Kathryn Nixdorf, MD ’06, Minnesota
Leon Rosenberg, MD ’57, New Jersey
Steven Wiesner, MD ’85, California

**KAREN ADLER-FISCHER, MD ’80**

**Your current practice?**
I work at the Veterans Administration Clinic in Appleton, Wisconsin. I have an interest in women’s health care.

**Your fondest memory of the SMPH?**
I remember watching the 1980 Winter Olympic hockey championship with classmates in the Marshfield dorm lounge.

**SMPH faculty member you most remember?**
I remember my absolute terror about being quizzed by Dr. Helen Dickey during rounds.

**Your hobbies and interests?**
I enjoy reading, cooking and traveling.

**Family update?**
I have three children.

**Your goals for the WMAA?**
As the mother of a fourth-year medical student, I hope to be able to help reduce the financial burden for all medical students.

**MATHEW ASCHBRENNER, MD ’06**

**Your current practice?**
I am an ophthalmologist in Wausau, Wisconsin, and I am interested in sub-retinal surgery for age-related macular degeneration.

**Your fondest memory of the SMPH?**
Match Day is my favorite memory of medical school.

**SMPH faculty member you most remember?**
Dr. John Harting is loved and remembered for many reasons by his students.

**Your hobbies and interests?**
I enjoy camping, water skiing, collecting old cars and restoring mid-century modern homes.

**Family update?**
I have an 11-month-old daughter, Madeleine.

**Your goals for the WMAA?**
My goal is to help increase the financial participation and involvement of recent graduating classes.

**MARK FENLON, MD ’84, MBA**

**Your current practice?**
For the past six years, I have been the regional vice president of Ministry Medical Group (MMG) in central Wisconsin. I also see patients part time in our Family Medicine Clinic in Plover (MMG Plover)—the group I joined 27 years ago. I recently earned my physician executive master of business administration degree from the University of Tennessee in Knoxville.

**Your fondest memory of the SMPH?**
My fondest memory is taking gross anatomy, which was a differentiator. Because I could see how the human body works, it struck home that I was on the road to becoming a doctor. I’ll always remember my tankmates.

**SMPH faculty members you most remember?**
Dr. James Pettersen had a great passion for teaching, and his class sessions were very engaging. I also reflect on spending several months in Mauston, Wisconsin, with Dr. Jack Strong, who helped me learn what family medicine was like. That experience solidified my desire to go into family medicine.

**Your hobbies and interests?**
I am a Harley Davidson motorcycle enthusiast and love to travel the back roads of Wisconsin. I am interested in alternative energy and live in a super energy-efficient home that is close to being “off the grid.” Additionally, I have a passion for telemark skiing and enjoy spending time with my family in northern Wisconsin. We also are into wine and good food, and watch for out-of-the-way restaurants when we travel.

**Family update?**
My wife, Julia, and I have two children, Erin and Luke. Erin teaches middle school science at the American Indian Magnet School in St. Paul, Minnesota. She earned her first master’s degree in geology from UW-Madison. She is completing a master of education degree at the University of Minnesota. Luke is working on his MD/PhD at the University of Illinois-Champaign/Urbana. He completed his undergraduate degree in microbiology at UW-Madison.

**Other news?**
Everyone in our family has at least one degree from UW-Madison.
Your goals for the WMAA?
I encourage alumni to become involved in maintaining the strong relationship between the WMAA and SMPH through social, financial and professional avenues.

KENT HASELOW, MD ’92

Your current practice?
I practice anesthesiology in Waukesha, Wisconsin. I am interested in community anesthesia practice.

Your fondest memory of the SMPH?
I recall developing great friendships with my classmates.

SMPH faculty member you most remember?
I remember Dr. Doug Cousin being an excellent clinician, educator and role model. I’m grateful that he was one of my instructors.

Your hobbies and interests?
I enjoy hiking, fly fishing and cycling.

Family update?
My wife, Pam, and I are very proud of our three children, Noah, Olivia and Ian.

Your goals for the WMAA?
I hope I can help the WMAA continue its mission of supporting medical students and continue to connect alumni with the SMPH in a positive manner.

MEGHAN LUBNER, MD ’03

Your current practice?
I practice academic radiology at UW Hospital and Clinics. I am interested in oncologic imaging, tumor ablation, computed tomography (CT) colonography and advanced CT techniques, including dual energy and dose reduction.

Your fondest memory of the SMPH?
My fondest memory is drawing blood from Sam Lubner—my future husband—in hematology lab.

SMPH faculty members you most remember?
Drs. Don Yandow and Fred Lee really piqued my interest in radiology when I was a third- and fourth-year student. Dr. Mike Snow was a spiritual guide and mentor for our class on our journey through medical school.

Your hobbies and interests?
My hobbies include running, reading and following the Green Bay Packers and UW Badgers.

Family update?
My husband, Sam Lubner, MD ’03, and I have two sons, Ben and John, ages 3 and 2, respectively. Sam is a gastrointestinal oncologist in the UW group.

Your goals for the WMAA?
My goal for the board is to help establish more robust and lasting connections between SMPH students and alumni.

MICHAEL WITCIK, MD ’07

Your current practice?
I practice in a multispecialty group in the Department of Cardiology of the Gundersen Health System in La Crosse, Wisconsin. I am interested in echocardiography.

Your fondest memory of the SMPH?
Some of my fondest memories are participating in the Dean’s Cup events.

SMPH faculty member you most remember?
Dr. Karen Krabbenhoft was an excellent teacher and mentor. She demonstrated excitement in her teaching methods.

Your hobbies and interests?
I love to spend time outdoors with my family, playing sports and camping.

Family update?
I have a daughter and three sons.

Your goals for the WMAA?
My goal is to help increase connections among alumni and try to decrease the financial burden of education for students.
Thirty-two years ago, the Board of Directors of the Wisconsin Medical Alumni Association (WMAA) established the Middleton Society, a philanthropic society to honor University of Wisconsin School of Medicine and Public Health (SMPH) alumni, faculty and friends who support hope and encourage the scientists, clinicians, teachers and students who translate hope into action.

Through the efforts of many strong partnerships, the Middleton Society has flourished; it now includes 1,200 members.

Welcoming attendees to the annual Middleton Society event, SMPH Dean Robert Golden, MD, shared, “The impact you have made through the generous sharing of your time, ideas and gifts has advanced our service to students, patients and the people of Wisconsin as we continue to live the Wisconsin Idea. In its current iteration, the boundaries of our school extend across the planet, as demonstrated by our global health students here with us tonight. We have accomplished much, thanks to your partnership and support, but there is still a long list of challenges for us to tackle.”

Among those challenges is a goal to reduce student indebtedness. WMAA Executive Director Karen Peterson shares that the WMAA and UW Foundation have established 18 new Great People Scholarships, totaling more than $1 million. In 2014, the WMAA was able to grant 35 Great People Scholarships to students.

Representing the research and patient care missions of the school, Lee Wilke, MD, FACS, shared the evening’s presentation:
“Teams, Tailors and Teens: The Next Generation of Breast Cancer Research and Care.” Wilke is the WARF Professor for the Advancement of Surgery in the SMPH Department of Surgery and the director of the UW Health Breast Center.

WMAA co-founder Robert Schilling, MD ’43, also attended the event at the Edgewater Hotel. Golden honored Schilling with the school’s Folkert Belzer Award, a lifetime achievement recognition for contributions to the SMPH throughout his career. The award recognizes an individual whose contributions extend over a prolonged period.

Much to everyone’s surprise, Schilling passed away a few weeks later (see a tribute on page 22).

“Emeritus Washburn Professor of Medicine Robert Schilling is considered an icon by colleagues and former students for his outstanding teaching and research accomplishments,” Golden told the audience.

