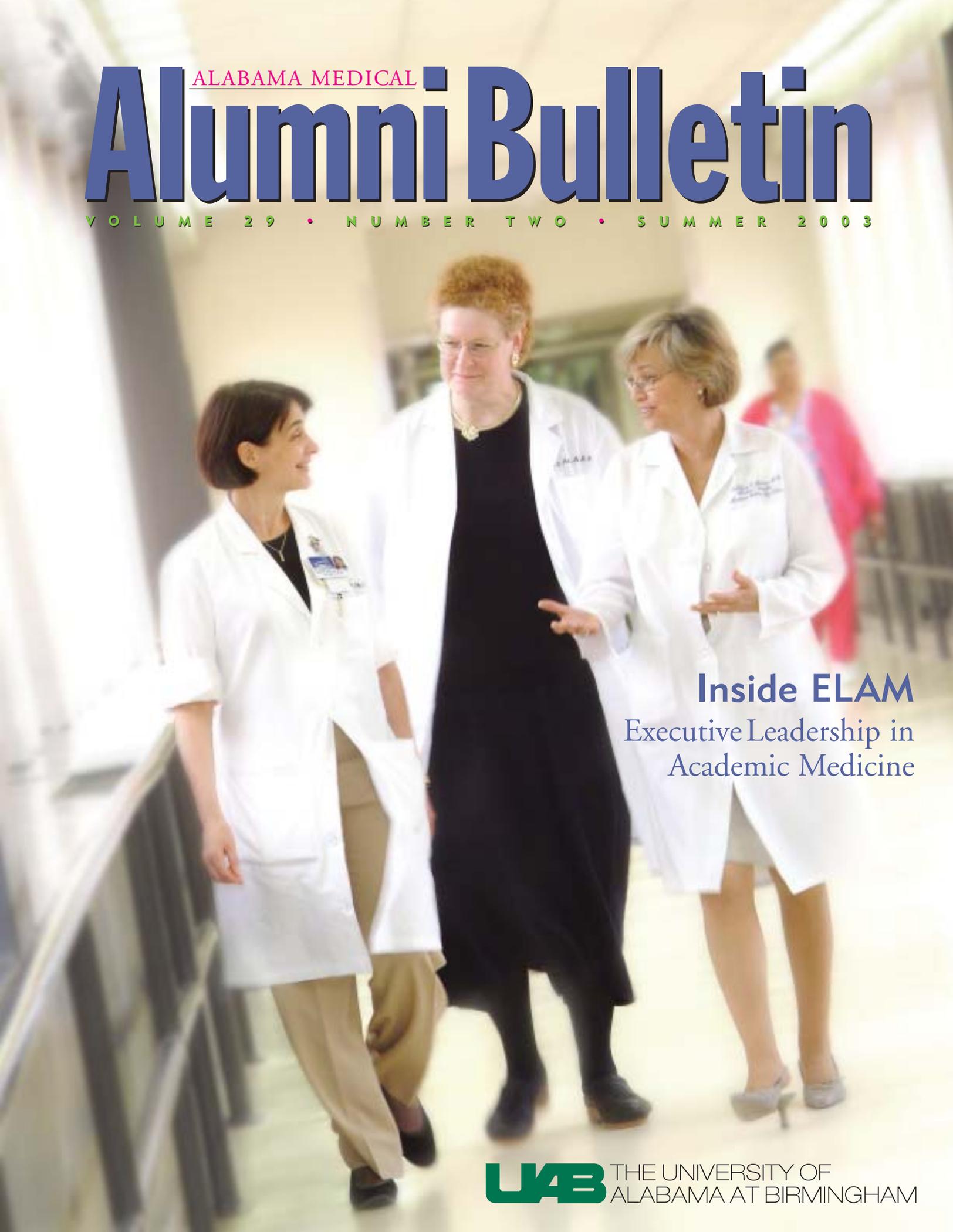


ALABAMA MEDICAL Alumni Bulletin

VOLUME 29 • NUMBER TWO • SUMMER 2003



Inside ELAM
Executive Leadership in
Academic Medicine



Dean's Corner

Dear Colleagues:

In this issue of the *Alabama Medical Alumni Bulletin*, we celebrate women in academic medicine and the leadership roles they have taken at the UASOM over the years. From the first woman department chair in 1945 to a lineup that today includes hundreds of nationally and internationally recognized female doctors, scientists, and researchers, women at the UASOM continue to make groundbreaking advances at the forefront of medicine. In addition, the growth of clinics and research programs in the area of women's health continues to flourish at the UASOM as is evidenced by our recent *U.S. News & World Report* ranking of 14th in women's health programs nationwide.

As you will see in greater detail in this issue, many female doctors and researchers at the UASOM are leaders and award winners in a multitude of areas. Recent appointments and honors include:

- The appointment of Boni E. Elewski, M.D., as president of the American Academy of Dermatology, beginning in February 2004.
- The presentation of the 2002 American Heart Association Lifetime Achievement Award to Suzanne Oparil, M.D.
- UASOM-UAB's OB/GYN department ranked nationally first in annual NIH direct-cost support in 2000 and second in 2001 and 2002.

As the UASOM's female physicians, faculty, scientists, and researchers continue to make great strides in all areas of medicine, we applaud them for their achievements and honors to date and look forward to what the future holds for them and the UASOM.

Your support of the school is essential to its continued advancement and success in all fields of medicine, including women's health. Please contact our development office at (205) 934-4499 for information on how you can help make a difference.

My best to you.

Sincerely,

William B. Deal, M.D.

Vice President for Medicine and Dean

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SCHOOL AND UNIVERSITY NEWS

By Roger Shuler and Shane Ivey

Capilouto Steps Down as Dentistry Dean

Mary Lynne Capilouto, D.M.D., dean of the School of Dentistry at UAB, is stepping down from her position. She will remain as dean while the university conducts a search for her successor and then return to the faculty. Capilouto has served as dean since May 1998, after 15 months as interim dean.

"Throughout her tenure leading the School of Dentistry, Dr. Capilouto has sought to make the school one of the best in the nation," UAB President Carol Garrison, Ph.D., says. "The school has continued to be a leader in education, research, and service, with Dr. Capilouto at the forefront of this effort."

"It has been very gratifying and an honor to serve as the dean of our School of Dentistry," Capilouto says. "Through the years, I have been able to develop a number of close professional relationships, as well as a number of personal friendships, that I will hold special for life."

"We have an extraordinary student body, and these students demonstrate how bright the future is for the profession. Also, our faculty and staff are extremely dedicated and truly work together to create a world-class teaching, research, and patient-care institution."

Highlights of Capilouto's tenure include:

- The graduating class of 2002 ranked third in the nation on the National Dental Board Exam.
- UAB is the only site in the nation studying oral bone loss as part of the National Institutes of Health's comprehensive study of women's health issues.
- The faculty and students participate in outreach programs not only in Alabama, but also in developing countries such as Cameroon and Guatemala.
- The School of Dentistry has received a \$10-million renovation and updating of clinical, research, and teaching facilities.

UAB Dedicates Statue of S. Richardson Hill

UAB recently honored S. Richardson Hill, M.D., president of the university from 1977 to 1987, with a statue in the UAB Mini Park. Hill, the second president of UAB, was honored for his role in its rapid ascent as an internationally known institution. His statue stands alongside a sculpture of UAB's first president, Joseph F. Volker, D.D.S., Ph.D.

Hill is credited with many achievements and recruitments that were crucial to UAB's advancement as an academic center. As dean of medicine in 1966, Hill recruited John W. Kirklin, M.D., as chair of surgery. Kirklin had been chair of surgery at the prestigious Mayo Clinic, and his move to UAB, in the wake of the civil rights turmoil of the 1960s, drew international attention. Hill also recruited Gene Bartow from UCLA to coach UAB's basketball team and direct its athletic department.

UAB President Carol Z. Garrison spoke at the dedication. "It is fitting that we should honor one of the men who carries a tremendous amount of responsibility for creating the foundations of this world-class institution," she said. "I remember when Dr. Hill was named president of the university and the energy he brought to campus. His drive and 'can-do' attitude continue to permeate this institution."

Health Executive Joins UAB

A veteran health-care administrator has been named executive-in-residence and director of the executive master of science degree program in health administration (MSHA) at the UAB School of Health Related Professions.

School officials say the hiring of Harry A. Nurkin, Ph.D., adds a seasoned professional to an already outstanding faculty, providing students with an unprecedented opportunity to train under some of the nation's top practical and academic instructors. "It takes outstanding individuals to lead health-care systems today, and future leaders will face even greater challenges," says Gerald L. Glandon, Ph.D., chair of the Department of Health Services Administration. "We anticipate that Dr. Nurkin and our executive MSHA program will play a key role in shaping those future leaders of the health-care industry."

Nurkin was chief executive officer (CEO) for Carolinas HealthCare System in Charlotte, North Carolina, for 21 years.

During his tenure as CEO, he transformed the struggling hospital into the largest vertically integrated, not-for-profit health-care system in the Southeast and the nation's fourth largest public hospital organization. The system employs 27,000 people with an annual budget of \$2.6 billion. Prior to becoming CEO of Carolinas HealthCare System, Nurkin served as an administrator at UAB Hospital for eight years.

Medical Students Show Their Artistic Sides

A musical parody of the trials and tribulations of medical school took first prize in the University of Alabama School of Medicine's 2003 Student Art Show.

S. Taylor Williams, a fourth-year medical student, penned her own lyrics to familiar tunes and then recorded the 10 songs on a CD. Her work, "Songs in the Key of Medical School," pokes gentle fun at medical education in such songs as "The Twelve Cranial Nerves of Christmas" ("The Twelve Days of Christmas"); "I Am the Very Model of a Diuretic" ("I Am the Very Model of a Modern Major General"); and "What Cranial Nerve is This?" ("Greensleeves").

The art show, presented by the Alabama chapter of Alpha Omega Alpha, the national honor society for medical schools, is cosponsored by the Alabama Museum of the Health Sciences. This is the third year for the show, which drew 53 entries. The entries were judged by a panel of UAB students, faculty, staff, and supporters.

"It is important to balance medical students' scientific and medical education with exposure to the arts and humanities," says Stephen R. Smith, Ph.D., director of student life for the medical school. "The physicians we train here must be able to interact on many different levels with their patients, and this art show provides a means for them to creatively explore and express their own humanity. We think this will help them connect with all people on a basic human level."

Mission Work Continues in Ecuador

UAB and Kentucky plastic surgeons who went on a medical mission to Ecuador in February were asked by the U.S. ambassador to consult on the care of patients burned in a recent accidental explosion of ordnance at a military site in that country.

Ecuadoran brothers Luis and Henry Vasconez, who now direct academic plastic surgery units at UAB and the University of

Kentucky, respectively, founded the mission. It now includes more than 50 doctors, nurses, occupational therapists, and other medical professionals and support persons, as well as a large supply of donated equipment. The all-volunteer group also includes people from Fargo, North Dakota; Chicago, Illinois; and Benton Harbor, Michigan. They departed February 8 for the program's 12th mission in the Vasconez family's native Ambato, a mountain city of about 250,000 located 100 miles south of Quito, the capital.

The surgeons' sister, Beatrice Vasconez Engels, who heads the UAB plastic surgery research laboratory, coordinates the program.

"Ordinarily we provide surgery and other care to indigent people from the mountain communities, but this year the U.S. ambassador to Ecuador asked our doctors also to see what they might be able to do for the people injured in a major munitions explosion in November in the town of Riobamba," Engels says. Seven people were killed and more than 500 wounded in the accident.

The doctors not only provided examinations for up to 1,000 people and surgery for up to 200 people during their week's stay in Ecuador, but they also updated local doctors on medical developments, such as laparoscopic surgery.

FACULTY NEWS

By Shane Ivey and Roger Shuler

Watts Is New Chair of Neurology

Ray L. Watts, M.D., has been named chair of the Department of Neurology at UAB. Watts comes to UAB from Emory University in Atlanta, where he was the A. Worley Brown professor and vice chair in the Department of Neurology. He succeeds the late John N. Whitaker, M.D., who served as chairman of neurology at UAB from 1985 to 2001.

"We are pleased to be adding a leader of Ray Watts's caliber to our medical school," says William B. Deal, M.D., vice president and dean of the School of Medicine at UAB. "Dr. Watts is a skilled clinician, a renowned scientist, and an excellent administrator."

Watts and his colleagues have built an internationally renowned Parkinson's Disease and Movement Disorders Research and Clinical Center at Emory, and plans are under way to establish a strong collaborative relationship between UAB and Emory researchers.

"I believe we are at the beginning of the

century of the brain, and this is a very exciting time in neuroscience," Watts says. "We are poised to gain greater understanding of how the brain works and to develop innovative treatments for neurological conditions such as Parkinson's disease, Alzheimer's disease, stroke, and brain cancer."

Oparil Wins AHA Lifetime Achievement Award

Suzanne Oparil, M.D., professor of medicine and of physiology and biophysics, director of the Vascular Biology and Hypertension Program in the Division of Cardiovascular Disease, and former president of the American Heart Association (AHA), has been honored with the 2002 AHA Lifetime Achievement Award. The award was presented at the 56th Annual Fall Conference and Scientific Sessions of the AHA Council for High Blood Pressure Research.

Oparil's clinical expertise in hypertension and basic research make her one of the nation's leading physician-investigators. Her contributions to the field include defining the role of the anterior hypothalamic area in salt-sensitive hypertension and demonstrating that angiotensin II, a cause of cardiac enlargement and hypertension, is produced in the pulmonary blood vessels, which provided the rationale for the development of ACE inhibitors.

Oparil is a member of many medical organizations, has held advisory positions with the National Institutes of Health, is listed in *Who's Who in America*, was recognized by the *Medical Herald* as one of the nation's top 20 women in health leaders, and has published more than 450 journal articles, books, and book chapters on clinical cardiology and hypertension.

Hunter Honored as 2002 Distinguished Faculty Lecturer

Eric Hunter, Ph.D., professor of microbiology and director of the UAB Center for AIDS Research, received the 2002 Distinguished Lecturer Award, the highest honor bestowed by the academic health center on a UAB faculty member. Hunter presented the Distinguished Faculty Lecture, titled "Why Birmingham, Alabama?" in October 2002.

Hunter, an internationally renowned expert in retrovirology and HIV/AIDS research, has received three National Institutes of Health Merit Awards since 1989. He has published 137 journal articles and 26 book chapters, and serves as editor-in-chief of *AIDS*

Research and Human Retroviruses, associate editor of *Virology*, and is a member of the editorial advisory board for *Current Topics in Virology*. He has been director of the Center for AIDS Research since 1988 and serves as senior scientist with the Comprehensive Cancer Center, the Multipurpose Arthritis Center, the Cystic Fibrosis Research Center, and the Gene Therapy Center.

Elewski Elected President of American Academy of Dermatology

Boni E. Elewski, M.D., professor of dermatology, has been elected president of the American Academy of Dermatology, the world's largest dermatologic society, representing more than 14,000 physicians. Elewski began serving as president-elect in March 2003 and will serve as president beginning February 2004.

Oakes Honored with Chair, Editorship

W. Jerry Oakes, M.D., professor of neurosurgery and pediatrics at UAB and chief of pediatric neurosurgery at Children's Hospital of Alabama, was named the Dan L. Hendley Endowed Chair in Pediatric Neurosurgery. Oakes was also named the fifth editor-in-chief of *Pediatric Neurosurgery*, the official journal of the American Society of Pediatric Neurosurgeons. He has served on the journal's editorial board for more than 10 years.

Warnock Elected President of National Kidney Foundation

David G. Warnock, M.D., director of the Division of Nephrology and professor of medicine and physiology, has been elected president-elect of the National Kidney Foundation, which is dedicated to the prevention and treatment of kidney and urinary tract diseases. He will serve on the board of directors for two years before becoming president. Warnock is also a member of the American Society for Clinical Investigations and the American Association of Physicians.

