



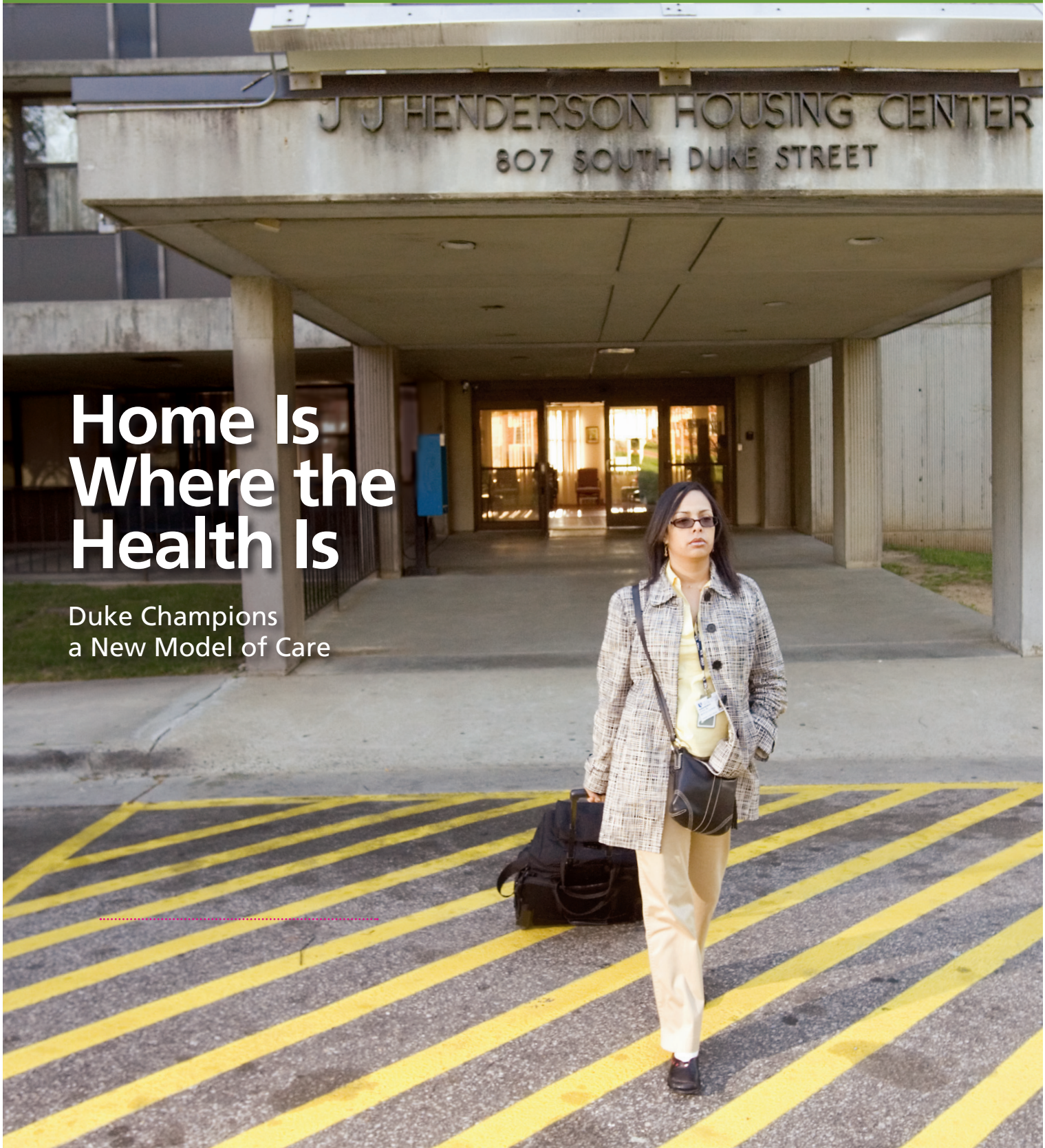
DukeMed AlumniNews

SUMMER 2008

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Duke Champions
a New Model of Care





The Gift of Blue Devil Pride

Gifts to The Fund for DukeMed are used for scholarships, research, and education at Duke University School of Medicine. Annual gifts of \$1000 or more (\$500 for recent graduates) are recognized with membership in the Davison Club.

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fundfordukemed.duke.edu

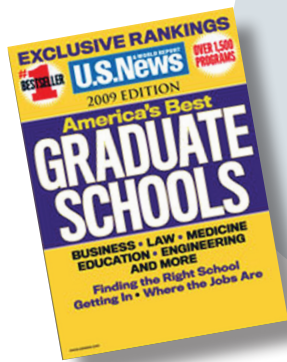
To read a nostalgic personal essay about Dr. Bobby Murrah's time at Duke, visit medalum.duke.edu, click on the Alumni News magazine cover, then on the link to Murrah's essay.

"From my freshman year of college until now, Duke has offered me the opportunities and tools to pursue my professional dreams and goals in a way no other university could have. I simply believe that Duke is the best! I challenge my fellow Duke Medical Alumni to demonstrate your gratitude with a gift of Blue Devil pride to provide assistance to the next generation of Duke Doctors."

Bobby Murrah, T'79, MD'83, HS'83-'85, '90
Duke Blue Devil Mascot, 1977-79
Past President, Duke Medical Alumni Association
Member, Davison Club
Perennial Top Doctor, *Orlando Magazine*
(orthopedic surgery)

The Fund for DukeMed
and the Davison Club

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School of Medicine Ranks 6th for Research

Duke University School of Medicine tied for sixth place in the research category of the latest *U.S. News & World Report* rankings of the best graduate and professional schools in the country.