He added, “A unique aspect of his life involves a dimension that transcends the traditional boundaries of medicine. Throughout his career, he has involved students and others in considering the ethical, philosophical and public policy aspects of medical issues, preparing the way for thoughtful participation in the real world. And by example, he has shown that the education of a physician is a lifelong process.”
My interest in general surgery came after working my way through college as an emergency medical technician in a rural hospital emergency department. I worked with a rural surgeon, who handled a broad range of patient care, including everything from farm accidents to cesarean sections.

I wanted to be able to serve patients in areas that didn’t have the luxury of multiple subspecialists, but nevertheless needed surgical care. I was fortunate to be able to do a residency in Pennsylvania that did not have obstetrics and gynecology residents. I gained valuable experience in gynecologic surgery, which has helped tremendously in the rural setting.

Serving in the U.S. Army overseas and being deployed to the Bosnian conflict enhanced my experience. After returning to the United States, I practiced general surgery in a rural setting for 15 years. I now work as a general surgeon at Meriter Hospital in Madison.

Through my involvement in Doctors Without Borders, I have recently made trips to Sri Lanka and South Sudan, where I helped build the medical infrastructure in rural areas. These experiences have helped me handle trauma cases and obstetrical emergencies.

One memorable case was a young man who presented to us in South Sudan after being stabbed with a spear. It penetrated through his upper abdomen, through his liver and into his spine. I was able to remove the spear, a frightful object itself, and hold pressure on his liver to stop the bleeding. He was able to walk out of our facility in just four days.

My current practice includes a full range of general surgical issues, including minimally invasive surgery, gastrointestinal surgery and breast surgery. General surgery offers a constantly changing variety of surgical and medical cases.

I encourage medical students to consider getting the broadest base of experience that they can during training. These experiences often seem trivial at the time, but they become invaluable.

DANIEL MANSFIELD, MD ’88
As an endocrine surgeon at the Cleveland Clinic in Ohio, I see men and women of all ages who have thyroid, parathyroid and adrenal gland problems. Their conditions range from primary hyperparathyroidism and benign thyroid nodules, to thyroid cancer and pheochromocytoma. Working at a tertiary care facility with an excellent genetics department, I also see many patients who have inherited conditions.

Primary hyperparathyroidism cases are memorable because of the rapid, dramatic improvement many patients experience after surgery. This can be an insidious disease that smolders for years before diagnosis and referral. Symptoms, including fatigue, bone pain and neurocognitive changes, are often not recognized; many patients just assume they are “getting old.” Having a postsurgical patient exclaim that he or she is able to stand without pain, or has had a “cloud lifted,” is very rewarding.

Into my third year of medical school, I had no clue what field I wanted to pursue. I liked all of my rotations but couldn't envision any as a career. Shortly before my surgery rotation, I spent a week with the Haiti Medical Mission of Wisconsin. In Haiti, I fulfilled the role of first assistant in the operating room, where I learned a huge amount. A month later on my surgery rotation, the skills I had already learned translated into real opportunity. I loved working with my hands and seeing tangible outcomes. The surgeons I interacted with had the same drive for perfection that I saw in myself, and I knew that was where I belonged. I completed a general surgery residency at the University of Virginia in Charlottesville and an endocrine surgery fellowship at the Cleveland Clinic.

Endocrine surgery includes a perfect blend of technical cases, beautiful anatomy, a diverse patient population and a healthy dose of complexity to keep me on my toes.

Rosemarie Metzger, MD ’04

I have practiced pediatric plastic surgery at Children’s National Medical Center (CNMC) in Washington, D.C., for the past two years. I recently decided to move back to my hometown of Green Bay, Wisconsin, and am serving as northeastern Wisconsin’s only fellowship-trained pediatric plastic surgeon with Prevea Health. I perform reconstructive operations for children with congenital anomalies. I love the diversity of the procedures, from cleft lip and palate to burn reconstruction.

During my plastic surgery training in Boston, I felt fortunate to be part of the surgical team that performed the country’s first full face transplant. Being able to give a 3-year-old girl the chance to see her father’s face again is why plastic surgery is so rewarding.

When I entered medical school, I wanted to be a pediatrician, and I fell in love with surgery during my final third-year surgery rotation. I was struggling with the thought of juggling a surgical career with having a family, and I looked to the female surgeons who mentored me. I realized that you have to do what you love, so I decided to become a pediatric surgeon.

I did my general surgery residency at UW Hospital and Clinics and completed a plastic surgery fellowship at Lahey Clinic in the Boston area and a craniofacial and pediatric plastic surgery fellowship at CNMC.

Among the reasons I chose my specialty is to be able to provide reconstructive procedures for patients in underserved areas. I have traveled to West Africa, Jordan and Haiti, where I performed reconstructive surgery on children and adults. Over the past three years, I have worked with the CRUDEM Foundation as part of a pediatric plastic surgery team that travels to Milot, Haiti, each year.

I tell medical students that no matter what you decide to do in medicine, it is invaluable to have plastic surgery skills. Overall, I feel lucky to have found a specialty that I love while being able to make a difference in the lives of my patients.

Tina Sauerhammer, MD ’03
We want to hear from you!  
med.wisc.edu/shareyournews

CLASS OF 2011

Johnny Tackett (co-class president) and Adam Wallenfang were married in Middletown, Connecticut, in June 2014. Both earned bachelor’s degrees from UW-Madison: Tackett in 2007 and Wallenfang in 2010; in addition, Wallenfang received a teaching certificate in 2012. The couple met at the university in 2008 and worked with a team of students and hospital staff to found the Wisconsin Dance Marathon, a fundraising event that benefits American Family Children’s Hospital. Tackett is a general surgery resident at Yale University, and Wallenfang teaches high school English in Darien, Connecticut.

CLASS OF 2009

Luxme Hariharan was selected in June 2014 as a finalist in the White House Fellows Program among 30 candidates from across the country. Although she was not chosen for the fellowship, Hariharan was encouraged to reapply in 2015 and feels honored to have been a finalist.

CLASS OF 1996

James Gitter received the first Dr. John Najarian Friend of the Foundation Award in April 2014. Presented by the National Kidney Foundation (NKF), the award was created in honor of Najarian, a transplant pioneer and longtime NKF friend. Najarian developed one of the world’s largest transplant programs, which has performed more than 7,000 kidney transplants and thousands of other transplants, including pancreas, heart, liver, lung and combined organ transplants. The foundation presents the award each year to a medical professional who strives to move the mission of the NKF forward through a commitment to programs, events and patients. Gitter introduced the idea of “Donor Day” in conjunction with the Minnesota Twins in 2011. Since then, event volunteers—including those from Gitter’s practice, Kidney Specialists of Minnesota in Richfield—create and distribute baseball cards featuring popular Twins players on the front and kidney disease and transplantation statistics on the back. Through this event, the NKF has the opportunity to educate thousands of people on the importance of early detection, prevention and organ donation. The 4th annual Donor Day in 2014 raised more than $15,000 for the NKF.

CLASS OF 1991

Russell Kirby earned University of South Florida’s (USF) highest faculty recognition when he was named a Distinguished University Professor. He was one of three faculty members given this designation in 2014. Internationally renowned for his scholarly accomplishments, Kirby is a professor and the Marrell Endowed Chair in the College of Public Health Department of Community and Family Health. He is an expert on developmental disabilities, epidemiology and prevention, as well as risk factors for poor pregnancy outcomes. He recently contributed to two key studies related to the prevalence of autism spectrum disorder in the U.S. Kirby also was selected by students as the USF College of Public Health 2013 Outstanding Professor of the Year, and he received the 2007 national Maternal and Child Health (MCH) Epidemiology Award for Excellence in Teaching and Mentorship from the Coalition for Excellence in MCH Epidemiology. In 2010, he was elected to a two-year term as president of the Association of Teachers of Maternal and Child Health. Kirby earned a doctorate in human geography and a master of science in epidemiology from the SMFH.