Hoosley Named Medicine Clerkship Director

Craig Hoosley, M.D., associate clinical scholar and assistant professor in the Department of Medicine, has been named clinical director of the medicine clerkship. He succeeds Kirk Avent, M.D., who held the position for 22 years until his retirement in 2002.

Inside ELAM

Executive Leadership in Academic Medicine

By Sandra Bearden



Amie Jackson (above), pictured here with Robert Brunner (left), has found ELAM's assessment tools valuable in helping identify her strengths and weaknesses.

The days of mandatory pinstripes and sensible heels are past. Sarah Morgan, M.D., comfortably clad for Casual Friday in jeans and a purple T-shirt, is at ease as she skims through stacks of patient files while using her office phone. A calendar featuring her toy poodle—not a diploma—occupies the wall space adjacent to her desk. And colorful personal accessories dot the room.

This busy woman could be a grad student studying for exams. Or she could be—and is—the University of Alabama School of Medicine’s associate dean for research compliance.

Morgan, a professor of nutrition sciences and medicine, has one of the most important administrative jobs in the the UASOM—developing plans to monitor the proper use of funds for grants that fuel the school’s research engine. The school’s goal is to be in the “Top 10” medical schools in NIH grant receipts by 2010, and Morgan is a vital factor in reaching that goal.

A member of the medical school faculty since 1984, Morgan is one of seven UASOM women who have completed or are participating in the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program. ELAM, the nation’s only academic in-depth medical/dental leadership program for women, brings together outstanding women from U.S. academic health centers. Its goal is to better prepare participants for senior positions in medical and dental schools.

From Bedside to Business

Part of the Institute for Women’s Health and Leadership at Drexel University College of Medicine in Philadelphia, Pennsylvania, ELAM prepares women medical faculty members for senior leadership roles. It includes on-campus sessions in the fall and spring, a two-day forum on emerging issues, and additional work between sessions. Close to 80 percent of U.S. medical schools and 40 percent of dental schools have had ELAM fellows, according to Rosalyn Richman, codirector of the ELAM program.

“Almost half of all medical students are now women,” says Richman, “and there are challenges of special interest to women physicians. For instance, there’s the problem of balancing personal and professional lives. And there’s a need to ensure that more women are well-represented in clinical trials. Although we now have quite a few women in the lower academic ranks, we need women in senior leadership positions to change policies and practices. Until we have more women at those levels, we won’t influence the academic culture.”

Besides Morgan, UASOM faculty members who’ve served as ELAM fellows include Lourdes Corman, M.D.; Nancy Dunlap, M.D., Ph.D.;

Jacqueline Feldman, M.D.; Amie Jackson, M.D.; Kathleen Nelson, M.D.; and Jane Schwebke, M.D.

In addition to her associate deanship, Morgan serves as medical director of UAB’s osteoporosis



“The ELAM program taught me a lot of skills that you don’t learn in medical school. My participation opened my eyes to management tools that I’m still learning more about.” — *Sarah Morgan*

clinic, is a division director for clinical nutrition and diabetics, is a staff member in the nutrition support team at UAB Hospital, and previously has been an assistant dean. She also continues to teach in the Department of Nutrition Sciences.

“The ELAM program taught me a lot of skills that you don’t learn in medical school,” says Morgan. “My participation in it opened my eyes to management tools that I’m still learning more about.”

Morgan says that ELAM has made her so aware of the business aspect of academic medicine that she has even considered adding an MBA to her long list of credentials.

Top-Flight Training

ELAM provides its fast-track fellows with top-flight training tools. These include financial analysis, budget planning and control, case analyses, small-group work, and team building. Deans or CEOs attend a spring session on emerging issues with their fellows.

“The model of medical and dental schools is to teach individuals autonomously and individually,” Richman observes. “That makes it more difficult to work in a business model of greater collaboration. Yet more institutions are building multidisciplinary centers. And that becomes more difficult when people aren’t accustomed to working in a collaborative way.”

Page Morahan, Ph.D., is ELAM’s codirector and a tenured professor in microbiology and immunology at Drexel University College of Medicine. She has been involved with the program since its introduction in 1995. This program carries the name of the mother of Patricia Kind, who established ELAM’s partial endowment. Approximately 35 percent of ELAM’s operating revenues come from this endowment and other contributions; the rest comes from fees paid by participating schools.

Morahan points out that ELAM is unique in several ways: First, it’s the only in-depth leadership program for women in academic medicine and dentistry. Second, it mixes medicine and dentistry, breaking down barriers. “But third,” she says, “we’re unique in that a third of our focus is on personal professional development. Along with that, we deal with diversity and cultural competency. Most leadership programs don’t touch those topics,” she says.

“It’s been so gratifying to be involved in this program,” she adds. “It’s been an honor to develop and grow ELAM to where it is now.”

Assessment and Analysis

Morahan says ELAM now has a five-year grant from the Robert Wood Johnson Foundation to evaluate the program’s effectiveness. But many participants are willing to give testimonials even without the five-year review.

“ELAM directed me in assessing both my strengths and my weaknesses,” says Amie Jackson, professor and chair of the Department of Physical

“One thing that has impressed me is the opportunity to spend time with 45 talented women in academic medicine. It’s not often that you have the opportunity to be with women who have moved so far in their organizations.”

— Jane Schwebke



Jane Schwebke (above), and with Lisa Lawing, research associate (left), gained a better understanding of how organizations work.

Medicine and Rehabilitation. In addition to administering a Myers-Briggs personality analysis test, ELAM asks subordinates, peers, and supervisors of fellows to rate them on different leadership areas. Based on the results, each participant selects one area to work on.

“ELAM also tested our knowledge of such things as finances and organizational skills,” Jackson adds. “This assessment also confirmed that I was doing a lot of things right. It was reassuring to learn that I was handling some matters, such as conflict resolution, well.”

Money management is an area in which many ELAM fellows receive needed guidance. Physicians grounded and trained in the sciences are sometimes more familiar with balanced diets than with balanced budgets, more comfortable checking arteries than accounting systems—but dealing with large sums of money often goes along with academic medicine’s administrative jobs.

For instance, Nancy Dunlap, professor of medicine, also is chief of staff for The Kirklin Clinic® and vice chair for clinical services for the Department of Medicine. At Kirklin, she and the executive director oversee operations involving 600 physicians, 530 other staff members, and an annual operating budget of about \$30 million. But her doctorates in medicine and microbiology didn’t prepare her for monitoring revenue streams or analyzing financial data.

“ELAM was very useful in equipping me to prepare for administrative work and giving me a frame

of reference,” Dunlap says. “But as much as anything, it helped tailor my training for jobs I already had or might aspire to.”

The Need for Networking

Networking is another strength of the ELAM program, according to UAB participants. “The ELAM experience was very refreshing and energizing for me,” Kathy Nelson says. “It gave me an opportunity to meet highly successful women in a residential setting away from home and to be taught by a faculty tuned in to career advancement for women.



“ELAM tested our knowledge of such things as finances and organizational skills. This assessment also confirmed that I was doing a lot of things right. It was reassuring to learn that I was handling some matters, such as conflict resolution, well.” — Amie Jackson

“Also, they gave us excellent homework to do. By virtue of being in the ELAM program, we were required to meet with people in the highest echelons at UAB. So I got to meet with people like the president of the university and the director of development—people outside the medical environment.”

Jane Schwebke, a 2002-03 ELAM fellow, says interviews with senior managers in nonmedical areas such as legal and human resources have given her a better understanding of how the organization works. Schwebke is associate professor of medicine and medical director for the Jefferson County Department of Health’s Sexually Transmitted Diseases Clinic.

“One thing that has impressed me is the opportunity to spend time with 45 talented women in academic medicine,” Schwebke says. “It’s not often that you have the opportunity to be with women who have moved so far in their organizations.”

The staff at Drexel fosters networking among ELAM graduates through a formal organization, the Society for Executive Leadership in Academic Medicine. There also is frequent informal communication. Morgan stays in touch with many members of her ELAM class via E-mail.

Uncommon Bonds

Jacqueline Feldman, the Patrick H. Linton professor of psychiatry, developed especially close ties to some members of her 2001-02 ELAM class. “We were attending a seminar on September 11, 2001,” she recalls. “With many planes grounded and airports closed, three of us from Nashville, Birmingham, and Atlanta rented a car and drove home together. The entire group bonded during that time, but especially the three of us.”

“ELAM gave us the realization that so many women in academic medicine have had similar experiences,” says Jackson. “You go through so much with your family, your vocation, and what you feel you should be doing in medicine—in research and with patients—that you can feel very isolated. There aren’t many role models. So learning about this network and staying in contact with it has been one of

the most valuable aspects of ELAM for me.”

Lourdes Corman can speak firsthand about the network’s tangible benefits. “I became friends with Kathy Nelson when we were both ELAM fellows in 1996 and 1997. We stayed in touch,” says Corman, professor of medicine and chief of internal medicine



Jackie Feldman (left), with Bill Mull, R.N., developed close ties with her ELAM classmates.

at UASOM's Huntsville campus. "At that time, I was at the University of Louisville. When a Huntsville opening occurred that Kathy thought I would be right for, she let me know about it. I applied and got the job."

In addition to learning organizational skills and building a support network, ELAM fellows say they benefit strongly from home-based assignments. "The conversations with senior administrators, which we might not have had otherwise, gave us frameworks for discussing what we wanted to do," Dunlap says. "For me, it was a structured way of letting people know what I was interested in and that I was willing to work for it."

Big Pictures, Daily Impressions

Each participant also selects a special project pertaining directly to her job. Dunlap had just become vice chair for the Department of Medicine when she attended ELAM, so she developed a model analyzing the clinical operations of an academic department of medicine. Feldman examined the affiliation between Children's Hospital and the OB/GYN department. Schwebke is looking at gender disparity issues in terms of salary and promotion. Such projects help advance the goals of UASOM, as well as develop the individual.

But it's not always the "big picture" skills taught at ELAM that leave a lasting impression. "I've found that I now use the Myers-Briggs system for classifying the personalities and preferences of people I work with," Morgan says. "It's a useful management tool for working with people. Also, I took a class in negotiations that really opened my eyes."

Nelson, who chairs a regional medical school group on student affairs, says that "media training" from ELAM has been valuable for her.

"We learned some showbiz stuff that's helpful—what to wear, how to shake hands, public speaking, and even body language like not making a fig leaf with your hands," she says.

Women Managing Medicine

Of all the ELAM fellows, Nelson may have seen the most changes during her medical career. She joined the UASOM faculty in 1976 as an assistant professor of ambulatory pediatrics, planning to stay "a few years." Today she's still there, serving as senior associate dean for students at UASOM, managing a staff of 20 and an annual budget of \$1 million. As head of student services, she is responsible for admissions, financial aid, and career support for UASOM. As Nelson laughingly puts it: "I'm mother to 705 medical students."

But those accomplishments may have looked unattainable when she began her career. "I had a difficult time getting accepted to medical schools back in the late 1960s, even though my grades and campus activities were competitive," she says. "There were only eight women out of my graduating class of 130 from the New York Medical College in 1971."

Those numbers have improved dramatically over the years, but Nelson finds women are still underrepresented in medical management. "Today, women comprise a huge part of the medical workforce, including physicians," she says. "Also, we mustn't overlook the fact that 50 percent of the patient population is female. It would seem reasonable to expect that medical school administrations would reflect these numbers. In addition, women's styles seem suited for negotiation and consensus-building. These qualities are highly desirable in some aspects of our business."

Giving women the tools for success in medical administration is ELAM's mission, says Rosalyn Richman—and she believes that UASOM's seven fellows are providing a strong core group of women academic leaders for the university. "Dean Deal has come to several of our forums," she says. "That's one indication that ELAM and its fellows are fully on the radar screen of officials at UAB."

THE NEEDS OF MANY

Focusing on Women's Health

By Ann Halpern

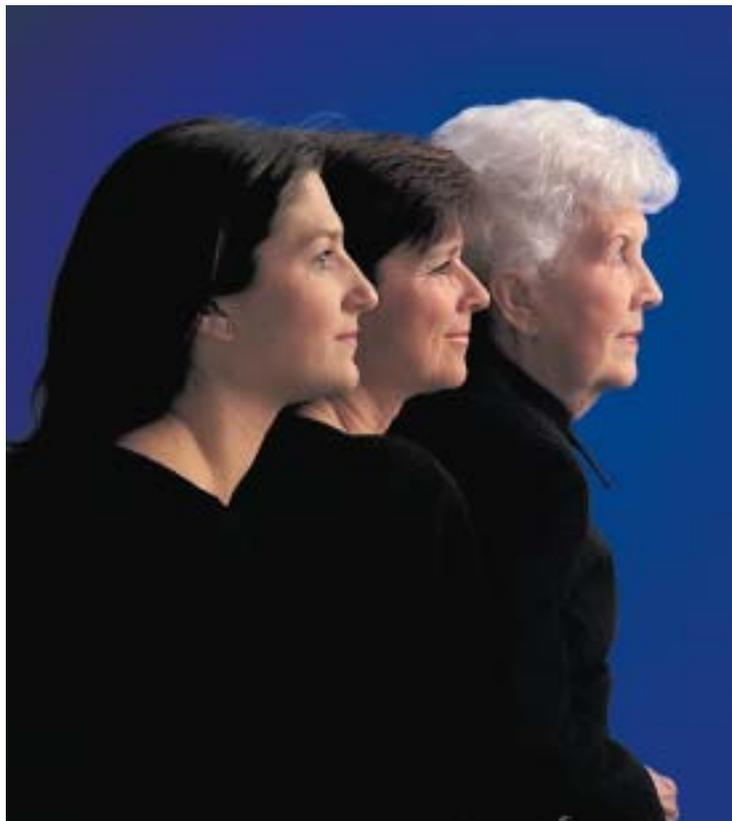
Centers at UAB are dedicated to treatment and research across the spectrum of women's health issues, from complicated obstetrics to bone disease, arthritis, gynecologic oncology, pelvic floor disorders, HIV, and beyond. Programs such as the Center for Research in Women's Health, the Center for Metabolic Bone Disease, the Center for Musculoskeletal Disorders, the Genitorectal Disorders Center, the Continence Center, and the Department of Obstetrics and Gynecology gather resources from across the university in pursuit of their mission. Women in Alabama and around the world benefit from their work.

Training and Treatment

The Department of Obstetrics and Gynecology, which combines teaching, patient care, and research to benefit women in all phases of life, is also a training center for clinicians and researchers. The department's commitment to training is enhanced by research career development awards from the National Institutes of Health (NIH)—UAB is the only institution in the country to receive both the Women's Reproductive Health Research grant and the Building Interdisciplinary Research Careers in Women's Health grant.

In addition to providing basic medical care related to the female reproductive system, the department also treats reproductive system malignancies, pelvic floor disorders such as incontinence and prolapse, endocrine disorders, and such difficult gynecological problems as infertility and prenatal diagnosis.

"Our Division of Maternal-Fetal Medicine is a major referral center treating nearly 500 complicated obstetrical cases annually," says Robert L. Goldenberg, M.D., professor of obstetrics and gynecology and director of the UAB Center for Research in Women's Health (CRWH). The department also works closely with the Regional Newborn Intensive Care Unit at UAB Hospital and with physicians statewide to manage high-risk pregnancies. Faculty and resident staff also provide care to 4,000 patients in the Steps Ahead Maternity Program for Medicaid patients. The recently formed Division of Reproductive Genetics focuses on prenatal diagnosis and genetics.



Patients come to the Division of Reproductive Endocrinology and Infertility for treatment of hormonal abnormalities affecting reproductive health and for infertility evaluation and treatment. "This division has a highly successful pregnancy rate for patients receiving treatment," says Goldenberg.

Known for providing an organized approach to cancer detection and treatment, the gynecologic oncology division is Alabama's only referral center for gynecologic malignancies. "Our faculty members have developed virtually all of the clinical protocols used by state and local health entities for the management of abnormal cervical smears," Goldenberg says. The newly established Ovarian Cancer Interdisciplinary Center Clinic provides comprehensive care for patients at risk for, or diagnosed with, ovarian cancer.

As the myth fades that incontinence is a normal part of aging, more women are seeking treatment from the Division of Medical-Surgical Gynecology, a regional leader in urogynecology. The division, in collaboration with the Division of Gerontology/Geriatrics, specializes in the evaluation and treatment of incontinence problems and other pelvic floor disorders.

Women's Health Research

In 2000, UAB ranked first among the nation's OB/GYN departments in yearly NIH direct-cost support. In 2001, NIH support increased by almost 2%

million to a total \$10 million, ranking the department second in the nation.

Recent OB/GYN studies have broadened from observational research to also encompass basic biomedical research, translational research, and large-scale clinical trials. Current major studies focus on pathophysiologic mechanisms of disease.

Research programs are managed within the CRWH which is recognized as a national leader, often setting state and regional standards for health care. The CRWH involves senior researchers from more than a dozen departments and supports investigations into such topics as gynecologic oncology, pelvic relaxation and incontinence, reproductive endocrinology, infectious diseases related to women, obstetrics in resource-limited international settings, and maternal-fetal medicine. The CRWH is supported by the university and individual center member grants.

“Within our gynecologic oncology division, the research focus includes evaluation of treatment strategies for abnormal Pap smears, the development of gene therapeutics for epithelial ovarian cancers, and efficacy trials of chemopreventive agents for cervical epithelial cancer,” says Goldenberg.

The medical-surgical gynecology division is involved in collaborative research programs including targeting women with urinary incontinence and pelvic prolapse, women with genitourinary disorders, treatment of abnormal uterine bleeding, pelvic infections and follow-up, and evaluation of enhanced perioperative treatment of the older woman and how it affects the postoperative course.

Research within the Division of Reproductive Endocrinology and Infertility includes studies of hormonal pathways leading to polycystic ovary syndrome, contraceptive technology, and techniques enhancing post-reproductive health.

Much of the research in the maternal-fetal medicine division centers on issues relating to preterm birth, fetal growth, and prenatal diagnosis. “Most recently we supported an intensive effort to determine the role of infection and/or the products of infection in initiating preterm membrane ruptures and/or preterm labor,” says Goldenberg. “We also have a large program dealing with elemental nutritional status and adverse pregnancy outcomes.”

Internationally, the department also is conducting epidemiological research and clinical trials at sites in the developing world. The fastest-growing program focuses on obstetrics and newborn health status in Zambia and Pakistan.

A multimillion-dollar project in Pakistan is studying the relationships of infection and adverse perinatal outcomes. The Center for Infectious Disease Research in Zambia (CIDRZ) has nearly \$12 million in grant funding for research, training, and service initiatives in perinatal outcomes and preventing mother-to-child transmission of HIV.

“There is a lot of exciting research in women’s health issues taking place at UAB,” says Holly E. Richter, Ph.D., M.D., associate professor in the Division of Medical-Surgical Gynecology. “One of the great things about this is the multidisciplinary approach to this initiative where different departments are working together in research endeavors that will impact on

women’s quality of life, including gynecology, urology, colorectal surgery, gerontology, and pathology, among others.”

The Biology of Bones

UAB’s Center for Metabolic Bone Disease is one of only five such centers in the country receiving NIH funding. “It’s a new NIH program, and we are one of the first groups to obtain support,” says Jay McDonald, M.D., chair of the Department of Pathology and director of the Center for Metabolic Bone Disease.

McDonald asserts that the center’s breadth of expertise stimulated the funding. “We cover everything from running an absolutely outstanding clinic through basic research at the most fundamental level,” he says. “It even extends to the engineering school, where they design biomaterials for implants like artificial hips and knees.”

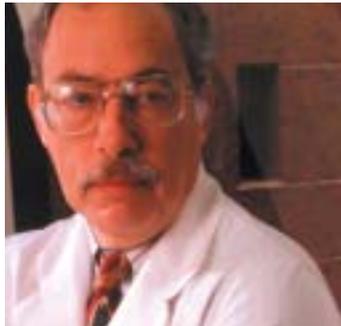
A tissue-engineering program (including artificial bone building), focusing on the basic biology of the bone and cell matrix, is under way at the new Richard C. and Annette M. Shelby Interdisciplinary Research Building. “It’s a very exciting joint program with biology and biomedical engineering,” says McDonald. “The idea is to heal a broken bone in a few weeks instead of many months. We will put in all the right growth factors and matrix factors to build bone.” This program could lessen the trauma associated with the treatment of congenital deformities, not to mention recovery times for many common injuries.

Although the center’s clinical research programs range from arthritis to bone disease, the primary focus is on osteoporosis, largely a disease of postmenopausal females. UAB participated in the Women’s Health Initiative estrogen replacement studies that were halted during 2002. “Until five or six years ago, we didn’t have any alternatives to estrogen therapy,” says McDonald. “Now we have a number of alternatives, non-estrogen compounds for your bones.”

A related program examines the way bone cells respond to microgravity. McDonald participated in a study by the Institute of Medicine to design a health-care system for a 30-month trip to Mars; because people going into space lose approximately one percent of bone mass per month, those who will participate in the trip to Mars face significant bone loss. McDonald anticipates that the microgravity model will help explain how cells get altered in disease states and during aging.

The Center for Musculoskeletal Disorders focuses on research into and treatment of arthritis. “We have a huge patient care enterprise, a strong clinical-research enterprise, and strong basic science,” says McDonald. He says this fits with the trend for “translation research”—applying basic science to patient care.

“A number of UAB investigators are interested in the bone loss associated with inflammatory arthritis and how that bone loss occurs,” McDonald says. “We can stop bone loss pharmacologically, but we need agents that will build bone up to a safe level. Because people with arthritis do not participate in bone-building impact exercises, physical therapists replace that with other activities.” McDonald sums it up: “You can do multidisciplinary things at UAB—and they work.”



Robert L. Goldenberg



Holly E. Richter



Jay McDonald

Influential Internists

Recognizing the Service of Kirk Avent and Bill Dismukes

By Ella Robinson

The close of 2002 was the end of an era for the internal medicine department of the UASOM, as C. Kirk Avent, M.D., retired as director of the Internal Medicine Clerkship, and William E. Dismukes, M.D., retired as director of the Internal Medicine Residency Training Program.

Avent and Dismukes had influenced UASOM students in the department since the early 1980s. Avent, an infectious disease specialist and now the medical director of disease control at the Jefferson County Department of Health, served as director of the Internal Medicine Clerkship from 1981 to 2002. Dismukes—who remains active at UAB as vice chair of the Department of Medicine, chief of the Division of Infectious Diseases, head of the Mycoses Study Group of the National Institute of Allergy and Infectious Diseases, and professor of medicine and microbiology—was director of the Internal Medicine Residency Training Program from 1980 to 2002. Both helped to shape the careers of the 20 to 25 percent of medical students who became internists.

Academic Apprenticeships

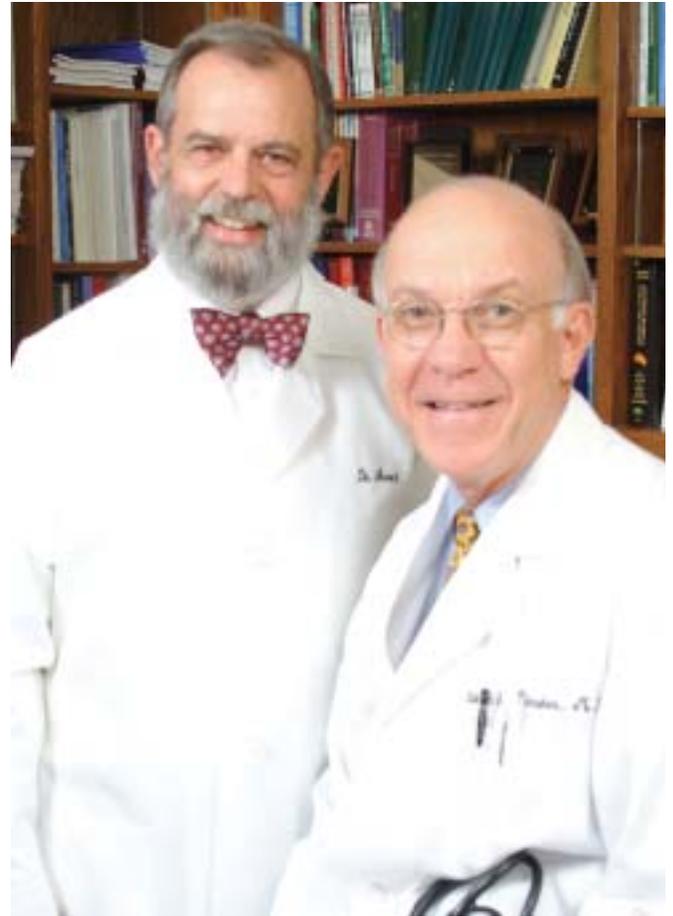
Avent came to UAB to complete his internship and residency after graduating from Harvard Medical School in 1965. After an infectious disease fellowship at the University of Washington, he joined the faculty in 1970. He has received many honors throughout his tenure, including Best Clinical Teaching Professor in the School of Medicine and the Departmental Teaching Award.

As director of clerkship, Avent was instrumental in shaping the third-year clinical courses, also known as clerkships, to meet the contemporary needs of students, patients, and doctors. These courses allow medical students to put into practice the knowledge and technical skills that they learned in the first two years.

In looking back, Avent says that the most appealing part of his position has been working with students and having an impact on their careers. “One feature of the medical clerkship that has remained unchanged over the past 20 years is that it is more of an apprenticeship than classroom education,” he explains. “Students working side-by-side with faculty and doctors make teaching a rewarding experience.”

Through interviewing and examining patients, students are able to expand their problem-solving and critical reasoning skills in a closely supervised environment. Clerkships allow students increasing levels of responsibility for patient care in hospital and ambulatory settings.

Dismukes, who grew up in Montgomery, Alabama, joined the UAB faculty in 1971 after receiving his medical degree from the Medical College of Alabama. He served for nine years as director of the Junior Clerkship in Medicine before being appointed director of the residency program in 1980.



C. Kirk Avent and William E. Dismukes

During his tenure as program director, medical education underwent significant changes. Using shifting trends and changing federal guidelines for positive advantage, Dismukes advanced UAB’s program to its current ranking of 11th in the nation.

“The residency program is a real team effort,” says Dismukes. “I have captained the ship, but our success would not be possible without an excellent crew.”

Ongoing Influence

Avent and Dismukes have worked to improve the education and careers of more than 2,000 medical students. Because of their insight and hard work, UAB continues to attract top candidates to its medical program.

William Koopman, M.D., chair of the Department of Medicine, says, “Kirk Avent and Bill Dismukes have dedicated their careers to the very best in medical education. They continue to have a great impact on the department as role models for both trainees and staff.”

The Department of Genetics

Common Ground for Crucial Research

By Ann Halpern

New understanding of the human genome has increased awareness of the role of genetics in diagnosing, treating, and perhaps preventing disease. In response, UAB has merged two existing departments to create a new Department of Genetics.

The new department combines the former Department of Human Genetics—which provided clinical services in testing, diagnosis, counseling, and management of genetic disorders—and the Department of Genomics and Pathobiology—which focused on developing animal models for human disease. The Department of Genetics is chaired by Bruce Korf, M.D., Ph.D.



Translational Techniques

“Dr. Korf is a world-renowned geneticist who has been exceedingly productive, especially regarding the genetics of neurofibromatosis,” says Richard Marchase, Ph.D., senior associate dean for biomedical research. “He is a spectacular addition to the medical staff here.”

As head of clinical efforts for Harvard-affiliated Massachusetts General and Brigham and Women’s Hospitals in Boston, Korf gained broad experience in the interface between clinical medicine and research. “That’s the factor we found the most attractive,” says Marchase. “We need to expand our clinical capabilities in genetics to best serve our patient population.”

Korf’s training as both a neurologist and a geneticist is reflected in his most recent research, which focuses on neurofibromatosis, a genetically based condition that causes tumors to grow along the nerves. “My work has focused on trying to develop systems that permit us to monitor the progress of the disease, in order to improve the effectiveness of new treatments,” Korf says.

For the past four years Korf has run a study with 15 centers worldwide participating. These imaging studies, monitoring the growth rate of larger tumors, seek ways to measure growth and provide a data set to pave the way for drug trials. “I’ve also been looking at the relationship between changes in the gene

for this disorder and the variability in the way this disorder expresses itself,” says Korf.

As an extension of his research, Korf has started an informational Web site for families receiving genetic counseling because of neurofibromatosis. Korf also has been involved in studies concerning diagnostic uses for DNA testing.

“I’ve put a lot of effort into developing educational systems for health professionals—physicians, medical students, nurses, genetic counselors—to

“Dr. Korf is a world-renowned geneticist who has been exceedingly productive, especially regarding the genetics of neurofibromatosis. He is a spectacular addition to the medical staff here.”

— Richard Marchase

use genetics in their day-to-day practices,” Korf says. These systems help physicians identify and use appropriate genetic tests. “We’re also working on systems to help physicians get family history information from patients.” Other training programs and consultation services help clinical investigators use genetics in their research.

Korf sees a need for public education

about our new knowledge of the human genome so that information can be successfully used to improve the quality of care. “It’s going to be necessary to earn public confidence that this will be used in a wise and appropriate way rather than to allay many of the fears people have about misuse,” he says.

Beyond the Boundaries

Korf says he likes the open climate at UAB that allows working across departmental lines. “One thing that attracted me was the notion that there are no obstacles to working collaboratively with other departments and other programs,” says Korf. “Genetics—more than any other area of medicine—has implications that know no boundaries in formal disciplines. There is no area of medicine in which genetics doesn’t have some relevance. It’s a great advantage to be in a place where people welcome collaborations.”

A primary goal for the new department is easy movement between research and clinical applications. “We want to offer very patient-oriented clinical services, development of new approaches to testing and treatment, and educational programs that cover the broad spectrum,” says Korf. “We expect to do it collaboratively with other departments and centers. This is an opportunity to build a world-class department of genetics in an era when the opportunities seem practically limitless.”

Discovering the Origins of HIV

FINDINGS LEAD TO HONOR FOR BEATRICE HAHN

By Marti Webb Slay

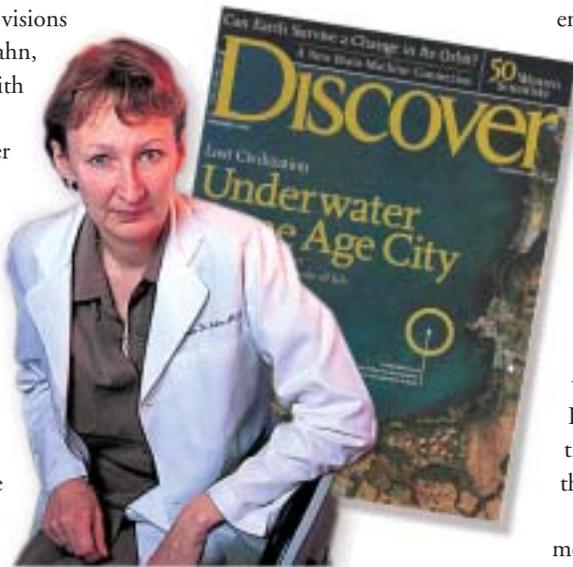
Most people entering medical school have visions of working with patients, but Beatrice Hahn, M.D., professor of medicine at UAB, works with . . . well, chimp poop.

But if that sounds trivial, consider this: Her research with the stuff—excrement being easier to obtain than blood samples from chimps in the wild—led her to a significant discovery. She has identified the origin of HIV-1 in a subspecies of chimpanzee in west central Africa.

Now *Discover* magazine, in its November 2002 issue, has named Hahn one of the 50 most important women in science. “It came as a surprise,” she says. “I think my immediate reaction was, ‘Why did they choose me and not other people in my field?’”