CLASS OF 1990

Jayshree Chander started Beyond Holistic, a nonprofit organization focused on primary prevention of injuries and illnesses. As an interdisciplinary, integrative, intercultural practice, the physician-led organization aims to reduce people’s dependence on medical care by engaging them as agents of personal and communal health. It draws on arts, action, humor, information and inspiration. Beyond Holistic’s premise is that all human activity is health related. It addresses the root causes of modern epidemics, such as obesity, diabetes and cardiovascular disease; environmental illnesses; interpersonal, communal and transnational violence; depression, anxiety and stress-related illnesses; and workplace health. In July 2014, one of Chander’s blog
articles appeared on the cover of *India Currents* magazine. In fall 2014, Beyond Holistic presented a series of events co-sponsored by the University of California, Berkeley, School of Public Health and Institute for South Asian Studies. Another event has a goal of making peace more probable with local peace advocates.

**CLASS OF 1980**

John Drawbert, an orthopedic and sports medicine specialist in Eau Claire, Wisconsin, and Patrick McBride, SMPH associate dean for students and professor in cardiology, recently climbed Mt. Gannett, the tallest peak in Wyoming (altitude 13,900 feet). It was a difficult technical climb, but fulfilled a “bucket list” challenge for both. The climb involved miles of boulder fields and three glaciers to summit. The friends report that the climb was a great way for classmates to connect and share a life experience!

Wisconsin native Dan Wendelborn moved to the Fox Valley in 1987, when he began his private practice. Besides being an avid fly fisherman and hiker, he enjoys sports photography and astronomy. He also has contributed to publications about prostaglandins. After medical school, Wendelborn completed his internal medicine residency at Georgetown University in Washington, D.C., and an allergy and immunology fellowship and research fellowship in clinical pharmacology at Vanderbilt University. He is certified in internal medicine and allergy and clinical immunology and is a member of the American Academy of Allergy, Asthma and Immunology; Wisconsin Medical Society; and Wisconsin Allergy Society.

**CLASS OF 1957**

E. Richard Stiehm received the Mentorship Award of the American Academy of Allergy, Asthma, and Immunology for a lifetime of service as an allergy and immunology mentor for students, residents, postdoctoral fellows and faculty. Stiehm is a distinguished professor emeritus of pediatrics at the David Geffen School of Medicine at the University of California, Los Angeles. He also is the co-editor of the newly published textbook, *Stiehm’s Immunodeficiency Diseases*, and the immunology section editor for Up-to-Date, the online source for medical information. He received the 1988 UW Medical Alumni Citation Award.

**IN MEMORIAM**

Robert Schilling ’43  
September 30, 2014  
Madison, Wisconsin  
(see article on page 22)

John Rennebohm ’52  
September 19, 2014  
Spokane, Washington

Mary K. Kublak ’54  
September 5, 2014  
Delray Beach, Florida, and Omro, Wisconsin

Bernard Kampschroer ’67  
August 30, 2014  
Waunakee, Wisconsin
A beloved alumnus, co-founder of the Wisconsin Medical Alumni Association (WMAA) and the Emeritus Washburn Professor of Medicine at the University of Wisconsin School of Medicine and Public Health (SMPH), Robert Schilling, MD ’43, passed away at home on September 30, 2014. Schilling is considered an icon by his colleagues and former students for his outstanding teaching and research accomplishments.

Hailing from Adelle in Sheboygan County, Wisconsin, Schilling lived nearly his entire life in Wisconsin, though he traveled the world as a researcher and private citizen.

As a UW-Madison undergraduate, he was a Big Ten batting champ. A minor league team offered him a position. “Thankfully, he pursued his medical education and graduated from our medical school,” says Dean Robert Golden, MD.

Schilling continued his clinical training at Philadelphia General Hospital, the Harvard Medical Unit at Boston City Hospital, and UW Hospital and Clinics in Madison. He served in World War II in the Pacific Theatre as an assistant battalion surgeon in the 3rd Marine Division. His service took him to Guam and the Battle of Iwo Jima, among other places.

While at Harvard, Schilling began his work on vitamin B12 and pernicious anemia, a treatable but often undetected condition. He joined the SMPH in 1951.

On a historic day in 1953, he drank a solution containing one microgram of radioactive vitamin B12, which led to the development of the gold standard test for defective vitamin B12 absorption, named in his honor as the Schilling Test.

Schilling’s investigations resulted in an enormously important body of scientific work and many national and international recognitions. He received a competitive National Institutes of Health (NIH) lifelong research career award. He served as chair of the hematology section of the American Board of Internal Medicine and president of the Central Society for Clinical Research.

At the SMPH, Schilling served as the chair of the Department of Medicine from 1964 to 1971. He voluntarily relinquished his NIH lifetime research career award so he could fully dedicate himself to the duties of that major SMPH leadership position.

Even as he gained worldwide recognition, Schilling remained fiercely devoted to his students and patients. He taught the SMPH’s second-year hematology course for decades until fall of 2006. He stopped seeing patients at age 70, but continued teaching, which he called “a permanent joy, because every year there is a new crop of young people.”

Following a profile of him in the spring 2007 Quarterly, numerous grateful former students shared memories, including James Sinclair, MD ’81, who wrote, “My career was shaped by this gentle giant who clearly knows how to live.”

The 2007 article included this quote from Schilling: “The idea that you could come from a small village and a high school class of 30 students and come to the university and make a good life for yourself is something special.”

In recognition of Schilling’s longstanding contributions to the SMPH and the nation, Golden presented him with the Folkert Belzer Award at the Middleton Society event on September 12, 2014. The school presents the award to its most distinguished current or former faculty members. Schilling died a few weeks later.

Until his death, Schilling was an active member of the WMAA, which he co-founded in 1956, and he attended many special events each year. He served as a representative for his medical school class for decades. He also served a four-year term as mentor for the Class of 1990, and he conducted research until the end.

Having lost to cancer his first wife, Mariam Hansen Schilling, with whom he raised five children, Schilling remarried more than 40 years ago to Marilyn Johnsrud Schilling. He rode his bike to work into his 80s, and swam his entire life.

The SMPH community will deeply miss Schilling, and will remember him for his trusted advice, expansive and varied interests, and succinct expressions. Tributes appear on the SMPH web site. To view them online, or to learn about memorials established in Schilling’s honor, go to www.med.wisc.edu/44324.
stem cells possess the ability to replicate and turn into specialized cells, making them a valuable resource for medical researchers and the central focus of the emerging field of regenerative medicine.

At the September 18, 2014, Mini Med School, “Regenerative Medicine—From Stem Cells to New Organs,” Tim Kamp, MD, PhD, professor of medicine, served as moderator for a panel of experts who shared the story of a stem cell—from creation, to its maturation into a somatic cell, and to its function within a new organ. Presentations demonstrated how stem cell research leads to regenerative medicine therapies.

Sean Palecek, PhD, professor of chemical and biological engineering, described how researchers make stem cells follow directions. William Murphy, PhD, professor of biomedical engineering, explained the move from stem cells to human tissues. James Thomson, VMD, PhD, professor of cell and regenerative biology, discussed the creation of patient-specific stem cells. Sam Gubbels, MD, assistant professor of surgery, outlined the use of regenerative medicine to treat hearing loss. And Amish Raval, MD, associate professor of cardiovascular medicine, explained the use of stem cells in treating heart disease.

Mini Med School is a free, community-based program of the University of Wisconsin School of Medicine and Public Health.

Richard Page, MD, chair of the Department of Medicine, and K. Craig Kent, MD, chair of the Department of Surgery, founded the program in 2010 and preside as “mini deans” at three annual events. During each Mini Med School, researchers offer educational presentations that challenge “students” with real science and explain how research can result in better treatments for patients.
Health Policy Expert Moves Forward by Giving Back

RICHARD J. BOXER, MD ’73

Barbara Boxer and Richard Boxer, MD ’73
I f Benjamin Franklin had known Richard Boxer, MD ’73, he might have had him in mind when writing the famous line—“What one relishes, nourishes.” Those words sum up Boxer’s passion for all things medicine.