While Hahn modestly declares that “there must be 550 equally meritorious women” who were deserving, it was clearly her work on the origin of HIV that brought her the recognition. “The principal focus of my work in the last decade has been the origin and evolution of the entire group of viruses that HIV belongs to. My goal is to find out where HIV came from,” she explains.

The *Discover* article called attention to some of the barriers facing women in science. But Hahn faces other barriers in researching the chimps she has identified as carriers of the original virus. “Half of west central Africa is



“The principal focus of my work in the last decade has been the origin and evolution of the entire group of viruses that HIV belongs to. My goal is to find out where HIV came from.”

—Beatrice Hahn

embroiled in civil war, and the other half doesn’t have habituated chimpanzees,” Hahn explains. In order to overcome the problems, she began looking at chimps in east Africa, where chimps are routinely studied and data are more readily available. “First we develop the methods. Then we validate the methods, and make sure they’re really good. How many do we miss when we only look at poop? After all that’s been done, then we go to west central Africa,” Hahn says. “Now that I’ve gone through these more defined situations, I’m much better prepared to go into the most difficult arena.”

As she moves her chimp research into the more challenging geographic area, Hahn is moving her laboratory research into an additional area as well—working on an AIDS vaccine based on evolutionary principles.

Does she think she will one day discover an AIDS vaccine? “Then you will be interviewing me for the Nobel prize,” she laughs. “Obviously, if there wasn’t any chance, we wouldn’t be doing it, but the likelihood of any big breakthrough is low.”

Still, she and her colleagues continue to study chimp poop. She already has discovered the origin of HIV, and who knows? Maybe her work will lead her to even bigger discoveries in the years to come.



John Shuster

Inside Palliative Medicine

ENHANCING END-OF-LIFE CARE

By Ann Halpern

It can sometimes be hard for physicians, trained to view death as the enemy, to see terminal illness as something other than a defeat. But it can be a possibility for making a real difference, says John Shuster, M.D., director of UAB’s Center for Palliative Care. And that makes it a valuable challenge to undertake.

“Relieving suffering is the essence of being a doctor,” says Shuster. “This is the most fulfilling practice I’ve ever had.”

Fostering interest and education in palliative medicine is an important goal for Shuster. Although studies show 80 percent of patients prefer to spend their last days at home, fewer than 20 percent receive hospice referrals that would make that choice possible. “Medical schools have done a great job of teaching students to pursue cures,” he says. “We also need to

Meeting the Menace

RESEARCH FACES THE THREAT OF BIOTERRORISM

By Ann Halpern

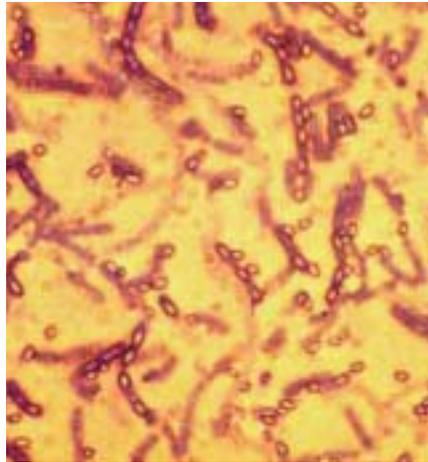
Two UAB centers are playing key roles in the nation's effort to counter chemical, biological, and other weapons of mass destruction. The Center for Disaster Preparedness (CDP) focuses on civilian responses to potential bioterrorism and other weapons of mass destruction incidents. The Center for Biodefense and Emerging Infections (CBEI) is involved with the research side of biodefense issues as well as work with newly emerging pathogens such as West Nile Virus.

Besides preparing for potential biological and other disaster-related emergencies, the CDP has several related clinical research efforts. One program studies the effectiveness and delivery methods of anthrax vaccine, seeking the best way to achieve full immunity as rapidly as possible. This project, funded by the Centers for Disease Control and Prevention, is headed by Mark Mulligan, M.D., professor of medicine and director of Alabama's Vaccine Center.

The CDP has created a bioterrorism Web site [www.bioterrorism.uab.edu] for health professionals. "It offers free continuing education on bioterrorism," says Thomas Terndrup, M.D., chair of the Department of Emergency Medicine and director of the UAB Center for Disaster Preparedness. "We've given out about 1,400 CME certificates on bioterrorism to physicians in the past calendar year." This collaborative project was made possible through the combined efforts of the CDP, the Center

for Outcomes Research and Educational Effectiveness, and co-primary investigator Norman Weissman, Ph.D.

A parallel project gauges the effectiveness of Web-based intervention in recognition and treatment of biological agents specifically for physicians in VA hospitals.



Spores and vegetative cells of anthrax.

Terndrup calls biodefense an important opportunity for UAB and its many talented fundamental and translational scientists. "If they can apply their knowledge and methodologies to biodefense problems, we'll be very well served as an institution in contributing to these important national issues," he says.

Through the CBEI, the university plays a prominent role in the eight-state Southeastern Consortium for Biodefense and Emerging Infections. UAB's contributions include several projects, including antiviral drug development for smallpox in collaboration with Southern Research Institute, vaccine development by studying innate immune responses, and study of the three-dimensional structure of proteins leading to new drugs and mechanisms to detect, treat, and prevent anthrax.

"A vaccine and immunology project will look for strategies that lead to vaccines directed against agents that could be used in bioterrorism," says Richard Marchase, Ph.D., senior associate dean for biomedical research. In addition to an active anthrax vaccination program, CBEI studies are investigating similar strategies for other bacteria and viruses including West Nile. Other studies concern mucosal immunology to a variety of pathogens.

A collaborative study with Southern Research Institute is looking at the highly infectious pathogen that causes tularemia, a disease that would be a dangerous bioterrorism agent. UAB is also applying for designation as a regional biocontainment laboratory for the study of infectious agents.

"We are well positioned to respond to this threat. We have strong bacteriologists and virologists. We're also exceedingly strong in immunology," says Marchase. "We anticipate that we're going to be one of the leaders in this next push to try to mount appropriate efforts for biodefense."

help them recognize suffering and provide better end-of-life care."

"Most doctors are taught to treat the disease first and the patient second," says UASOM alumnus John Lusk, M.D., oncologist and medical director of Hospice and Palliative Care of Greensboro, North Carolina. "In hospice, we treat the patient first and the disease second."

One issue of great importance to palliative care patients—and therefore their physicians—is whether care should be in-home or in-patient. Hospice care in the United States is most often in-home. "It is usually provided in the home by a visiting nurse, working as part of a team that includes a doctor, a social worker, and possibly a chaplain trained in end-of-life counseling or a con-

sulting psychologist," Lusk says.

But there is also an important role for in-patient hospice care. "During the transition from hospital to home care, we can help get symptoms under control while caregivers are trained," Shuster says. "If symptoms become too difficult to handle at home, we can help."

The most appropriate means of relieving symptoms is the topic of an ongoing debate. Some progress has been made in clearing misconceptions about the role of opiates in pain control, Shuster and Lusk agree, but it is also important for doctors to know how to treat symptoms such as fatigue, nausea, and dyspnea.

Another important issue doctors face is the question they may fear the most. "When patients bring up the possibility of ending

their own lives, it's important to listen," says UASOM alumnus Jarvis Ryals, M.D., a neurologist and palliative care specialist in Pueblo, Colorado. "Ask why they ask. Usually it's just a fear of pain. Tell them about the new medications and treatments we can use to keep them comfortable."

"With better end-of-life care, this can be a healing time for patients and their families," Lusk says. "It can be a transcendent and transforming event—healing relationships, healing lives, and easing the burden of grief. We can help give them the time to learn to say good-bye."



Physicians' Forum

By Shane Ivey

REGULATING RESIDENCIES

In July 2002, the Accreditation Council for Graduate Medical Education (ACGME) set new rules limiting the work hours of residents. Under the new rules, which take effect in July 2003:

- residents may work no more than 80 hours per week (averaged over four weeks, and including all clinical and scheduled academic activities related to the residency);
- on-call duty is restricted to 24 hours, and may only be assigned every third night (averaged over four weeks);
- residents must have one day in seven free from all educational and clinical responsibilities (averaged over four weeks);
- a 10-hour time period for rest and personal activities must be provided between all daily duty periods and after in-house call; and
- program directors must monitor and approve moonlighting by residents.

Some exceptions apply; please see the ACGME Web site [www.acgme.org] for the specific language of the regulations. The final language of the new standard was approved at the ACGME meeting on February 11, 2003, and is to be inserted into all specialty and subspecialty requirements.

Similar rules have been announced by the American Medical Association. Both bodies acted in response to increasing public pressure from student groups and the possibility of legislative action—in the proposed Patient and Physician Safety and Protection Act, the federal government would have mandated similar restrictions.

While the new rules have been lauded by many medical students and residents, some hospitals object to the loss of working hours by residents and the increased costs that may result from hiring additional physicians, nurse care practitioners, physicians' assistants, and other health-care extenders to do that work. They also argue that some programs will need to add a year to their residencies to provide the same amount of experience. Residents in surgical programs also may face difficulties if their restricted schedules prevent them from being on hand for rare procedures.

The *Alabama Medical Alumni Bulletin* asked two prominent alumni and UASOM faculty members for their opinions of the new rules and the implications for residency training and the departments where residents work. Kirby Bland, M.D., is chair of the Department of Surgery and chair of the residency review committee in the Department of Surgery. John C. Hauth, M.D., is chair of the Department of Obstetrics and Gynecology.



John C. Hauth



Kirby Bland

What will be the most immediate impact of the new restrictions?

Kirby Bland, M.D.(KB): By July 1 of this year, we will be required to limit residents to an 80-hour week. The ACGME will require that this be put into the bylaws and program requirements of the residency review committees of every resident training program.

John C. Hauth, M.D.(JH): It is my department's impression that procedure-based specialties and those with typically longer work and on-call requirements will be most impacted by these restrictions. In some departments we have seen a marked increase in the number of residents requested; others, such as OB/GYN, will maintain the breadth and volume of training experiences by using additional personnel to assume certain tasks of the house staff and fellow staff.

What will be the most significant long-term impact of these rules?

KB: In some ways the new rules are good. We're asking residency programs to control the educational and patient-care environment to allow the maximum utilization of residents' time for cognition and for service-related tasks. However, it may make it difficult for residents in some programs to work the necessary number of cases in order to be fully trained.

JH: The long-term impact is less than certain. The limits on resident hours are somewhat arbitrary and are not based on a known relationship to quality patient care. It is our sense

"With fewer residents on duty, patient care will have to be made up by nurse clinicians and physicians' assistants. That could have a significant fiscal impact on hospital bottom lines."

—John Hauth

that the ACGME responded primarily to political pressure to address this problem and that the new requirements are a compromise to address the problem and also maintain the outstanding health-care training of specialists and subspecialists in the United States.

How will the new restrictions affect the training of residents? Will they affect some residents differently from others?

KB: Surgery residents require the most intense training because of the technical component in their training. It is just as important as the cognitive component. You need that experience, and there is concern that the restrictions will reduce the time that they have to spend with patients.

JH: Residents in procedure-based specialties are most likely to be affected.

How will the new rules affect hospital departments that employ residents?

KB: With residents spending less time in the hospital, their duty time will have to be taken up by the attending physicians—and it's not

uncommon for many surgical attendings to work 80-hour weeks now.

It also could affect how we care for patients. With fewer residents on duty, patient care will have to be made up by nurse clinicians and physicians' assistants. That could have a significant fiscal impact on hospital bottom lines.

JH: Many clinical departments at UAB have asked their residency review committees and the hospitals to increase the number of residents in their programs.

Are there better ways to address the concerns at the root of these restrictions and the proposed legislation?

KB: I think the new rules will have good and bad effects. They force program directors to validate that residents are not spending unnecessary time in the hospital on service-related tasks that are not necessarily enhancing their education. On the other hand, patients will have less contact with physicians, and it could lengthen residencies because residents may not get the requisite number of cases to be board-certified in their specialties.

JH: There may be better ways, but we need data to assess the specific relationship between medical errors and these training programs. There are no known data to indicate whether 80 hours a week, or 70, or 90, translate to fewer medical errors and more timely and appropriate patient care.

"They force program directors to validate that residents are not spending unnecessary time in the hospital on service-related tasks that are not necessarily enhancing their education."

—Kirby Bland

ISSUES AND INSIGHTS

Tomorrow's physicians are beginning to grapple with a number of issues that will shape the medical profession for years to come. Malpractice insurance and patient access to health insurance are directly impacting every practice. The rapid growth of Hispanic immigrant populations in the United States creates a large sector of underserved citizens. Public concerns about medicine affect the education and training of every medical student and future physician. But how do medical students themselves view these challenging issues? Where are their priorities?

The *Alabama Medical Alumni Bulletin* spoke to medical students William Veale (fourth year), Greg Sfakianos (second year), Hernando Carter (second year), Sally Rohrer (second year), Jane Schell (second year), and Eric Wallace (first year) about some of the issues that concern them and their contemporaries, the next generation of physicians.

Language Training and Social Sciences

Eric Wallace: I've been translating Spanish at the Jefferson County Health Clinic for three or four years now. A few years ago, they had fewer than 100 visits by Hispanic people. Now they've stopped keeping stats because there are so many. On some days maybe 50 percent of their patients don't speak any English.

As the Hispanic population grows, Spanish is something that we're going to need. So one of my friends and I started a Spanish conversation table. Every Wednesday we get together at a Hispanic restaurant and just talk. It doesn't have to have anything to do with medicine—we just talk the basics, because when you're a doctor speaking to a Hispanic patient, what you need to know is not what every term and symptom and syndrome is called, but how to describe them to the patient. This is especially true in the United States, where most of our Hispanic immigrants are Mexican and up to 95 percent have no more than a fourth-grade education. You have to know how to explain things in basic terms. That's all it takes, and patients are really appreciative.

The thing is, most people have it beaten into their heads in high school, "I have to major in biology or the sciences if I want to

"A lot of people in the Early Medical School Acceptance Program chose to focus on social sciences during undergraduate study. That opens up a whole side of life and learning that I think a lot of people have missed out on, because they've been pounded by the sciences for eight straight years and will be for the rest of their lives."

— Eric Wallace

go to medical school." They take four years of biology and then go straight into medical school, and they don't get anything in between.

I started on the biology track, but I decided to keep up with my Spanish. My mother's Chilean, and after I visited my family in Santiago for about a month I came back and changed my major to Spanish. The only thing I did in the sciences was my prereqs to get into medical school. And I'm ecstatic that I did that. I don't find that I'm at a disadvantage.

Now, I think a lot of students take the sciences because they help you prepare for the MCAT. I was part of the Early Medical School Acceptance program, and I was accepted out of high school and didn't have to take the MCAT. That pressure wasn't there.

A lot of people in the Early Medical School Acceptance Program chose to focus on social sciences during undergraduate study.

That opens up a whole side of life and learning that I think a lot of people have missed out on, because they've been pounded by the sciences for eight straight years and will be for the rest of their lives.



Greg Sfakianos, Sally Rohrer, Jane Schell, and Eric Wallace voice their thoughts on some of the challenging issues that concern the next generation of physicians.

The National OCSE

Jane Schell: There's a proposed national Objective Clinical Skills Exam (OCSE) that will be a requirement to be licensed by the National Board of Medical Examiners. It would be at the end of the fourth year, and you would have to pass it to go on to your residency. There are only a few sites in the country where it will be held. One of them actually is Atlanta, which is not bad for us in Alabama, but for many people it will involve a lot of travel. And you have to pay nearly \$1,000 to take the test.

Greg Sfakianos: The class of 2005 will be the first to have to take it.

Jane Schell: The thing is, we take a course called Introduction to Clinical Medicine to get the skills required for a basic physical exam. Then there are clinical exams built in to the curriculum that you have to pass each year.

William Veale: It sounds kind of redundant. We already take licensing exams three times.

Jane Schell: The AMA is trying to pass a bill, I think, so that we would have our own in-house OSCE, through our own university, which would

cut out the travel. I'm not sure what the cost would be, but I'm assuming it wouldn't be as much.