Born and raised in Whitefish Bay, Wisconsin, outside Milwaukee, Boxer now lives in Los Angeles with his wife, Barbara, a fellow Badger who earned her bachelor and master of public policy degrees from University of Wisconsin-Madison.

Boxer’s high school years hinted at his future. For instance, beneath his yearbook picture are two profound words: “I Care.”

When Boxer completed his undergraduate degree in history at UW-Madison in 1969, he was thrilled to be accepted to the UW School of Medicine and Public Health (SMPH). His medical career was anything but a roll of the dice.

“It was in my DNA,” he shares. The number of doctors in Boxer’s family bears that out—he became the 30th physician among his relatives. A dozen others have since become physicians, including the Boxers’ daughter, Leslie, a professor of urology and she as an attorney. They say they were able to establish at UW-Madison.

His medical career was anything but smooth. "I could still consult, so I focused on that for my next chapter," he says, noting that a career move to become the chief medical officer at Teladoc, Inc., fit his “sweet spot of helping people connect with necessary health care services.”

A Dallas-based start-up company, Teladoc links board-certified doctors with patients who have non-life-threatening illnesses. Boxer helped grow the company from 50,000 members in 2006 to 5 million in 2013. It is the nation’s largest telemedicine company. Boxer represented the United States at the World Health Organization and was appointed to the Board of the National Cancer Institute, as well as the National Institute of Diabetes, Digestive and Kidney Diseases. He also was a senior advisor on health policy in five presidential campaigns.

He was a finalist twice for U.S. Surgeon General—one each during the presidencies of Bill Clinton and George W. Bush, probably the only American in modern times to be so honored on both sides of the aisle, he notes. “Always a bridesmaid, never a bride,” Boxer jokes. "He also has a strong goal to help people who don’t have adequate health care resources, calling this his “siren song.” He left Teladoc in 2013 to become the chief medical officer at Pager, which focuses on seamless urgent care on wheels.

In another role today, Boxer consults with patients throughout the country who look to him as a problem solver. “These people are stymied about what to do next and where to go when facing difficult health care choices,” explains Boxer, who offers the service for free. “I feel that to move forward, you have to give back, and I deeply appreciate what others have done for me.”

“I try to find the best doctors for patients who are battling all types of diseases,” says Boxer, whose attentiveness, creativity and access to a large network of people help make this possible.

His interest in learning and caring about others comes through when he considers who he’d like to have dinner with, choosing from anyone alive or deceased.

“I’d like to sit down and talk to Maimonides, the influential 12th century physician,” he notes. “At the same table, I’d like to invite Albert Einstein and the first responders who went into the burning Twin Towers on 9/11 to save lives.”

Boxer has fond memories of times in Madison as a student and as a returning Badgers fan. A tennis aficionado, he laughs about the times he snuck into Nielsen Tennis Stadium—before it had officially opened—to play tennis with Richard Hong, MD, and the late Fritz Bach, MD, both pioneers in bone marrow transplant. Hong had taught Boxer’s first clinical rotation in medical school.

More than two decades later, when Boxer was battling a serious illness, he learned that he needed a bone marrow transplant.

“Without the earlier work of Drs. Hong and Bach, I wouldn’t have survived.”

Boxer recently flew to Vermont to spend time visiting Hong. “It was a spectacular pleasure to connect with him because he means so much to me,” Boxer says. “We reminisced about UW-Madison and how so many things in life come full circle.”
Through generous private donations in 1940, the University of Wisconsin-Madison created one of the world’s first basic cancer research facilities—now known as the McArdle Laboratory for Cancer Research. Its first director, Harold Rusch, MD ’33, and associate director Van Potter, PhD ’38, charted its future course by recruiting talented scientists who earned an international reputation for excellence, which continues today.

Construction of the first McArdle building resulted from a bequest by Michael McArdle, a prominent Chicago industrialist and attorney from Wisconsin. In 1964, with National Cancer Institute (NCI) funding, UW-Madison built the McArdle building on University Avenue.

Its early research focused on studies of chemical carcinogenesis. Scientists established the basis of the chemical induction of various cancers, discovered how carcinogens initiate genetic changes in cells that result in tumors, and showed how cancer cells’ biochemistry differs from normal cells. The focus gradually expanded to include the relationship of viruses and cancer and, more recently, the roles of oncogenes and developmental processes in cancer.

In 1973, Rusch established the UW Clinical Cancer Center to provide the laboratory’s clinical research complement.
Now called the UW Paul P. Carbone Cancer Center, it bears the name of its director from 1978 until 1997 and is the only NCI-designated comprehensive cancer center in Wisconsin.

Over the years, several notables have served as McArdle’s top leaders, including Henry Pitot, MD, PhD, Elizabeth Miller, PhD ’45, Norman Drinkwater, PhD ’80, Bill Sugden, PhD, F. Michael Hoffmann, PhD, and James Shull, PhD ’84. In September 2014, Paul Lambert, PhD ’85, became the director of McArdle Laboratory and chair of the UW School of Medicine and Public Health’s Department of Oncology (see page 36).

McArdle researchers have made many major scientific breakthroughs. For instance, in 1957, Charles Heidelberger, PhD, discovered 5-FU, one of the most widely used anti-cancer chemotherapeutic agents. And in 1975, Howard Temin, PhD, received the Nobel Prize with David Baltimore, PhD, and Renato Dulbecco, MD, for “their discoveries concerning the interaction between tumor viruses and the genetic material of the cell.” These discoveries revolutionized the development of drugs to treat diseases caused by retroviruses, most notably AIDS.

In October 2014, McArdle’s faculty and staff celebrated the laboratory’s recent move into the Wisconsin Institutes for Medical Research Tower II. They have planned several events to honor the laboratory’s 75th anniversary in 2015.
He’s worked in five countries across the Atlantic. He took two years off in the middle of his medical education to get a master of public health (MPH) degree and conduct research in the Eastern Democratic Republic of the Congo. Now back for his fourth year at the University of Wisconsin School of Medicine and Public Health (SMPH), Jonathan Strong is excited about what he has learned and what lies ahead.

As the third generation of his family to be a physician associated with UW-Madison, Strong says, “A career in medicine was always on my mind.”

His father, Jeffery Strong, MD ‘81, earned his medical degree from the SMPH and has practiced family medicine in Mount Calvary, Wisconsin, for many years. Jonathan Strong’s grandfather, Jack Strong, MD, was a primary care doctor and preceptor who hosted many SMPH students at his Mauston, Wisconsin, practice.

“My international experiences in high school and college helped solidify my passion for a medical career,” explains Strong.

As a high school senior, he traveled with a group to West Africa and helped establish rural clinics in Senegal, which sparked his interest in global health.

Strong visited Kenya when he was an undergraduate at the University of Minnesota. Soon after, he entered the SMPH, but opted for a two-year leave of absence after his third year of medical school. This “leave of absence” certainly provided no vacation time.

During the first year of his leave, he earned an MPH degree from the John Hopkins School of Public Health. He also traveled to Lebanon, where he led efforts to design and implement a health assessment of 300 elderly Syrian refugees who had fled to escape the civil war that continues raging.

“We looked at their health needs and the gaps in health provisions, because the elderly—and especially elderly refugees—are a vulnerable population,” Strong says.

Subsequently, he began a yearlong experience in the Eastern Democratic Republic of the Congo as a Johns Hopkins faculty researcher. His research investigated the impact of a U.S. Agency for International Development project focusing on preventing childhood malnutrition. Strong directed about 24 data collectors and traveled around to gather survey data from approximately 1,800 households and anthropometric measurements (including height and weight) from 1,200 children under age 5 enrolled in the study. Strong and his team accomplished this work despite a near total lack of electricity and ongoing fighting that displaced many study participants.

During medical school, Strong also spent a summer in Geneva, Switzerland, where he did consulting for the Global Alliance for Vaccines and Immunizations and took classes at the World Health Organization.

“I’ve kept pursuing international work as much as I can. I enjoy it and feel that it’s meaningful. I want to do something that I enjoy and am good at,” Strong says.

He adds, “Dr. Cindy Haq has been a great mentor and teacher throughout medical school. I started working with her early on because she’s done a lot of incredible international work.”

Now in his final year of medical school, Strong plans to specialize in emergency medicine with hopes of continuing research projects and international work.

“I’m interested in academic emergency medicine, and I see myself at a university that supports research projects abroad. I envision splitting my time between clinical emergency medicine and research overseas,” Strong shares.
In August 2014, the University of Wisconsin School of Medicine and Public Health (SMPH) inducted 17 fourth-year medical students, three faculty members and one resident into the Gold Humanism Honor Society (GHHS).

Gwen McIntosh, MD ’96, MPH, assistant dean for students, conducted the ceremony, and Robert Golden, MD, dean, and Elizabeth Petty, MD ’86, senior associate dean for academic affairs, shared certificates and pins.

The GHHS mission is to recognize and encourage in future physicians the development of humanism, compassion, integrity, respect and service toward patients and colleagues.

“We are among the medical schools across the United States and Canada that emphasize these attributes as being equally important as academic excellence for future physicians,” explains McIntosh.

The national organization funds educational events, supports research, promotes professional growth and creates networking opportunities for members.

McIntosh notes that this year’s awardees will serve as excellent role models for future SMPH classes. The honored individuals are:

- Olushola Akinshemoyin Vaughn
- Megan Attridge
- Allison Aul
- Lauren Bauer
- Lauren Brown
- Jonathan Fricke
- Victor Gonzalez
- Mohammad Hararah
- Michael Kessler
- Lucas Kuehn
- Benjamin Lipanot
- Heather Nennig
- Mehria Sayad-Shah
- Nathan Swenson
- Meaghan Trainor
- May Tun
- Caroline Yang
- Robert Dempsey, MD, chair, Department of Neurological Surgery
- Samuel Lubner, MD ’03, assistant professor, Department of Medicine
- David Rakel, MD, professor, Department of Family Medicine
- Katherine O’Rourke, MD, resident, Department of Obstetrics and Gynecology
Cynthia Haq, MD, Honored for Humanism in Medicine
Cynthia Haq, MD (PG ‘87), has earned the prestigious Arnold P. Gold Foundation Humanism in Medicine Award.

A professor in the Departments of Family Medicine and Population Health Sciences at the University of Wisconsin School of Medicine and Public Health (SMPH), Haq received the national award from the Association of American Medical Colleges (AAMC) at its annual meeting in Chicago on November 9, 2014.

According to the AAMC, the Humanism in Medicine Award annually honors a medical school faculty physician who exemplifies the qualities of a caring and compassionate mentor in the teaching and advising of medical students. The nominee must also possess the desirable personal qualities necessary to the practice of patient-centered medicine by teaching ethics, empathy and service by example.

“I am honored to be a representative for humanism in medicine. It’s the heart of medicine and is at the core of what we do,” said Haq. “I’ve always tried to honor the art and the science of medicine. To me the art, at its very core, is respect for the dignity and worthiness of every single human being. The reason we call it an art is that it is applied differently with every patient. Yet this remains one of the most vital skills for being a good doctor. I’m glad that this award exists to heighten the awareness of this important element of doctoring.”

Growing up in Indiana and Pakistan, Haq took great interest in people around her who were living in poverty, forming early ideas about her responsibility to help others.

“It troubled me greatly as a child that there were children who were just like me but didn’t have clothes to wear or food to eat. And as I grew older, I was always grappling with the idea that, if the world is so unfair and I’m the lucky one who was dealt a good hand of cards, then what can I do to make things better for others,” Haq said.

That compassion is evident in her work in Wisconsin, for instance, through the Training in Urban Medicine and Public Health (TRIUMPH) Program that she directs. TRIUMPH trains third- and fourth-year medical students in underserved areas of Milwaukee.

More examples of her compassion stretch across the globe, including her work to help establish the first family medicine residency programs in Pakistan, Uganda and Ethiopia.

In 2013, Haq received the Leonard Tow Humanism in Medicine Award, again from the Arnold P. Gold Foundation, which led to some early confusion about this new award. The Tow Humanism award is presented to a graduate student and faculty member at one of 96 medical schools in the nation.

“I was happy to know that my work was meaningful for our students, but I was stunned to receive this national award,” Haq shared. “I wouldn’t be able to do the work that I do without the support of so many people—my family, friends, teachers, Dean Golden, family medicine chairs and colleagues who’ve supported and covered for me when I was working abroad, my students, and my patients who’ve forgiven me for being gone for periods of time. My work has always been through collaborations with many people; I’m just a representative of the hundreds of people who’ve supported me personally and professionally, otherwise my work would not be possible.”

Valerie Gilchrist, MD, chair of the SMPH Department of Family Medicine, shares, “I knew Cindy long before coming to the UW. As an international leader in family medicine education, she was often in the spotlight and was always unassuming and generous with her praise of others. At UW-Madison, where I have the pleasure of working with Cindy, I am not surprised that TRIUMPH has flourished under her leadership. She is supportive and inspiring for students, and a master at developing collaborations. Her unpretentious nature, sense of humor and dedication makes working with her a pleasure.”
Filaments Act as Scaffolds for Cell-Dividing Machinery

University of Wisconsin School of Medicine and Public Health (SMPH) researchers have discovered how an important protein in the body assembles into spiral filaments that help separate daughter cells from the parent after cell division.

Published in the Journal of Cell Biology, the study illustrates how remodeling of the spiral filaments might squeeze the membrane “neck” of the cell. Additionally, other proteins can use the filament like a scaffold, positioning them to ultimately cut the membrane neck. The same set of proteins is hijacked by retroviruses, which use them to push infectious particles out of cells, enabling their reproduction.

The ESCRT-III complex is one of many machines that make life possible. It is composed mainly of Vps32 proteins (CHMP4B in humans) and assembles into spring-shaped filaments.

“The filament can collapse and expel its potential energy. We think something similar happens with Vps32 spiral filaments,” explains Jon Audhya, PhD, associate professor in the Department of Biomolecular Chemistry and the principal investigator.

When another component of the ESCRT machinery (Vps4) connects to the filament, the spiral contracts, bringing the cell membrane with it and closing the gap at this final stage of division. Audhya hypothesizes that additional proteins are recruited to the collapsed spiral to drive the final separation and fusion of the membrane.

To discover how this works, Audhya and collaborators from five UW-Madison laboratories used many strategies, including high-resolution microscopy, computational modeling and in vivo models.

Neurosurgery Patients Help Show Stress Reactions

Scans of patients with injuries in an important regulatory brain region are helping neuroscientists understand reactions to stress and uncertainty.

Principal investigator Michael Koenigs, PhD, associate professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Department of Psychiatry, says all four patients had shown personality changes before neurosurgery to remove brain tumors in the ventromedial prefrontal cortex (vmPFC). This region is considered crucial to regulating mood and social functions; theories suggest that people with vmPFC damage should be more anxious and fearful.

“We’re concluding that the interaction among brain regions is more complex than researchers thought,” says Koenigs, adding that this is the first time anyone has been able to look at causal interactions in this circuit in humans.

The first study, published in Biological Psychiatry, looked at what effect a damaged vmPFC would have on the amygdala, the fear center.

During scans, patients looked at neutral or aversive photos. As predicted, those with vmPFC damage had much stronger amygdala response to negative images than the 19 healthy control subjects. But patients did not respond more fearfully and did not have heart rates change like the controls.

The second study, published in the Journal of Neuroscience, looked at how damaged brains coped with uncertainty by tracking the activity of the insula, which plays a role in anticipation.

Using similar methods, the study found that uncertainty triggered a greater insula response but did not increase heart rate variability in the patients. Control subjects had more variable heart rates, which is considered a healthy response to stress; lower variability is associated with delayed recovery from stress.