Sally Rohrer: There was a phone survey of the public that asked if people thought we should have some sort of national test.

Jane Schell: They just said they wanted us to have "clinical skills." And I think a lot of students feel like, "We've been through this with our university, and if we can pass our university OSCE or Introduction to Clinical Medicine, that should be enough."

Medicaid and Health Insurance

Jane Schell: One issue that's becoming more apparent in the news is that there are people who are making too much money for Medicaid but not enough to afford insurance, or who don't get insurance through their employers.

Greg Sfakianos: The people who have insurance actually pay less for care than people who don't.

Hernando Carter: I think that when it comes to treatment, the best setup may have been fee-for-service—you come in, I treat you for this,

it costs this much. With HMOs and health plans, I think the things that a lot of people aren't paying for out of their pockets, they're paying for with their lives and health.

Eric Wallace: I think there are about 40 million uninsured now. And most of them aren't people who don't work—they're people who *do* work but can't get insurance.

Hernando Carter: Take my dad, for instance. He was laid off from his job. He found another job, but now he has to work a probationary period for six months with no benefits, no health care. And he's a controlled hypertensive patient.

Eric Wallace: And what do you do in those six months? Just pray that nothing happens to you.

Greg Sfakianos: And COBRA in between jobs is outrageously expensive.

Hernando Carter: You could say, "Go to Cooper Green and apply for a blue card." But while he's waiting eight hours to get his medicine, he has to be at work.

Malpractice Insurance

Eric Wallace: The malpractice insurance situation is really scary. One of my dad's friends just retired because he couldn't afford OB/GYN insurance. A lot of OBs are going out of business. In Nevada, I think there used to be 12 neurosurgeons in the state, and now it's down to two or three.

Hernando Carter: I think the temperament toward doctors is changing. If you watch the six o'clock news, how many times in a week do they cover "How do you know if you have a bad doctor?" or "Doctors are saying this—but they might be wrong!" There's a Web site called "baddoc.com." I know a lot of people who really distrust doctors.

When I was growing up, which wasn't that long ago, a doctor was respected and trusted. I'm not saying there's anything wrong with self-education by the patient, but now it's kind of like, "What can I research to tell the doctor that he's wrong or catch the doctor in liability?"

People are forgetting that this affects everybody because it makes it harder to practice medicine. If you don't have doctors, what are you going to do?



C. Brett Scullen

We are happy to welcome C. Brett Scullen as director of development for the UASOM.

Brett joins us from Vanderbilt University, where he was associate director of regional development. Before Vanderbilt he worked in the financial services industry, and for three years he served as director of development for the College of Business at Auburn University.

With medical research being so critical to the UASOM's growth—particularly the dean's goal of reaching the "Top 10" in NIH funding by 2010—he will be working extensively with the Department of Neurology, the Department of Neurobiology, the Center for Research in Women's Health, and the Department of Genetics to facilitate their research.

Brett tells the *Alabama Medical Alumni Bulletin* that he looks forward to working with John C.

Hauth, M.D. (chair of the Department of Obstetrics and Gynecology and director of the Center for Research in Women's Health), and Michael Friedlander, Ph.D. (chair of the Department of Neurobiology) to build upon the accomplishments of their departments.

He adds that the recent recruitment of Bruce R. Korf, M.D., as chair of the Department of Genetics, and Ray Watts, M.D., as chair of the Department of Neurology, promises to increase the research profile of the UASOM still further.

Brett's work will cover a lot of ground, and it will help the UASOM advance its research mission in many critical fields. In addition, Brett will work with the Dean's Partners and the Dean's Advisory Council to encourage input and support.

PROGRAMS WORTH SUPPORTING

The J. Max Austin, Jr., M.D., Endowed Chair in Gynecologic Oncology

By Shane Ivey

When J. Max Austin, Jr., M.D., was young, he left his home town of Wetumpka, Alabama, to attend Georgia's Emory University. Four years and a bachelor's degree later he came right back to

"There are some counties in Alabama that are equivalent to third-world countries in the death rates from cervical cancer."

his home state, earning a medical degree at the Medical College of Alabama in 1967. Except for a year out of the state for residency training and two years in the Air Force, Austin has been in Alabama ever since.

"I've practiced gynecologic oncology and taught residents and fellowship students in this state for my whole career," he says. "Alabama—and treating its female cancer patients—have been my love all this time."

Austin did a one-year residency in Atlanta in 1968-69, then he finished his OB/GYN residency and fellowship in Alabama. Having progressed along the academic ladder, he is now a full professor at the UASOM. He also opened a private practice in Birmingham (Southern Gyn Oncology, P.C.) in 1977 and ran it for 22 years.

When Austin returned to the UASOM in 2000, the University of Alabama Health Services Foundation and the Department of Obstetrics and Gynecology established the J. Max Austin, Jr., M.D., Endowed Professorship in Gynecologic Oncology in honor of his contributions to medicine and medical education in Alabama.

Now the UASOM and the Department of Obstetrics and Gynecology hope to raise the funds to elevate that professorship to a full chair. The chair will be of tremendous value in recruiting future leaders and teachers in gynecologic oncology—and that will have special significance for Alabama, Austin says.

"There are some counties in Alabama that are



J. Max Austin, Jr.

equivalent to third-world countries in the death rates from cervical cancer," he says. "This is tragic. We need to continue to educate, to teach the latest techniques in detection and diagnosis of gynecologic malignancies because many of them are potentially treatable if diagnosed early."

For information on contributing to the J. Max Austin, Jr., M.D., Endowed Chair in Gynecologic Oncology, please contact C. Brett Scullen at (205) 975-7240, or see the envelope enclosed in this issue.

PROGRAMS WORTH SUPPORTING

The Montgomery Internal Medicine Residency Program

By Shane Ivey

“Your patients are your books,” the late Tinsley R. Harrison, M.D., told his students—he believed doctors learn about medicine mostly from the people they treat. That tradition is still strong at UASOM’s Internal Medicine Residency Program in Montgomery, according to program director Wick Many, M.D. “Dr. Harrison believed in the importance of the bond between patient and physician,” says Many. “That’s why he helped start this program.”



Wick Many

The Montgomery Internal Medicine Residency Program grew out of an informal arrangement in which medical students often would spend time with patients in Montgomery under the tutelage of Harrison and his colleague Jack Kirschenfeld, M.D. It was formalized in the early 1970s, and by 1974 it was fully accredited as an internal medicine training program.

Many says, “Our mission is threefold: to train young men and women to be highly competent and compassionate physicians; to provide quality and comprehensive patient care; and to serve the extended medical community through educational programs, clinical research, and related activities.”

The program has helped train more than 200 physicians, he says, and many of those doctors have remained in Alabama. “We have a retention rate for the state that is quite good. Nearly half of the graduates are practicing in the state, a large percentage of them in central Alabama.”

The program has a patient census of around 22,000. “About 40 percent of those are with Medicare, 20 to 30 percent are Medicaid, and 20 percent are no-pay. The rest are privately insured,” Many says. “We turn no one away.” The program partners with many organizations to provide much needed care—such as the Division of Pediatric Infectious Disease at Children’s Hospital in Birmingham—screening children at risk for HIV infection by maternal transmission. In Harrison’s tradition, the program also holds Bedside Teaching Rounds for visiting professors to join the house staff for in-depth time with patients.

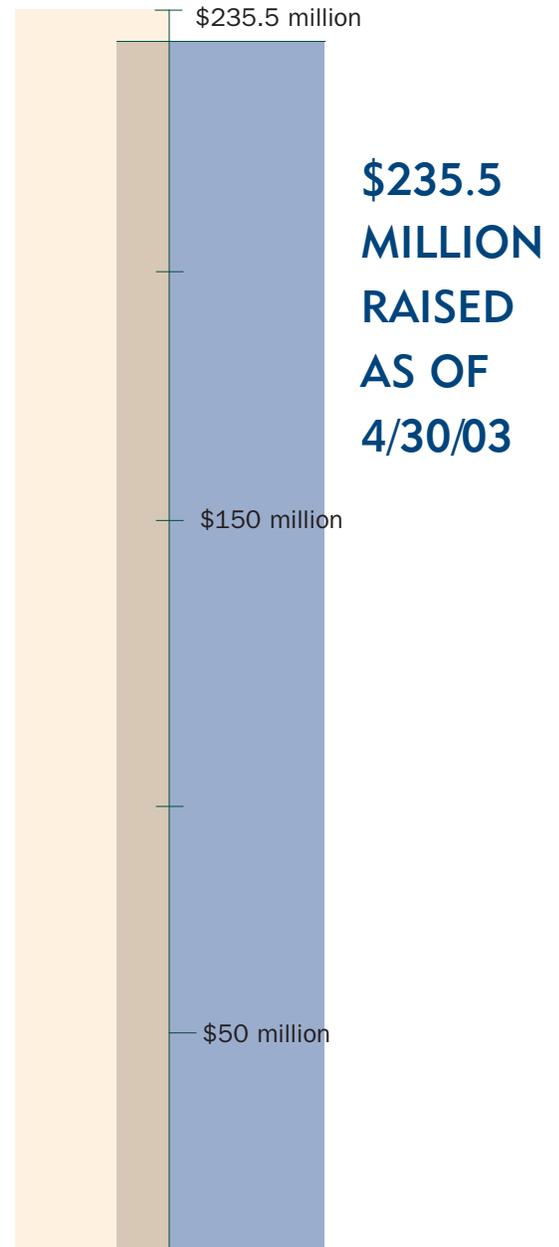
The program is the sole source of continuing medical education in central Alabama, with Grand Rounds throughout the year, quarterly seminars, and a semi-annual distinguished lecture series.

Many encourages support for those initiatives through donations to the UASOM, earmarked for the Montgomery Internal Medicine Residency Program. “Support for things like Bedside Teaching Rounds is important, because they’re above and beyond the minimum required for patient care. They are the first to get cut when times are tough. But they are what make a training program an enriching experience.”

For more information, please contact John Lankford, Ph.D., at (205) 975-7341.

the UASOM
on our way
to our goal!

\$240 million



GIVING BACK

Lonnie W. Funderburg, M.D.

By Shane Ivey



When Lonnie Funderburg came home from World War II, competition for medical school was stiff. His education was competitive, with a degree in pharmacy and studies in the Navy, but he didn't have the prerequisites.

Of the six medical schools that Funderburg applied to, only the Medical College of Alabama gave him a chance. That was where he met Stuart "Bully" Graves, M.D., former dean of the two-year school. "Bully Graves told me what I had to do to get into medical school at the University of Alabama, no ifs, ands, or buts," Funderburg says. "And when Bully Graves said it, that's the way it was."

It seemed like a long shot when he heard all the courses he would have to take, but Funderburg was determined—and he excelled. "I'm not much of a student," he says, "but I was one of those war time boys, way behind and trying to catch up, and I didn't have time for foolishness. When I didn't have to work eight hours a day, I could study."

"When I think about it now," he adds, "I say the good Lord looked after me—and Bully Graves did, too!"

Funderburg received his medical degree and a master's in pharmacology in 1950. He did a residency at the University of Pennsylvania Hospital, and then spent 32 years as director of anesthesia at Birmingham's Princeton Baptist Medical Center and Baptist Montclair Medical Center; he still serves on the Baptist Hospital Foundation Board. After retiring from medicine, he surveyed hospitals for about five years as part of the Joint Commission for the Accreditation of Hospitals.

In recognition of the start he got at the UASOM, Funderburg and his wife of 60 years, Mary, recently donated a farm near Odenville, Alabama, to the school. The farm has a barn and an efficiency apartment, and Funderburg says, "It would make an excellent retreat." He expects the school to sell the property in order to help fund construction of Volker Hall.

Looking back on his education at the UASOM and his years in medicine, Funderburg says he is always impressed with the school's growth. "I've looked at a lot of hospitals and medical centers, surveying for the Joint Commission," he says, "and I've come to appreciate this one very much. It stands high."

"I've looked at a lot of hospitals and medical centers, surveying for the Joint Commission, and I've come to appreciate this one very much. It stands high."

MUTUAL DEVOTION

Benjamin Friedman, M.D.

By Shane Ivey

Ask the people who knew him, and they'll say it's fitting that a floor of Volker Hall is to be named for Professor Benjamin Friedman, M.D. Friedman's niece, Lucille Klein, says teaching medical students was one of the things that Friedman loved best in his years at UAB. "I think the way he interacted with students was his greatest asset," Klein says. "He loved to transmit what he knew and to inspire people. And the students really liked him."

UASOM Distinguished Professor James A. Pittman, Jr., M.D., who worked closely with Friedman for many years, agrees: "Ben Friedman was one of the best teachers we've ever had."

Born in the Ukraine in 1904, Friedman worked his way through college in New York and earned a medical degree from Washington University School of Medicine in 1931. That same year, as a new resident at Vanderbilt

University Hospital, he did research with Vanderbilt Professor Tinsley R. Harrison, M.D., future dean of the UASOM. It was to become a



lifelong association. As a physician in private practice, Friedman worked with Harrison off and on for 10 years before serving in World War II, and from 1946 to 1950 they worked together

at Southwestern Medical College.

He joined Harrison on the faculty at the UASOM from 1955 to 1957 and then returned to Texas to serve as chief of medical service at Dallas Veterans Administration Hospital and professor of medicine at Southwestern Medical College. He returned to the UASOM in 1966 and taught medicine here for the rest of his career.

Friedman died in 1997. With no children of his own, he left his estate to Lucille Klein; he and his niece had always been close. Klein, now a retired social worker and psychotherapist, has willed the balance of her estate to the UASOM in her uncle's name.

The UASOM is proud to dedicate a floor of Volker Hall to Benjamin Friedman, M.D., in recognition of Klein's generosity and Friedman's many contributions to the UASOM.

"My uncle was devoted to the School of Medicine, and he loved the people of Birmingham," Klein says, "and I think the feeling was mutual. The School of Medicine was very good to him."

DEVELOPMENT PROFILE

Paul Burleson, M.D.

By Marti Webb Slay



Conventional wisdom dictates that a career in medicine should be entered into only after careful consideration. But Paul Burleson, M.D., doesn't always do things the conventional way. He decided to enter pre-med on the day he registered at Birmingham-Southern College. "I met a friend who said, 'I'm signing up for medicine; I'm going to be a doctor.' So I signed up too.

"My father wanted me to be a lawyer, and my mother wanted me to be a minister," he continues. "I didn't want to be either one. I respected doctors and I was interested in medicine, so I chose to start pre-med."

What may have seemed like a whim resulted in a distinguished career in medicine, the U.S. military, and medical politics. And when his career ended, he began his first and only marriage to his wife, Martha, at the age of 70.

While Burleson's medical career is over, his loyalty and commitment to the universities that trained him along the way will continue for years to come, thanks to the trusts and endowments he has established.

Burleson received his pre-clinical education from the University of Alabama School of Medicine more than 60 years ago. After transferring to George Washington University for his clinical studies, he earned his medical

degree in 1942. Following a term in the U.S. Navy, he completed his residency, then returned to Birmingham and established an internal medicine practice that he maintained for 35 years. In 1951, he was appointed to be an instructor in medicine at UAB; he retired in 1986 as associate professor of clinical medicine.

Burleson achieved considerable wealth through entrepreneurial investments. "I'm something of a philanthropist," he says modestly. In fact, he has established several scholarships and trusts at his various alma maters. At UAB, the Paul W. and Martha B. Burleson Medical Scholarship Endowment is supported through current gifts and a \$2.65-million deferred gift commitment. He is also donating \$1 million to establish the Paul W. Burleson Chair of Internal Medicine.

He established the endowments to keep quality medical students from getting siphoned off to other states. "I was chairman of a scholarship committee at the University of Alabama," he explains. "We could give 50 people four years of training, but they had to pay back the \$2,000 they each received per year. That was inadequate. I got interested in donating to education at that time. The other schools were recruiting our grade-A students from Alabama with full scholarships. I got that changed."