Study results may trigger a revision of the predominant theory regarding brain mechanisms underlying emotion regulation. Researchers hope this could lead to more effective strategies for diagnosing and treating mental illnesses.

Julian Motzkin, a medical student in the SMPH Medical Scientist Training Program, is the lead author of both studies.
Using Heat and Cold to Manipulate the Brain

The body senses heat and cold at a molecular level, sending signals throughout the body to react. By unlocking secrets of these pathways, neuroscientists could have a new way to study the brain. That’s why University of Wisconsin School of Medicine and Public Health (SMPH) researchers studied one such pathway.

In a recent study published online by Cell, SMPH scientists re-engineered a normal, voltage-dependent potassium ion channel and made it either heat- or cold-sensitive. Such signaling plays an important role in pain pathways and in treating chronic inflammation and neuropathic pain.

Specialized ion channels, called TRP channels, found in the cell membranes of higher organisms, mediate temperature responses.

“TRP channels seem like they are finely tuned to specific temperature ranges,” explains Baron Chanda, PhD, associate professor in the SMPH Department of Neuroscience and the paper’s senior author.

Research on temperature-activated ion channels has led to competing theories. Some suggest that temperature modulates the channels’ voltage-sensitivity. Others believe the channels contain specialized modules that respond to temperature.

Chanda notes that systematic experiments show, for the first time, that a radical new theory proposed in 2012 by researchers in Harvard and Brandeis can account for all temperature sensitivity of the TRP channels. His group found that they could make the voltage-sensitivity of the potassium channels highly temperature-dependent by introducing amino acids that release or absorb heat when exposed to water molecules.

The studies’ general principles will aid in designing novel ion channels that will likely affect the study of brain function.

Their study also lays the groundwork for design of novel ion channels which are controlled by temperature. Optogenetics, an established method for studying brain function, is invasive, but heat can be delivered using other methods that are less invasive.

Researchers Find New Link Between Fat and Cancer

Although people generally don’t like much fat on their bodies, a discovery at the University of Wisconsin School of Medicine and Public Health (SMPH) suggests that one kind of insulating fat may be linked to a greatly reduced risk of tumors.

According to the study, published in PLOS Genetics, researchers studied “knockout” mice that lack the gene Syndecan-1, usually studied for its properties of sticking cells together and processing signals. Without it, mice don’t develop intradermal fat—a very thin layer within the skin that prevents heat loss—also called dermal white adipose tissue (DWAT). They also are 60 to 80 percent more resistant to tumors than normal mice.

Researchers found that, unlike other fat, DWAT expands to help the body stay warm instead of burning fat to heat the blood. In knockout mice, they observed a continuous activation of brown fat to heat the blood, and activation of the p38 stress checkpoint.

“Our study suggests that improper development of insulation has systemic effects,” explains Caroline Alexander, PhD, professor of oncology at the McArdle Laboratory for Cancer Research. “From other studies, we know that hyperactivation of the p38 checkpoint causes a cell-signaling cascade that is important to the cold response and to suppressing tumor establishment, particularly metastases growing in lungs.”

She continues, “Most fat cells are established, though they may contain less or more fat. We think that the DWAT cells are continually expanding, dying and redifferentiating. Each time that happens, the cells need syndecan. The unique qualities of this fat were revealed accidentally.”

Without it, knockout mice battle to stay warm.

“This is like turning the heat on but leaving the windows open,” explains Alexander, adding that this study builds upon earlier research, and additional research is needed.

Investigators are working with radiologists to determine whether this layer responds to ambient temperature and whether it is true for humans.
Rising Star Balances Patient Care, Teaching, Mentoring and More

CLAUDIA REARDON, MD ’06
Extensive physical training doesn’t make elite athletes any more immune to mental illness than the rest of us. Claudia Reardon, MD ’06, learned this anecdotally via the colleagues of her brother, Andrew Rock, a professional sprinter who won a gold medal in the 2004 Olympics in Athens, Greece. When his fellow runners learned that his big sister was a psychiatrist, they sought her out.

“I started to get all kinds of interesting curbside questions,” she recalls.

“I think the general perception of athletes’ physical prowess does them a disservice.”

For instance, during check-ups, physicians may not ask about any potential problems with mood or anxiety, explains Reardon, an assistant professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Department of Psychiatry, who earned her undergraduate degree at UW-Madison and her medical degree at the SMPH.

Her research led her to write an article about the effects of common psychiatric medications on athletic performance, published in the journal *Sports Medicine*. That, in turn, led to an invitation for Reardon to co-edit the 2013 book, *Clinical Sports Psychiatry: An International Perspective*, which brought together the latest articles in the field. The book discusses issues ranging from substance abuse and exercise addiction to eating disorders, depression, suicide and concussions. Reardon co-wrote the chapter on the effects of psychiatric medicines on athletes.

Today, she has a subspecialty in sports psychiatry. Badger athletes are among the patients she sees at the Wisconsin Psychiatric Institute and Clinics in Madison.

Overall, 2013 was a banner year for Reardon: she won a “Rising Star” award from UW Health for her exceptional clinical care and was elected into the American College of Psychiatrists. Most importantly, she and husband James Reardon, who works in the UW-Madison Department of Physics, welcomed their first child, Benjamin, to the world.

In addition to all of that, Reardon recently completed her tenure as chair of the women’s group for the American Medical Association and serves as the associate director for the Department of Psychiatry Residency Program, which has 31 trainees.

“Claudia’s efforts are outstanding,” says Ned Kalin, MD, Hedberg Professor and Chair of Psychiatry. “She is highly dedicated to psychiatry and is an excellent teacher, mentor and clinician. Her developing interests in sports psychiatry are meeting a need that has gone somewhat unrecognized in the past. She truly is a rising star here at the UW and on the national scene.”

In fall 2014, Reardon learned that she will receive the American College of Psychiatrists’ (ACP) 2015 Award for Creativity in Psychiatric Education at the organization’s annual meeting. She is being honored for her development of a quality improvement curriculum for psychiatry residents.

Reardon, with a background as a runner herself, grew up in the small central-Wisconsin town of Stratford and came to UW-Madison under the former SMPH Medical Scholars Program.

In her first year of medical school, Reardon volunteered at the Safe Haven Clinic, which serves people struggling with homelessness and mental health issues. That experience spurred her passion for psychiatry.

“It struck me how desperately those patients needed services and how grateful they were for any kind of help,” she says.

“It was a wonderful feeling to care so much about a group of patients.”

Art Walaaszk, MD, vice chair for education and director of the Department of Psychiatry Residency Program, says he has found it rewarding to watch Reardon develop from being a medical student and resident to joining the faculty.

“Claudia is the consummate clinical educator: simultaneously incredibly skilled at working in a wide variety of clinical situations and very adept at teaching residents and medical students how to care for patients,” he says. “Her patients adore her, and residents and students are always turning to her for supervision and mentorship.”

For example, through Reardon’s leadership, the department has received national recognition as a pioneer in teaching residents about quality improvement—the factor behind her ACP award. She also leads a national task force on teaching integrated primary care and behavioral health care to residents.

But she hasn’t forgotten the need for advocacy that she witnessed years ago at Safe Haven. She helped lead a successful effort—with the Wisconsin Medical Society and others—to get legislation to help reduce concussions in high school athletes. The law requires that youth athletes suspected of having concussions be removed from the field and examined before they can return to play. She also works with second-year medical students on the Advocacy Integrative Case, which teaches advocacy skills for public health issues.

Renie Schapiro, MPH, who leads that case, says Reardon has helped students prepare resolutions for the Wisconsin Medical Society.

“Her commitment to the students doesn’t end when her responsibilities have been met,” Schapiro says. “On her own initiative, she continues mentoring interested students, and some have gone on to author impressive resolutions beyond the boundaries of the case.”