Burleson is a firm believer in working to make things better. Not content simply to run his internal medicine practice and teach, he also became active in medical politics and had numerous professional affiliations. He served two years on the AMA's planning committee to improve health services in jails and prisons. He was elected to the Alabama State Board of Censors and was an Alabama delegate to the American Medical Association. He served for seven years on the State Board of Mental Health.

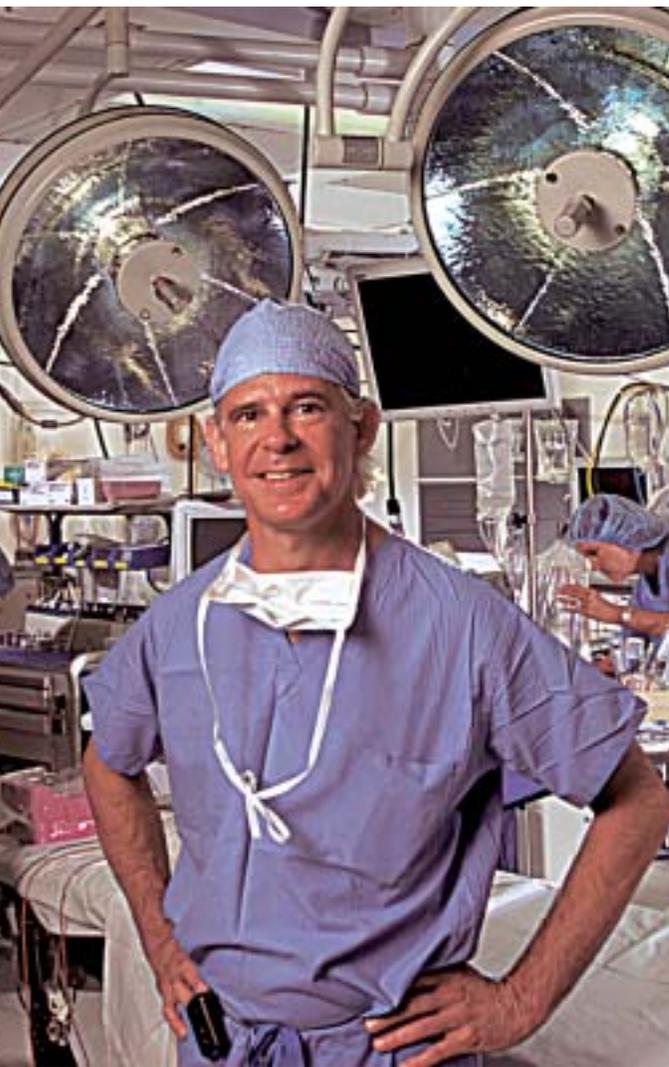
"My father wanted me to be a lawyer, and my mother wanted me to be a minister. I didn't want to be either one. I respected doctors and I was interested in medicine, so I chose to start pre-med."

Now in retirement, he lives in Naples, Florida, with his wife, but they maintain a residence in Birmingham, which they visit each spring and fall. Two strokes and a spinal compression fracture from a fall have slowed him down considerably, but he hasn't stopped. "I'm interested in Florida politics and American politics now, and I get about three medical journals a month that I read," he says.

His decision to enter medicine may have been spur-of-the-moment, but thanks to his years of service and generous gifts, Burleson's impact on UAB and his chosen career will last for years to come.

John Richard Garrett, M.D.

By Laura Freeman



Dennis Brack

The road from physiology class at the UASOM to the cover of *Washingtonian* magazine’s “Top Doctors” issue has been a remarkable journey for cardiac surgeon John Garrett, M.D. Hard work and a passion for healing have taken him far, but he hasn’t forgotten the people who guided him along the way.

“If not for Dr. Wayne Finley and Dr. Sara Finley at UAB, I might never have had the opportunity to become the doctor I wanted to be,” he says. “They taught me so

growing interest in aneurysm and heart valve repair.

After serving as an assistant professor of cardiovascular surgery at the University of Texas in Houston, Garrett started a cardiovascular surgery program at Auburn/Opelika East Alabama Medical Center.

Today, as chief of cardiac surgery, noncardiac thoracic, and vascular surgery at Virginia Hospital Center, his work has earned him the high regard of his patients and peers. In a *Washingtonian* magazine sur-

“If not for Dr. Wayne Finley and Dr. Sara Finley at UAB, I might never have had the opportunity to become the doctor I wanted to be. They taught me so much, and they helped me get into medical school.”

much, and they helped me get into medical school.”

Now chairman of the board of Virginia Hospital Center, Garrett also attributes much of his success to lessons in excellence he learned from John Kirklin, M.D., and the discipline he learned from chief of surgery Arnold G. Diethelm, M.D.

“I had the good fortune to learn ‘the Kirklin way,’ ” Garrett says. “Dr. Kirklin showed students how to deliver the best care we could provide. Dr. Gil Diethelm was a tough taskmaster, but he taught me discipline. What I learned at UAB was a blueprint for excellence.”

During his cardiothoracic and vascular surgery residency at the Texas Heart Institute, Garrett studied with Denton Cooley, M.D., who encouraged his

veiy, physicians in the Washington, D.C., area were asked who they would choose to be their doctor. Garrett was selected as a top doctor in cardiovascular surgery, thoracic surgery, and vascular surgery.

When he’s not busy caring for patients, teaching, or supervising construction of the center’s new nine-story replacement hospital, Garrett enjoys spending time with his family and pursuing an enthusiasm for French cooking. He took cooking classes at restaurants in France, and he enjoys preparing his favorite specialties for his wife, Mary, and their four children.

“We met in Birmingham when Mary was a medical student studying pediatrics,” he says. “That’s one more reason UAB will always be a special part of my life.”

Martha C. Myers, M.D.

In Memoriam

By Shane Ivey



Martha C. Myers, M.D., had a vision for her life, one unlike the vision most of us hold. It was not a vision of material success, family, or status. It was a vision of service—a vision she honored with humbling clarity and commitment.

The daughter of Dorothy Myers and Alabama state health officer Ira Lee Myers, M.D. (Class of 1949), Martha Myers had that vision from an early age. A devout Christian, Martha Myers announced her commitment to missions work as a teenager. When she received a Caduceus Club Travel Fellowship in her senior year of medical school, one of the possibilities recommended by the Southern Baptist International Missions Board (IMB) was Yemen, a small country of great poverty and strife. It sounded right to Martha.

She returned from the trip with a powerful conviction: Yemen was where God wanted her to be.

Finishing medical school in 1971, Myers took residencies in general surgery and OB/GYN because those were Yemen's strongest needs. Classmate Faye Roberts, M.D., who worked an internship with Myers at Mobile General Hospital (now University of South Alabama), remembers Myers's response when a surgeon rec-

ommended that she do mission work someplace in the United States instead: "She said, 'No. I am called to Yemen.'"

Myers first went to Yemen in 1977 as a missionary assigned to rural Jibla Hospital. The hospital treats more than 40,000 people each year, sometimes 50 or more patients per doctor per day, offering free medical care to the poorest and charging about six cents a visit for others. Myers would sometimes help patients with difficult cases out of her own meager salary or savings. She also taught at a nearby nursing school and provided medical care for prison inmates, and she was regional director of the UNICEF immunization program.

As a specialist, Myers offered obstetric and prenatal care to Muslim women who were forbidden from being treated by male doctors, but she treated nearly everyone who came to her. On any trip in the region she could count on being hailed by villagers—"Doctor Martha!"—and she would stop whenever she could. "She always carried her prescription pad and a few instruments," remembers her father. "She would hold clinic right there on the side of the road."

There was occasional trouble for the missionaries; the hospital had been attacked with hand grenades, and it kept a guarded check-in desk for weapons. About four years ago Myers was car-

jacked when she refused to let thieves just take her vehicle away, but the car broke down and the thieves abandoned both it and Myers, unharmed. She remained unafraid.

She returned to the United States most recently in 2001. She was planning to return again in January 2003 to visit her mother, who is suffering from pancreatic cancer. She never got the opportunity.

Martha Myers was shot to death on December 30,

2002, by a Muslim militant cradling a concealed rifle under his coat like a baby; colleagues William E. Koehn and Kathleen A. Gariety also were killed, and another hospital worker was wounded but survived. The gunman, who is suspected to have ties to al-Qaeda, was captured soon afterward. Thousands came to memorial services to mourn Myers and her colleagues, who had given up their lives so that many others might live.

She was buried in Yemen, and Ira Lee Myers told newspapers that was her wish. "Over here, it would be another grave," he said. "There, it is

"She always carried her prescription pad and a few instruments. She would hold clinic right there on the side of the road."

— Ira Lee Myers, M.D.

a testimony."

Abed Abdul Razak Kamel, the Muslim extremist responsible for the murder of Martha and her colleagues, was sentenced to death by a Yemeni court on May 10, 2003 in Jibla. His lawyer plans to appeal the verdict, stating that it violates Islamic law.

MEMORIAL FUND ESTABLISHED FOR DR. MARTHA MYERS

Members of the class of 1971 have established a fund in memory of Martha C. Myers, M.D., to assist medical students who are interested in medical missions. For more information, please call the Medical Alumni Office at (205) 934-4463. Memorial contributions may be sent to the Martha Myers Memorial Fund, Medical Alumni Office, 811 South 20th Street, Birmingham, AL 35205.

2003 Alumni Weekend Report

The 30th Annual Medical Alumni Weekend, February 7-8, 2003, featured the traditional activities: the Reynolds Historical Lecture, the Alumni Association Board of Directors' meeting, the Scientific Program, the annual luncheon and association meeting, the Constance and James A. Pittman Lecture, and 10 class reunion dinners.

Reynolds Lecture

The 24th annual Reynolds Historical Lecture on Friday evening featured Max Cooper, M.D., lecturing on "The Origin of the Immune System." The lecture was presented in the Historical Library's Ireland Room, located in Lister Hill Library. It was followed by a reception sponsored by the Reynolds Library and The Caduceus Club at the Woodward House.

Scientific Program

Saturday morning, President T. Riley Lumpkin, M.D., welcomed everyone to the timely Scientific Program on "Emergency Medical Services:



President Riley Lumpkin presided at the annual luncheon.

Current Status and Future Plans." Then he turned the program over to Loring Rue, M.D., professor of surgery, chief of the Section of Trauma, Burns, and Surgical Critical Care, and director of the Center for Injury Sciences. Rue began the program with "In Pursuit of the Golden Hour"; then Thomas Terndrup, M.D., professor and chair of the Department of Emergency Medicine and director of the Center for Disaster Preparedness, discussed "Emergency Medicine's Role in Disaster Preparedness." Camilo R. Gomez, M.D., then director of the Comprehensive Stroke Center, presented a section on "The Use of Stents in the Management of Cerebrovascular Disorders," followed by John Canto, M.D., assistant professor of medicine and epidemiology and director of the Acute Chest Pain Center, discussing "EMS and Acute Cardiac Care." Joe Acker, executive director

of Birmingham Regional Medical Services System, described "EMS System Development for Acute Event Responses," and State Health Officer Don Williamson, M.D., closed the program with "Current Status of EMS in Alabama."

Annual Luncheon

President Lumpkin presided over the annual luncheon, held at the Marriott. The traditional awards were presented as follows:

2003 Distinguished Alumnus

In recognition of outstanding contributions in the field of medicine and demonstration of the high principles of the medical profession.

Robert B. Adams, M.D.

Robert B. Adams, M.D., a native of Birmingham, Alabama, received bachelor's degrees in both biology and chemistry from Birmingham-Southern College and graduated from the Medical College of Alabama in 1956. After medical school he did a rotating internship at Lloyd Nolan Hospital in Fairfield, Alabama, in 1956 and 1957. He received pathology training in a residency at



Distinguished Alumnus Bob Adams and his wife, Jean

the Baptist Memorial Hospital in Memphis, Tennessee, from 1957 to 1959, and a two-year residency while in the U.S. Army stationed in the Fourth U.S. Army Medical Laboratory, which was part of Fort Sam Houston Medical Center in San Antonio, Texas.

Upon being discharged from the army, he returned to the Pathology Department at the Medical College of Alabama in Birmingham, where he worked from 1961 to 1964. His tenure on the faculty began as an instructor in pathology, first as assistant director of anatomic pathology, and then as associate director of surgical pathology from 1963 to 1964. At the same time, he served as medical director of the blood bank at the University Hospital in Birmingham. Currently he serves as clinical associate professor of pathology, volunteer status.

In 1964, Adams moved to Montgomery, Alabama, as the first pathologist of the new Montgomery Baptist Hospital. There he established the Departments of Anatomic Pathology, Clinical Pathology, and Nuclear Medicine and the School of Medical Technology. In 1979, he became the medical director of the Department of Pathology at St. Margaret's Hospital in Montgomery, serving concurrently as medical director of the newly established University Hospital in east Montgomery. In 1965 and in 1972, respectively, he established the Adams and Bridger Pathology Laboratory and the Alabama Reference Laboratory, the latter of which subsequently came under the ownership of Laboratory Corporation of America (LCA). He served as medical director of these laboratories, and he currently serves as medical director of LCA's Montgomery laboratory. In 1991, Adams established a second School of Medical Technology at the Alabama Reference Laboratory, which currently is the only accredited School of Medical Technology in an independent laboratory in the United States.

He is certified in anatomic pathology, clinical pathology, and nuclear medicine, and he obtained radioisotope licenses from the U.S. Atomic Commission and the Alabama Department of Public Health. He was the first Alabamian to become a medical inspector of blood banks nationally for the American Association of Blood Banks (AABB).

He is a member of the Medical Society of Montgomery County, the Medical Association of the State of Alabama, the American Medical Association, the College of American Pathologists,

the American Society of Clinical Pathology, the American College of Nuclear Physicians, the American Association of Blood Banks, and the Society of Nuclear Medicine. He has served as president of the Alabama Association of Pathologists (1970 to 1971), secretary-treasurer of the Montgomery Medical Society (1992 to 1997), president of the University of Alabama Medical Alumni Association (1993 to 1995), medical director of the School of Medical Technology at Auburn University (1975 to 1996). In addition, he is a member of Alpha Omega Alpha, an honorary society of the medical profession.

Adams's community services include membership in the Board of the Montgomery Chapter of the American Red Cross since 1964 and serving as chairman of that board from 1983 to 1985. He has been a member of the Board of Trustees of Judson College in Marion, Alabama, since 1978, and served as chairman of that board from 1985 to 1988. He also received the Algernon-Sydney-Sullivan Award. He now serves on the Foundation Board of the Montgomery Baptist Medical Center and the Advisory Board of Auburn University.

His most significant professional achievements have been establishing two of the six schools of medical technology in Alabama, with graduates scattered all over the world, and the Robert B. Adams Foundation to support the advancement and enhancement of clinical laboratory sciences. He is an active member of First Baptist Church in Montgomery, Alabama, and serves on its Foundation Board.

Adams and his wife, Jean, have one son, Barry Adams, one daughter, Jeanmarie Sandy, and six grandchildren—Ashley, April, Alex, Austin, Kameron, and Chandler.

2003 Hettie Butler Terry Community Service Award

For outstanding commitment to community service.

Neil E. Christopher, M.D.

Neil E. Christopher, M.D., is a native of Crossville, Alabama. He graduated from DeKalb County High School in Fort Payne, Alabama, and received his bachelor's degree from Auburn University in 1955. He graduated from the University of Alabama School of Medicine in Birmingham in 1958 and completed his internship at Parkland Memorial Hospital in Dallas, Texas, in 1959. He served in the U.S. Navy from 1967 to 1969 and was the commanding officer of the Navy Military Provincial Hospital Assistance Program (MILPHAP) team in the Republic of South



President Riley Lumpkin congratulates Neil Christopher on winning the Community Service Award.

Vietnam, 1968 to 1969. He started a practice in family medicine in Guntersville, Alabama, in 1961 and retired in 2001.