Schapiro concludes, “Dr. Reardon is a dream to work with, an effective and committed educator and a wonderful role model for our students.”
SCHOOL APPROVED FOR $2.1 MILLION FUNDING FROM PCORI

A University of Wisconsin School of Medicine and Public Health (SMPH) research team led by Elizabeth Jacobs, MD, was awarded $2.1 million by the Patient-Centered Outcomes Research Institute (PCORI) to study “The Effectiveness of Peer-to-Peer Community Support to Promote Aging in Place.” This three-year study is one of 33 grants approved this year by PCORI, an independent, non-profit organization authorized by Congress in 2010.

The study will compare community-based, peer-to-peer support to standard community services in promoting health and wellness in older adults at risk for frequent use of acute health care services and/or nursing home placement.

Jacobs notes that peer-to-peer support is like having a trusted friend to help you. “The fact that our work is of import to patients and families and is community based helped us secure the grant and gave us the best real-world context for this study,” explains Jacobs, an associate professor in the SMPH Department of Medicine and associate vice chair for health services research. “We are proud of our robust partnership with the Milwaukee-based Alliance for Strong Families and Communities (Alliance), a nationwide network of nearly 500 nonprofit organizations.”

While the investigative team is based in Madison, study participants over age 65 will be from Los Angeles; Palm Beach, Florida; and Rochester, New York. Each community has established peer-to-peer programs by robust nonprofit organizations that are members of the Alliance.

Researchers will follow 360 participants over 12 months. They will examine how peer-to-peer support enhances overall well-being and affects rates of depression and anxiety. The team also will assess whether it prevents hospitalization, emergency department visits and nursing home placement.

“We believe older adults in the support groups will have lower rates of these services and situations compared to the standard service group,” says Jacobs.

LAMBERT TO LEAD ONCOLOGY AND MCARDLE LABORATORY

P Paul Lambert, PhD ’85, a longtime professor at the University of Wisconsin School of Medicine and Public Health (SMPH), became the chair of the school’s Department of Oncology and director of the McArdle Laboratory for Cancer Research in September 2014.

The department and laboratory’s twofold mission is to conduct research into the causes and biology of cancer and train graduate and post-doctoral students to conduct such research.

The Howard Temin Professor of Oncology, Lambert received his bachelor’s degree from the University of Massachusetts-Amherst and his PhD from UW-Madison. In 1990, after he completed a fellowship at the National Cancer Institute, he became an assistant professor at the SMPH, where he has remained since then.

Lambert is internationally renowned for his work investigating the role of human papillomaviruses (HPV) in cancer. He is the principal investigator on three National Institutes of Health research grants, edits the journal Virology and serves as associate editor of PLOS Pathogen. He has served on many national and international study sections, panels and advisory groups, and he has lectured and served as a visiting professor at many institutions.

“The choice of Paul Lambert for this leadership role puts one of the nation’s finest cancer researchers at the helm of a renowned research enterprise,” says Daniel DiMaio, MD, PhD, scientific director of the Yale Cancer Center and Waldemar Von Zedtwitz professor of genetics at Yale. “Paul and I share an interest in the role of viruses in cancer, a topic of longstanding interest to the McArdle Laboratory since the time of Howard Temin. His development and analysis of sophisticated animal models of HPV-driven cancers have revealed many fascinating aspects of carcinogenesis and gained international acclaim.”

Robert Golden, MD, dean of the SMPH, thanked Jim Shull, PhD ’84, for his dedicated leadership and service while he was the Department of Oncology chair for the last five years.
INSTITUTE AWARDED $12 MILLION TO BUILD CULTURE OF HEALTH

The Robert Wood Johnson Foundation (RWJF) has announced it will continue to fund the University of Wisconsin Population Health Institute to rank and provide guidance for improving the health of all of America’s counties. The annual release of the County Health Rankings typically generates coast-to-coast media coverage. The related Roadmaps Project supports health improvement in counties and cities across the nation.

“The rankings continue to get people’s attention and drive action to improve health in communities,” says Bridget Catlin, MHSA, PhD ’94, who co-directs the Population Health Institute with Julie Willems Van Dijk, RN, PhD.

“We are very grateful for RWJF’s continuing support and collaboration as we continue to help communities build a Culture of Health,” Catlin adds.

The Rankings began as a Wisconsin program in 2003, and RWJF expanded it to the national level in 2010. RWJF will support the Population Health Institute with $12 million over the next two years to continue compiling and sharing health data for nearly every county in every state and to expand activities that help communities on the road to better health.

Catlin says that once counties learn how they rank compared to the rest of their state, they have access to the Roadmaps to Health Action Center that provides tools and guidance for how to improve local health. For every community, the decision about how to improve health is a local one. As part of the new grant, the Roadmaps Project will expand its community coaches.

For more details, see the article in the summer 2014 Quarterly magazine, or visit the County Health Rankings web site at countyhealthrankings.org.

UW HOSPITAL AND CLINICS NAMES TWO TOP LEADERS

The University of Wisconsin Hospitals and Clinics (UWHC) Authority Board of Directors has named Ron Sliwinski (left photo) president and chief executive officer.

“Ron brings a passion for UW Health’s mission and vision,” says board chair David Walsh. “He has a thorough understanding of UW Hospital and Clinics’ operations and its role as a nationally recognized regional referral center.”

Sliwinski joined UWHC in 2009 as vice president for professional services and soon became senior vice president and chief operating officer (COO). In addition to overseeing key operational areas, he helped create the UW Health Accountable Care Organization, renew the UW School of Medicine and Public Health’s National Institutes of Health grant for clinical and translational research, and establish affiliations that tightly link UW Health’s missions.

“Ron, the board and senior leaders and boards of all UW Health organizations will continue to discuss ways to create a more streamlined and integrated UW Health structure for governance, leadership and operations,” notes Walsh. “UW Hospital and Clinics’ commitments to patients, families and staff are of the highest priority.”

In October 2014, Sliwinski named Tim Gaillard (right) senior vice president and COO. As part of his focus on streamlining UWHC leadership, Sliwinski expanded the COO role to consolidate responsibilities for service line leadership. Many of Gaillard’s previous duties were distributed to others and his former position was eliminated. Gaillard, who continues to lead the UWHC Technology Assessment Committee and Value Analysis Executive Oversight Committee, has been named to the Unity Insurance Board and is a member of the UWHC Authority Board’s Finance and Audit Subcommittee.
MOMS AS ROLE MODELS

Several women leaders cite their moms as their top role models.

For instance, Young explains that her mom went to college, and she became a “deputy mom.” Young shares, adding that history repeated itself when she earned a master of business administration (MBA) degree while her kids were in high school and college.

Similarly, Hamedani will complete an MBA degree in winter 2015. She says her basic-scientist parents encouraged her to consider careers that would leverage her compassion and propensity for science. During medical school, Hamedani met influential mentors who helped her explore several interests, including health systems improvement. She found her niche at the SMPH.

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Executive Leadership in Academic Medicine Program for Women (ELAM).

Kokotailo met Gilchrist, a fellow ELAM classmate who worked in Ohio at the time. Petty and Young were ELAM classmates when they worked at different universities.

“The world gets smaller as your profession expands,” says Young.

Participants say ELAM helped them understand functions of health care outside of their niche and create a nationwide network of mentors. Kokotailo called upon ELAM classmates when deciding whether to pursue the SMPH associate dean position.

“I was a busy pediatrician and researcher but knew it was time to expand,” she says.

Others, including Keely and Kiley, say their research provides similar networks of people who are working toward a common goal.

Golden notes that the SMPH also supports professional development programs through the Association of American Medical Colleges and UW Medical Foundation. And Keely cites a UW-Madison program that helped her through a rough spell.

In 2006, just before she reached tenure, Keely was diagnosed with esophageal cancer and given a 50 percent chance of survival. A single mom, she underwent major surgery, participated in a clinical trial and struggled to eat enough to regain a healthy weight.

“Because I could not submit grants during that time, the Vilas Life Cycle Professorship helped me maintain my career until I could get back on track. It helps faculty who face major setbacks,” she recalls with gratitude.