Christopher was a charter diplomate of the American Board of Family Practice in 1972. He was a member of the Marshall County Medical Society and the American Medical Association from 1961 to 2001. He is past-president/chairman of the Board of the Alabama Academy of Family Physicians and has been a member of the Medical Association of the State of Alabama since 1961. He is a past member (four years) and chairman (one year) of the Rural Health Committee of the American Academy of Family Physicians. He served as chairman of the Alabama Family Practice Rural Health Board from its inception until November 2001. He has served as vice chairman of the Medical Licensure Commission of the State of Alabama since 1995, and he began a term on the Admissions Committee of the University of Alabama School of Medicine in 2002.

Christopher has been active in the Guntersville Lions Club since 1961. He was a team physician at Guntersville High School from 1974 to 2000.

In 1969, he received the Bronze Star for meritorious service in the U.S. Navy. He was the Alabama Academy of Family Physicians' Family Doctor of the Year in 1993.

He received the Samuel Buford Word Humanitarian Award from the Medical Association of the State of Alabama in 1997. The Guntersville Chamber of Commerce named him Citizen of the Year in 2001, and in 2002 the Alabama Rural Health Association honored him with the Rural Health Provider Exceptional Achievement Award.

Christopher and his wife, Carolyn, have two sons—Neil E. Christopher, Jr., M.D., UASOM class of 1988, and Reid S. Christopher, M.D., UASOM class of 1986—a daughter, Caroline

Bridges, and seven grandchildren. They are members of Guntersville First Baptist Church in Guntersville, Alabama.

2003 Garber Galbraith Medical-Political Service Award

For outstanding service to the medical profession.

David C. Montiel, M.D.

David C. Montiel, M.D., received his medical degree from the University of Alabama School of Medicine in 1972, and he completed a rotating internship in 1973 and his residency in diagnostic radiology at UAB in 1976. He received the Air Force Commendation Medal for his work as chairman of the radiology department at Maxwell Air Force Base, and has received the American Medical Association's Physician's Recognition Award yearly since 1979.

Montiel has served as president of the Alabama Academy of Radiology, the Montgomery County Medical Society, and the medical staff at Baptist Medical Center South. He is board-certified and has received a Certificate of Added Qualification in Neuroradiology. He is a member of the Southeastern Neuroradiology Society and a fellow of the American College of Radiology. He is a past president of the Alabama Academy of Radiology and received its highest award for excellence in radiology, the Silver Medal.



David Montiel speaks after receiving the Medical-Political Service Award.

Currently, he serves as a staff radiologist at Prattville Baptist Hospital, Baptist East, J. Paul Jones Hospital, Maxwell Clinic, and Monroe County Hospital. He has been a clinical associate professor in the Department of Diagnostic Radiology at the UASOM since 1989.

Montiel was a representative of the Alabama Housestaff Association from 1973 to 1974, vice president of housestaff at UAB from 1974 to 1975, and president of housestaff at UAB from



Jay McDonald delivers the Pittman Lecture.

1975 to 1976. He has been a member of the Board of Censors at Montgomery County Medical Society and the Medical Association of the State of Alabama (MASA) since 1994, and he is currently president-elect of MASA. He has been co-medical director of the Department of Radiology at East Alabama Medical Center, Opelika, Alabama, since 1991. His numerous publications and presentations focus primarily on ultrasound, CT scanning, outpatient angiography, and interventional radiology.

Montiel was born in Mobile, Alabama, graduated from University Military School, and received a bachelor's degree in chemistry from Vanderbilt University. He is married with four children and resides in Montgomery, Alabama.

Constance S. and James A. Pittman Lecture

The Pittman lecture featured Jay M. McDonald, M.D., with his presentation "Medicine on the Trip to Mars." It was a topic of special interest, since the space shuttle *Columbia* tragedy had occurred only a week before, on February 1, 2003.

Jay M. McDonald, M.D.

Jay M. McDonald, M.D., is professor and chair of the Department of Pathology at the UAB Medical Center, Schools of Medicine and Dentistry, and pathologist-in-chief at University of Alabama Hospital. He is director of the NIH-funded Center for Metabolic Bone Disease (one of five such centers in the United States). He is currently principal investigator on four NIH and/or VA grants. McDonald is board-certified in anatomic and clinical pathology. He received his bachelor's degree from Tufts University and his medical degree, with distinction, from Wayne State University, where he also completed his pathology residency and was chief resident from 1973 to 1974. He did an internship in internal medicine at

the University of Oregon and an NIH postdoctoral research fellowship at Washington University in St. Louis.

His academic career has spanned 26 years. He served as director of the Division of Laboratory Medicine in the departments of Pathology and Medicine at Washington University School of Medicine in St. Louis for 10 years prior to his recruitment to UAB to chair its Department of Pathology. McDonald has received several honors and awards, served on the external review committees of the departments of pathology at numerous major institutions, recently served on the Institute of Medicine's Committee on Creating a Vision for Space Medicine During Travel Beyond Earth Orbit, and is currently on the editorial boards of three scientific journals. Throughout his career, he has made major contributions broadly to basic science and education in clinical pathology. He has been a leader in reforming national standards for clinical pathology training. Most recently, he was a major contributing author to a consensus report on standards for laboratory testing for diabetes mellitus.

McDonald's research activities include understanding and characterization of the basic mechanisms of bone resorption, cellular pathogenesis of AIDS, and cancer pathogenesis; more specifically, the role of calcium, the calcium receptor protein, calmodulin, and related protein kinases and phosphatases in osteoporosis and metabolic bone disease; the pathogenesis of apoptosis in AIDS; and malignant transformation, tumorigenesis, and apoptosis of cancer cells. He has also made major contributions to understanding the molecular basis for insulin signaling in diabetes. He has authored more than 170 articles.



Dean William B. Deal presents an update on the School of Medicine.

Election of Officers

A quick business session completed the luncheon program. New officers and Board members were elected as follows:

President: Betty W. Vaughan, M.D., '63



The Medical Alumni Association sponsored the reception before the reunion dinners on Saturday night, February 8th. For class pictures, log on to [www.AlabamaMedicalAlumni.org]

President-Elect: Albert J. Tully, M.D., '64
 Secretary-Treasurer: Alan R. Dimick, M.D., '58
 Past President: T. Riley Lumpkin, M.D., '58

President Lumpkin passed the gavel to new President Vaughan, wishing her good luck in her term of service.

Other Board members are:

- * 1st District: William R. Staggers, M.D., '89
- * 2nd District: J. Noble Anderson, Jr., M.D., '89
- * 3rd District: Katharine R. Cooper, M.D., '90
- * 4th District: William E. Beasley, M.D., '74
- * 5th District: Karen M. Landers, M.D., '77
- * 6th District: Helen R. Thrasher, M.D., '63
- * 7th District: Michael G. Poist, M.D., '87

At Large:

- * James S. Woodard, M.D., '85
- * Betty Ruth Speir, M.D., '63
- * Martha E. Pugh, M.D., '65
- * Robert M. Dimick, M.D., '84
- * Neil E. Christopher, M.D., '58
- * Jarvis D. Ryals, M.D., '65

Saturday Evening Reunions

The reunion classes of 1943, 1953, 1956, 1958, 1963, 1968, 1973, 1983, 1988, and 1993 gathered on Saturday evening for a reception at the Birmingham Marriott, sponsored by the Medical Alumni Association. After visiting for an hour, each class went to a separate dining room for their class dinner. Special thanks go to alumni Joseph Welden, M.D., Thomson Lawson, M.D., Alan Dimick, M.D., Riley Lumpkin, M.D., Jim Alford, M.D., David Simpson, M.D., Dwain Rush, M.D., Bill Golden, M.D., Lee Carter, M.D., Janet Cash, M.D., and Bob Adams, M.D., for all their help.

The class reunions are a highlight of the Alumni Weekend each year. If you have a reunion coming up in 2004 (if your class ends in a "4" or a "9") and would like to help, please call Elaine Chambless at the Medical Alumni Office at (205) 934-4463.

1943

JOSEPH W. GLAISTER was honored on March 22, 2001, by the renaming of the Riverbend Mental Health Center's day treatment building as the J. W. Glaister Building in recognition of his 41 years of service to the clinic. His specialty is psychiatry.

1956

ROBERT B. ADAMS was named the 2003 Distinguished Alumnus in recognition of his outstanding contributions in the field of medicine and demonstration of the high principles of the medical profession, at the 30th Annual Medical Alumni Luncheon. The University of Alabama Medical Alumni Association sponsored the event on February 8, 2003, at the Marriott Hotel in Birmingham. Adams lives in Montgomery, Alabama, and specializes in pathology.

1958

NEIL E. CHRISTOPHER received the 2003 Hettie Butler Terry Community Service Award for his outstanding commitment to community service, at the 30th Annual Medical Alumni Luncheon. Christopher lives in Guntersville, Alabama, and is retired from family practice.

1972

R. WINN HENDERSON recently published his 12th book, *The Sacrifice Diet: How You Can Lose Weight and at the Same Time Feed the Hungry*, with the help of his wife, Wanda. Winn lives in Sylva, North Carolina, and is retired from emergency medicine and family practice.

DAVID C. MONTIEL received the 2003 Garber Galbraith Medical-Political Service Award for his outstanding service to the medical profession, at the 30th Annual Medical Alumni Luncheon. Montiel lives in Montgomery, Alabama, and specializes in diagnostic radiology. He is also president-elect of the Medical Association of the State of Alabama.

1979

JOHN R. GARRETT was selected by thousands of physicians in the Baltimore/Washington area as one of the top doctors in his specialty to whom they would send family members for treatment. His picture appears on the front cover of the November 2002 issue of *Washingtonian* magazine. He is chief of cardiac surgery at Virginia Hospital Center in Arlington, Virginia. His special interests are aortic aneurysms, cardiac-valve repair, lung cancer, thoracic surgery, and vascular surgery.

JOSEPH PAUL THOMAS was named Distinguished Fellow of the American Psychiatric Association in January 2003. He specializes in psychiatry in Mobile, Alabama.

1982

WILLIAM DAVIS MCLAUGHLIN was recently honored for his six years of service as president of the Dothan Rescue Mission by the naming of the new chapel in his honor. He lives in Dothan, Alabama, where he specializes in gastroenterology.

1985

RICHARD J. MOYER is president of Empire Medical Management Association and medical director of Family Practice Medical Group of San Bernardino, California. His specialty is internal medicine.

1986 (Resident)

MICHAEL A. CAPLAN is currently medical staff president at Danville Regional Medical Center. He also has been chief lipid consultant at Dan River Region Cardiovascular Health Initiative Program since January 2001, medical director at Gateway Health Alliance since 1996, and clinical director of intensive care and coronary care units from 1995 to 2002. He lives in Danville, Virginia, and specializes in internal medicine at Piedmont Internal Medicine. He is currently looking for a partner.

1987

KAY S. DABBS MOYER is an anesthesiologist in Orange County, California. She and her husband, Richard (Class of 1985), enjoy skiing, gardening, and home remodeling. They live in Anaheim Hills, California.

1991

CAROL ANN GRIFFIN of Birmingham, Alabama, was recently appointed as assistant professor of gerontology and geriatric medicine at UAB. She also serves as director of outpatient palliative care at the Birmingham V.A. Medical Center. Griffin's clinical and research interests are end-of-life-care, dementia and its implications for medical care, and alternatives to nursing home placements, such as the Program for All-Encompassing Care for the Elderly.

1994

ASHITA TOLWANI was awarded the Pfizer Scholars Grant for Faculty Development in Clinical Epidemiology. Tolwani currently is finishing work on a master of science degree in epidemiology at the Harvard School of Public Health. She is an assistant professor of medicine in the Division of Nephrology at UAB.

1997

WILLIAM JAY SUGGS recently started a bariatric surgery program at Baptist Hospital in Pensacola, Florida. He specializes in general, bariatric, laparoscopic, colon and rectal, oncologic, and trauma surgery.

1998

CHRISTOPHER ROGER DUGGAR joined his father's OB/GYN practice in Montgomery, Alabama, in August 2002. He specializes in obstetrics and gynecology.

M. PATRICK LOWE recently completed his residency in OB/GYN at the University of Iowa Hospitals and Clinics, where he was administrative chief resident. He is currently a gynecologic oncology fellow at the University of Southern California Keck School of Medicine in Los Angeles, California. His wife, Kim, is an oncology nurse at Norris Cancer Center in Los Angeles. They live in Pasadena, California.

ALUM BABES

1995

LEA KRISTIN PARSLEY and her husband, Marcus, announce the birth of their fourth child, Elijah Lee Parsley, born October 22, 2002. Lea lives in Signal Mountain, Tennessee, and specializes in pediatrics at Pediatric Diagnostic Associates, PLLC, in Chattanooga, Tennessee.

1997

WILLIAM JAY SUGGS and his wife, Elena, announce the birth of their first child, a daughter, Emilia Claire Suggs, born on February 17, 2003. Suggs specializes in general and bariatric surgery.

1998

CHRISTOPHER ROGER DUGGAR and his wife, Lee Ann, announce the birth of their daughter Abigail Grace Duggar, born January 24, 2003. Duggar, who specializes in obstetrics and gynecology, is from Montgomery, Alabama.

1999

STEVE E. BROSSETTE is cofounder and president of MedMined, Inc., and creator of Data Mining Surveillance Service, which uses artificial intelligence and data mining technology to track patterns of infection in hospitals. Brossette earned his Ph.D. in computer science from UAB. He is also a product of the school's medical scientist training program, which is designed to train people who can take research from the lab and translate it into patient benefits. *Fortune Small Business Magazine* recently cited MedMined as one of the nation's 14 "Big Ideas" companies, and MIT's *Technology Review* named Brossette one of the world's top 100 young innovators. He lives in Birmingham, Alabama, and specializes in pathology.

SARAH DAWN McNUTT is medical director for the Lord Wedgwood Links to Life program started by Lord Piers Wedgwood. The program has placed automated external defibrillators (AEDs) in 36 area high schools. McNutt trains the high-school faculty on how to use the defibrillator and certifies them in CPR. Two teenagers were recently saved by this program, one at Hoover High School and the other at Mortimer Jordan High School. McNutt lives in Birmingham, Alabama, and specializes in emergency medicine.

IN MEMORIAM

ROBERT HILTON STEPHENSON, 1937 graduate of the two-year school, died in 2002. He was from Marietta, Georgia, and specialized in general surgery.

CHARLES DIXON MEYERS, 1943 graduate of the two-year school, died January 30, 2003. He was the first clinical director of the Mobile Mental Health Center and was an active participant in its development. Following retirement from private practice of psychiatry in Mobile, Meyers was the clinical director at Searcy Hospital for seven years.

JACOB ALLEN "JAKE" NEIGHBORS, 1949 graduate, died April 26, 2003. He was a resident of Birmingham, Alabama, and was a family practitioner in the Ensley and West End areas until his retirement at age 65.

CHARLES "IVEY" WILLIAMSON, Class of 1957, died March 11, 2003, from an apparent heart attack. He was a resident of Mobile, Alabama, and volunteered as Mobile's police surgeon for more than 25 years. He carried a badge, wore the uniform, and was noted for saving a number of police officers' lives. Williamson and a number of assistant police surgeons were on call for the department's tactical team; they served on the line and went wherever the tactical team went—hostage situations, places where suspects were barricaded, drug raids—providing medical attention if officers or citizens were wounded. His specialty was gastroenterology and internal medicine.

THOMAS EARL STEVENS, Class of 1959, died in 2002. He was from Jackson, Mississippi, and

specialized in internal medicine.

SAMUEL BOOTH BARKER died September 3, 2002. Barker, Graduate Dean Emeritus at UAB, was an internationally known scientist whose groundbreaking work on the clinical measurement of thyroid hormones became the basis for clinical thyroid testing worldwide. His first position at the university was professor of pharmacology; later he became associate dean of what was then the Medical College and the School of Dentistry. He was also a member of the Caduceus Club of the University of Alabama School of Medicine.

EDNA GREATHOUSE, mother of Joyce Greathouse, M.D., Class of 1981, died March 12, 2003.

JEAN BEVERLY SCHMITT, mother of Kim E. Schmitt, M.D. (Class of 1981), Adam N. Schmitt, M.D. (Class of 1990), and Lee A. Schmitt, M.D. (Class of 1990), died February 5, 2003.

PAUL S. SIEGEL, Ph.D., father of Mark S. Siegel, M.D. (Class of 1985), died December 24, 2002. He taught in the Department of Psychology at the University of Alabama for 43 years.

ROLAND WEINSIER, M.D., father of Steven B. Weinsier, M.D., Class of 2001, died November 27, 2002. Weinsier was professor of nutrition sciences, Department of Nutrition Sciences—Physiology & Metabolism, and an internationally renowned researcher, educator, and administrator. He was on the faculty at UAB for 27 years.

Mark Your Calendars

Medical Alumni Weekend 2004 will be February 27-28. Reunions are planned for the classes of 1944, 1949, 1954, 1959, 1964, 1969, 1974, 1979, 1984, 1989 and 1994, as well as the yearly gatherings of the classes of 1956 and 1958.

ALUMNI FORM

Alumni, Let Us Hear from You

Please take a few minutes to share with us any personal or professional news for publication in a future issue of the *Alabama Medical Alumni Bulletin*.

Name _____

Today's date _____ Year graduated _____ Specialty _____

Home Address _____

Business Address _____

Phone (H) _____ (W) _____

E-mail _____ FAX _____

Spouse's Name _____

Children (if recent, include date of birth) _____

Personal/Professional Update (List names/dates of recent publications, awards, honors)

Please return this form to:
Elaine Chambless
Director of Alumni Affairs
The University of Alabama Medical Alumni Association
MAB • 811 20th Street South
1530 3RD AVE S
BIRMINGHAM AL 35294-2140

FACULTY APPOINTMENTS

The UASOM announces the following recent faculty appointments:

- **Bryan C. Weidner, M.D.**, assistant professor of surgery
- **OraLee H. Branch, Ph.D.**, assistant professor of medicine (with secondary appointments in the Department of Microbiology and the School of Public Health)
- **James R. Koehler, D.D.S., M.D.**, assistant professor of oral and maxillofacial surgery
- **Pablo Arnoletti, M.D.**, assistant professor of surgery and associate scientist in the UAB Comprehensive Cancer Center
- **Carol A. Griffin, M.D.**, assistant professor of gerontology and geriatric medicine
- **Herrick J. Siegel, M.D.**, assistant professor of orthopedic surgery
- **Robinna Gail Lorenz, M.D., Ph.D.**, associate professor of laboratory medicine
- **Javier E. Sanchez, M.D.**, assistant professor of cardiovascular disease
- **Lee N. Hammontree, M.D.**, assistant professor of urology
- **David F. Crawford, M.D., Ph.D.**, assistant professor of pediatrics (with a secondary appointment in biochemistry and molecular genetics)
- **Franklin N. Tessler, M.D., C.M.**, professor of radiology and chief of body imaging
- **John C. Wellons III, M.D.**, assistant professor of neurosurgery
- **Danny R. Welch, Ph.D.**, professor of pathology and senior scientist in the UAB Comprehensive Cancer Center
- **Rodney O. Tucker, M.D.**, assistant professor of palliative medicine

RESEARCH GRANT HIGHLIGHTS

Tolwani Receives Pfizer Grant for Dialysis Research

Ashita Tolwani, M.D., received one of two national Pfizer Scholars Grants for Faculty Development in Clinical Epidemiology. The award will fund research to compare continuous high-dose and low-dose kidney dialysis for intensive care patients who are in acute kidney failure. The Pfizer grants are awarded for three years, at \$65,000 per year. Tolwani, who is an assistant professor of medicine in the Division of Nephrology, is currently finishing work on a master of science in epidemiology degree from the Harvard School of Public Health.

Sankyo Grant Renewal Extends Funding to \$16.6 Million

UAB has renewed its research agreement with Sankyo Co. Ltd., the second largest pharmaceutical company in Japan, to study rheumatoid arthritis and cancer. The two-year, \$4.2 million renewal extends an eight-year, \$12.4 million commitment by Sankyo to fund research led by UAB's Arthritis and Musculoskeletal Diseases Center.

NIH Grants \$4.4 Million to Continue CF Study

UAB has received a five-year, \$4.4-million Specialized Center of Research (SCOR) grant continuation from the National Institutes of Health to study the causes of cystic fibrosis and new treatments for the disease. "The goal of the study," says Eric Sorscher, M.D., director of the Gregory Fleming James Cystic Fibrosis Research Center, "is to improve understanding of why people with cystic fibrosis become ill and ways in which we can use basic molecular and cellular biology to develop new treatments for the disease."

Maternal Child Health Grant Marks Milestone for UAB

UAB has been awarded a five-year, \$1.6-million grant to provide health-care professionals with leadership education training in adolescent health. The award makes UAB the only institution in the nation to currently hold all four major types of interdisciplinary, long-term training grants awarded by the Maternal and Child Health Bureau of the Health Resources and Services Administration.

The other grants are for leadership education in neuro-developmental disabilities; pediatric pulmonary center development training; and preparation of graduate students for maternal and child public-health practice, research, program planning, policy development, and advocacy.

UAB Receives Prestigious Lupus Grant

UAB has received a five-year, \$6.5-million grant from the National Institute of Arthritis and Musculoskeletal Diseases to support its prestigious Specialized Center of Research (SCOR) in the genetics of lupus.

Since its inception in 1998, the SCOR lupus grant has supported the creation of a national consortium of seven institutions to study genetic risk factors for lupus as well as genetic indicators of rate of progression and severity. The consortium includes UAB, Northwestern University, Johns Hopkins, Wake Forest, the University of Texas at Houston, the Oklahoma Medical Research Foundation, and the University of Puerto Rico.

Research findings are likely to have applications for other disorders as well, according to Robert Kimberly, M.D., professor and chair of the division of clinical immunology and rheumatology and director of UAB's Arthritis and Musculoskeletal Diseases Center. "Autoimmune disorders such as lupus and arthritis share a common cause: an unregulated immune system," Kimberly says. "What we learn about lupus is likely to apply to other immune disorders, too."

Half of Heart Attack Patients Drive to the Hospital

Nearly half of the nation's heart attack patients drive to the hospital instead of calling 911, according to a four-year study authored by John G. Canto, M.D., M.S.P.H., director of UAB's Chest Pain Center. The study was published in the January 10, 2003, issue of *Circulation: The Journal of the American Heart Association*, and highlighted in the *New York Times* on December 3, 2002.

"Thousands of Americans are not using the system the way they should," says Canto. "When you call 911, you may be more likely to be triaged to centers that will administer lifesaving treatments, such as clot-busters, and do so almost twice as fast."

Study of Facial Fractures

Calls for Possible Changes in Airbag Design

A recent study of patterns of facial fractures at UAB Hospital indicates that airbags are least protective of the very weakest bones of the face and may need to be redesigned to slow the bags down or redirect their thrust to more stable parts of the body, say UAB researchers. The study was published in the January/February issue of *Archives of Facial Plastic Surgery*. Artemus Cox, M.D., one of the authors of the study, says, "We found that airbags and seat belts do prevent injury in serious wrecks and that they are most effective when used together. But the high velocity and the trajectory of the airbag itself may cause blunt injury to the cheek and nose area." Cox is assistant professor of surgery in the Division of Otolaryngology. The article's co-authors were Payman Simoni, M.D., and Robert Ostendorf, M.D.

Unraveling the Genes of Schizophrenia

UAB is heading a five-year, \$21.7-million research project to study the genetic basis of schizophrenia in African-American families. Called PAARTNERS (Project among African Americans to Explore Risks for Schizophrenia), the study is funded by the National Institute of Mental Health and will be conducted at eight clinical sites primarily in the Southeast. The study's goal is to recruit 4,991 participants, all of whom have at least one family member diagnosed with the disorder. UAB plans to enroll 900 individuals from approximately 200 families and will oversee data collection and coordinate the analysis.

Obesity Reduces Life Span of Young Adults

A young white man who is severely overweight may expect to live 13 fewer years than a non-obese young man, according to a UAB study published in the January 8, 2003 issue of the *Journal of the American Medical Association*. "Considering a 20-year-old white male is expected to live until age 78, 13 fewer years is a 22 percent reduction in his remaining years of life," says David B. Allison, Ph.D., professor of biostatistics in the UAB School of Public Health and acting director of UAB's Clinical Nutrition Research Center. The study also found that young white women who are obese might expect to live eight fewer years. Reduced life expectancy was not observed in overweight and moderately obese black people, but severely obese blacks experienced a reduced life span of as much as 20 years.

Study Examines Physical Effects of Depression

A four-year, NIH-funded study at UAB is investigating the role of platelet activation on depression and a possible link between depression and heart disease. "There is a lot of literature suggesting coronary heart disease and depression are related," says Andree Stoves, M.D., assistant professor of psychiatry, who is

conducting the study along with colleagues. "People who are depressed have more heart attacks and are more likely to die from a heart attack than those who are not depressed."

The study measures platelet activity in patients who are depressed before and after treatment with antidepressants, Stoves says. "We postulate that platelets are probably more active in patients who are depressed. When platelets are activated, they are more likely to form clots, which is the final link in stopping up a blood vessel and causing a heart attack."

AIDS Study Takes New Turn

UAB has been awarded a five-year, \$5.8-million grant by the National Institute of Allergy and Infectious Diseases for its role in a national study to identify and treat people recently infected with HIV. Although a continuing study, its focus has shifted from eradicating the virus to more effectively managing the disease by optimizing patients' immune systems along with HIV medications.

Researchers are hopeful that new treatment strategies will improve patients' long-term outcomes. "Studies show that patients treated aggressively in the early stages of infection may suffer less immune system deficits than those treated after long-term infection," says Michael Kilby, M.D., medical director of UAB's 1917 Clinic. "It may be that short-course treatment initiated early provides long-lasting benefits."

Other sites participating in the study include the University of California at San Diego, the University of California at San Francisco, the Aaron Diamond AIDS Research Center in New York, and Harvard University.

New Drugs, Treatment for Pancreatic Cancer

Researchers at UAB are using new initiatives that involve multiple experimental drugs and combination treatments to treat pancreatic cancer, says M. Wasif Saif, M.D., assistant professor of medicine. "Pancreatic cancer's 99 percent mortality rate is the highest of any cancer, and the average life expectancy—if the cancer has already spread at diagnosis—is only three to six months. Only 4 percent of patients survive beyond five years," Saif says. "We're starting to have a glimmer of optimism about finally being able to make a dent in this disease—and it's about time."

UASOM OFFERS NEW RESEARCH WEB SITE

In its quest to reach the "Top 10" in National Institutes of Health funding by 2010, the UASOM has pioneered a research Web site to expedite the writing of extramural grant applications. Located at [www.uab.edu/uasom/research], the site offers approximately 200 "boilerplate" documents containing campus information and resources.

From the Archives

By Tim L. Pennycuff

This issue of the Alabama Medical Alumni Bulletin celebrates women in academic medicine and their leadership at the medical school. In "From the Archives," we look back at four of the many women who have contributed to the success of the University of Alabama School of Medicine.

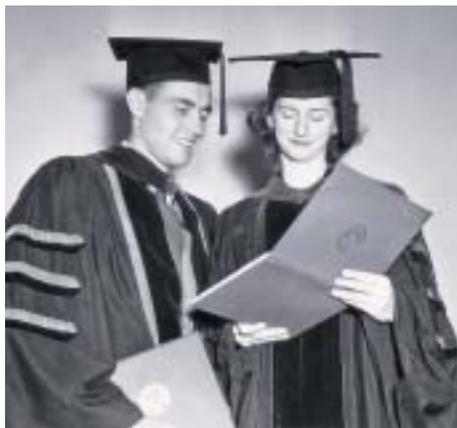
Melson Barfield-Carter, M.D., was both the first female department chair and the first female professor at the Medical College of Alabama. An Alabama native, she graduated from the medical school at Tulane University in 1921. She completed a residency at Massachusetts General Hospital in Boston as the hospital's first female resident. She returned to Birmingham in 1929 and practiced radiology at Hillman Hospital. In 1945, after serving in the U.S. Army Medical Corps during World War II, she was appointed the first chair of the Department of Radiology, a position she held until 1955. She died in Birmingham in 1978.

Virginia Dare Hamilton, M.D., was the first woman to receive a degree from the new four-year Medical College of Alabama. She received her medical degree on October 25, 1946, in the first commencement ceremony held in Birmingham. She completed a residency at Jefferson-Hillman Hospital and in 1949 began a residency in internal medicine at Crawford W. Long Hospital in Atlanta. She practiced in Georgia, specializing in public health and general preventive medicine.

Jean McNeil Morgan, M.D., a native of Delaware, graduated from the Women's Medical College of Pennsylvania in 1954. From 1959 to 1960 she was chief medical resident at University Hospital and Hillman Clinic. She was appointed instructor in medicine in 1960 and assistant professor in 1964. Morgan also served as the director



Far left: Jean McNeil Morgan, M.D., circa 1960. Morgan is shown at work in the artificial kidney unit, which she directed from 1960 to 1962.



Virginia Dare Hamilton, M.D., 1946. One of 21 graduates who received their degrees on October 25, 1946, Hamilton was the first female graduate of the four-year medical school.

of the Medical Center's artificial kidney unit, and she was one of the first women in the country to serve as chief of staff at a Veteran's Administration Hospital. At the time of her death in 1976, she was a professor of medicine and of surgery.

Margaret Strange Klapper, M.D., received her medical degree from Tulane in 1939. Klapper and her husband, Clarence Klapper, Ph.D., were both



Margaret Strange Klapper, M.D., circa 1979. Klapper held several administrative positions in the medical school during the 1960s and '70s.



Melson Barfield-Carter, M.D., image undated. Carter served as the first chair of the Department of Radiology from 1945 until 1955.

appointed to the faculty at the Medical Center in 1946. Her first appointment was as an instructor in medicine; in 1948 she became an assistant professor, and in 1966 a professor of medicine. She also held a dual appointment in the dental school. From the 1960s until her retirement in 1979, Klapper held several administrative positions within the School of Medicine. She served as assistant dean for students (1962 to 1967), associate dean (1967 to 1975), director of the Office of Continuing Medical Education (1962 to 1975), and assistant to the vice president for Health Affairs (1975 to 1979). From 1972 to 1976 she also served as executive director of the Alabama Regional Medical Program.

UASOM Annual Fund's

"The Importance of You" Campaign

What does the Annual Fund do for the School?

- provides financial support (academic and need-based)
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- allows us to recruit the best and brightest students
- allows us to recruit and retain highly skilled faculty

"The UASOM owes our success to alumni like you who dedicate themselves to attaining excellence in the profession and practice of medicine."

William B. Deal, M.D.
Vice President and Dean

*You are the key
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Before you add this magazine to your office collection, take two minutes and write a check payable to the School of Medicine Annual Fund and return it in the attached envelope. Your gift, regardless of the amount, will make a difference. All gifts are tax deductible.

The
IMPORTANCE OF
YOU

CONTINUING MEDICAL EDUCATION SCHEDULE

July 17-20, 2003

“Urology Seminar”; sponsored by the UAB Division of Urology, the Alabama Urological Society, and the Mississippi Urological Society; Sandestin Golf & Beach Resort, Destin, Florida; 10 CME credits.

July 27-August 2, 2003

“23rd National Symposium for Health Care Executives”; sponsored by the UAB Center for Health Services Continuing Education; Sandestin Golf & Beach Resort, Destin, Florida; 24.75 CME credits.

October 9-12, 2003

“7th International Conference on Geriatric Nephrology and Urology”; sponsored by the International Society for Geriatric Nephrology and Urology and the Emory University Center for Health in Aging; Swissotel, Atlanta, Georgia; 16.75 CME credits.

October 23-26, 2003

“7th Annual Update in Diagnostic Pathology”; sponsored by the UAB Department of Pathology; Sandestin Golf & Beach Resort, Destin, Florida; 16 CME credits.

ALABAMA MEDICAL Alumni Bulletin

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