PAY IT FORWARD

Thinking about the big picture, Petty shares, “I see my role as helping to nurture the next generation of health care professionals. My goal is to help faculty and learners move forward toward their goals.”

Oertel notes, “I am motivated by helping others thrive. I want them to be as happy as I have been in my career.”

And reflecting on her transition into leadership, Rice says, “It’s no longer about me. I think the way to judge one’s self at this point is to observe the success of others.”
Inspiring Hope

by Chinou Vang

An old, dark building stood at the corner. The glass door looked as if it hadn’t been washed in years. The smell of old carpet and smoke stained the hallways. I recognized the word “Dr.” on the door. We walked inside, and a lady at the counter said hello. She muttered something and handed us some paper. I recognized the word “Name” as my father scribbled my mother’s name. After a long wait, a lady pointed to us, and we followed her to a room that barely had enough space to fit all of us.

We waited for a long time before the doctor came in. He looked of Indian descent and spoke to us. My parents looked at me as I stared blankly back. Of what the doctor said, I only understood the word, “Hello.” I pointed at my mom and said, “My mommy’s tummy hurt,” as I rubbed my stomach and cringed. This broken communication occurred several times until the doctor wrote something and handed it to my dad. Success, I thought! Little did I know, but this was the first of many similar trips.

I was 8 years old when I had this experience. My parents were refugees from the Vietnam War and came to the United States without knowing any English. I grew up speaking Hmong and started learning English in kindergarten. As a third-grader in English as a Second Language classes, learning the new language was a big challenge. I felt jealous of children who came to school with perfectly completed projects and proudly said, “Mommy helped me.” I usually came to school with projects that were completely different from the guidelines that were sent home. My mother could not read or write English, but she sat alongside me while I did what I could.

Life got a little easier as I learned more English and made my way to high school. At age 16, I was hired as a part-time pharmacy technician at Walgreens. One day, a Hispanic woman with a young child walked in to fill a prescription. I quickly realized that the mother did not speak English, and her nervous child was doing the speaking. My mind flashed back to eight years earlier at the doctor’s office. I saw myself in this child and was reminded of the struggles for adequate health care in a poor, urban community.

In comparison to other communities, the “ghettos” of a city have the worst health care, but this is accepted by those who live there. Some ask why people would accept such low standards, but these people know nothing else. Only through education did I learn that this was not the only way. Through school, I learned that a world exists where the translator is an adult. Only through education did I learn that a person’s quality of life should not have to depend on the amount in his or her paycheck.

I want to be the change I wish to see in my community. I want every mother, father and child to receive the best available health care. I want all people to be able to communicate their needs and not have a language barrier cause suffering. As a doctor, I will be able to help make these changes happen. This is why I work so hard to become a doctor.

Stopping the cycle of generations of families on welfare begins with children—the nation’s future. As a doctor, I wish to provide care for underserved communities and inspire children to pursue education and a better life.

Personally, I know the struggles of growing up in a poverty-stricken home. Thus, I want to give them hope and help them understand that anything is possible if they put their minds to it.

If enough of us help change these communities, hopefully someday we can live in a country where there is no such thing as a “ghetto.”

Chinou Vang (pictured at left with his parents) grew up in Milwaukee, Wisconsin, and is a first-year medical student at the University of Wisconsin School of Medicine and Public Health. He wrote this essay as part of his medical school application.
COLD, WET AND DARK

The best amateur sailors from Australia, Canada, Great Britain, Italy and the United States competed in a blue-water sailing regatta this fall in Sheboygan, Wisconsin. A particularly exciting feature of this competition is that all participants were blind.

It’s a fact that sailing is sensory. You can feel the wind in your hair and the sun on your face. According to my son, Drew Larson, who is a member of the University of Wisconsin-Madison Hoofers Outdoor Recreation Program and sails a Badger Sloop on Lake Mendota, “much of sailing is simply feel.”

Drew Larson explains, “You feel the pressure from the tiller and the change in heel angle. You feel the effect of the mainsheet traveler on the weather helm. When the traveler is eased to leeward, the boat flattens, and the tension on the mainsheet is reduced. When you retrim the sheet, the boat accelerates.”

B.J. Blahnik, a Sheboygan-based blind recreational sailor who overcame his early fears, says, “Sailing is a perfect environment for a blind person. Everything stays in the same place and doesn’t move. And sailing is a sport of feeling.”

Mr. Blahnik was growing up on a Wisconsin farm when he was diagnosed with retinitis pigmentosa and began losing his sight. The sport enables blind sailors like him to participate on nearly equal footing with sighted sailors.

“It’s a level playing field,” Blahnik adds. “Other sailors wait for ribbons on the stays to indicate a shift in the wind. I anticipate and adjust much sooner. When it’s rough for me, it’s rough for somebody who is sighted.”

The Tactile Communication and Neurorehabilitation Laboratory (TCNL) in UW-Madison’s Department of Biomedical Engineering studies this tactile—or haptic—feedback. The laboratory works closely with the UW School of Medicine and Public Health and has been advancing our knowledge of how to equip visually impaired individuals with neurosensory input for better daily living. According to the TCNL’s mission statement, it is “committed to enhancing the rehabilitation process and envisions a future with faster and more complete rehabilitation from sensory and motor disorders.”

Through research there, we are learning that visually impaired people, through the process of neuroplasticity, can actually “see” with their other senses. We’re not just talking figuratively about heightened awareness through other senses, but rather sensory substitution with the equivalent of visual images.

Dr. Yuri Danilov from the UW College of Engineering and the TCNL, informed me that UW-Madison is a leader in discovering methods of sensory substitution, particularly for the blind.

In 1999, Dr. Paul Bach-y-Rita, Dr. Kurt A. Kaczmarek and Dr. Mitchell Tyler, all from the UW College of Engineering’s Department of Biomedical Engineering, founded Wicab—a high-tech medical device spin-off company. Wicab licenses key technology from the Wisconsin Alumni Research Foundation, which acts as the intellectual property manager for UW-Madison. Through this relationship, patented inventions from the Department of Biomedical Engineering are made available to the private sector.

An early Wicab endeavor resulted in BrainPort, a company that manufactures devices that assist blind people. It focuses on biomedical engineering, as well as research, development and commercialization of devices based on a proprietary electrotactile sensory substitution technology.

The BrainPort V100 is a nonsurgical assistive device used for orientation, mobility, object identification and spot reading by individuals who are blind or have no useful vision. It translates digital information captured via a video camera into gentle, electrical stimulation patterns on the surface of a person’s tongue. A user feels moving bubble-like patterns on his or her tongue, which the person learns to interpret as the shape, size, location and motion of objects in the environment. The BrainPort V100 is intended to augment, rather than replace, other assistive methods such as white canes and guide dogs.

Now, when I struggle in a dark room to find the light switch, I have a better appreciation for all that’s required for my mind to construct an image of the unlit room.

Christopher Larson, MD ’75
Quarterly Editorial Board Chair
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When medical student Jeff Mahlum suffered a spinal cord injury during a diving accident in 2011, leaving him paralyzed from the chest down, he had the unfortunate opportunity to learn how confusing and daunting the health care system can be. The experience led him to discover the importance of advocating for patients and empowering them to make the best decisions for their health. Visit med.wisc.edu/44281.

► FOCUS ON CANCER RESEARCH
Diagnosed with neuroendocrine cancer at age 19, Aly Wolff of McFarland, Wisconsin, used her final year to promote cancer research while undergoing treatment at the UW Carbone Cancer Center. Her family and friends organized a 5K run that raised $125,000 for cancer research. Learn about her inspiring story at uwhealth.org/43629.
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Please send us information about your honors, appointments, career advancements, publications, volunteer work and other activities of interest. We’ll include your news in the Alumni Notebook section of the Quarterly as space allows. Please include names, dates and locations. Photographs are encouraged.

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