Four Duke medical specialties also ranked in the top 10—geriatrics (third), internal medicine (fifth), AIDS (eighth), and family medicine (ninth).

In new rankings for health disciplines and programs, Duke's Physician Assistant Program ranked second behind the University of Iowa, and its clinical psychology and physical therapy disciplines ranked ninth and 13th, respectively.

Duke 2nd in NIH Funding

Duke University School of Medicine has risen to second place in National Institutes of Health (NIH) funding for U.S. medical schools in fiscal year 2006, according to the federal agency's latest figures. Duke was fifth in 2005 and sixth in 2004.

The School of Medicine received 684 NIH funding awards worth \$388.5 million during fiscal year 2006, an 11.1 percent increase over fiscal year 2005, behind only Johns Hopkins University, which received 978

awards worth \$447.9 million.

The remaining top 10 medical school recipients of NIH funding include: the University of Pennsylvania, the University of California-San Francisco, Washington University, Yale University, the University of Washington, the University of Pittsburgh, Stanford University, the University of Michigan, and the David Geffen School of Medicine at UCLA.

DukeMed Alumni News

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Your comments, ideas, and letters to the editor are welcome.

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Duke Tuition Hike Approved

The Duke University Board of Trustees has approved tuition hikes for its undergraduate, graduate, and professional schools, with the School of Medicine seeing a 5.5 percent tuition increase for the coming school year to \$41,126. Including room and board, fees, books, and living expenses, the total yearly cost for entering Duke medical students is \$67,138.

The trustees also approved a significant increase in funding from the university's endowment for all categories of financial aid—undergraduate, graduate, and professional. Duke expects to increase undergraduate financial aid by more than 17 percent to about \$86 million in 2008-2009. More than 40 percent of Duke's undergraduates receive need-based aid to help meet their college costs.

Tuition to attend the Trinity College of Arts and Sciences or the Pratt School of Engineering will be \$36,065, a 5 percent increase. About 82 percent of Duke's undergraduates are enrolled in Trinity and 18 percent in Pratt. Including room and board the total cost will be \$47,985.

Duke is one of a limited number of schools with a "need-blind" admissions policy, which means that all U.S. applicants are accepted regardless of their ability to pay for college. Duke guarantees it will meet 100 percent of demonstrated financial need. Financial aid packages combine grants, loans, and work-study opportunities after assessing what parents and students can reasonably contribute.





Chandrashekar



Turley



Pogozelski



Hostler

Classes of '07, '08 Appoint Reunion Leaders

Aravind Chandrashekar, MD'08, and Ryan Turley, MD'07, have been appointed reunion leaders for the Class of 2007 and will be in charge of the 2012 reunion.

Andrew Pogozelski, MD'08, and David Hostler, MD'08 are the leaders for the Class of 2008 reunion in 2013.

Reunion leaders will be in touch with classmates beginning in the fall prior to their respective reunion years to help plan events and raise funds for the Reunion Gift Program.

Chandrashekar is beginning a urology residency at Baylor University; Turley is completing a general surgery residency at Duke; Pogozelski will begin a cardiology research residency at the University of Pennsylvania; and Hostler will begin his residency in internal medicine at Tripler Army Medical Center in Honolulu, Hawaii.

Weeks Elected Trustee of The Duke Endowment

Kenneth Durham Weeks Jr., MD'74, a cardiologist with Mid Carolina Cardiology in Huntersville, N.C., has been elected to The Duke Endowment Board of Trustees.

Board Chairman Russell M. Robinson II says Weeks' "medical expertise and distinguished military service will add valuable perspective to our work, particularly in health care."

A recipient of the Army Commendation and two Meritorious Service Medals, Weeks achieved the rank of lieutenant colonel in the U.S. Army Medical Corps. He began his professional career as a cardiologist at Walter Reed Army Medical Center, later serving as director of interim training, assistant chief of medicine and instructor in cardiology.

Weeks received his bachelor's degree from Davidson College. In 1984 he moved to Charlotte and co-founded Mid Carolina Cardiology in 1988. He has served Charlotte's Presbyterian Hospital in multiple roles including chief of staff and NovantHealth board member.

In 2003 he was elected to the Davidson College Board of Trustees. He also serves on the advisory council for UNC-Charlotte's Center for Professional and Applied Ethics and is in the Leaders Circle of United Way of Central Carolinas.

Duke recognized him in 2005 with the Charles A. Dukes Award for outstanding volunteer service. He also has received the President's Special Award from the



Mecklenburg County Medical Society, the Davidson College Alumni Service Award, and the Dwight D. Eisenhower Army Medical Center's Clifford Power Memorial Award for medical teaching.

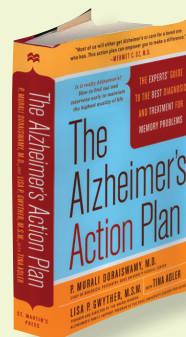
Weeks' father, the late **Kenneth Durham Weeks, MD'39**, was a Duke medical alumnus and served on the Duke University Board of Trustees from 1980-83. Weeks is married to the former Rebecca Bartholomew, and they have three children—Katherine, Rebecca, and **Kenneth III, T'04**.

The Duke Endowment, headquartered in Charlotte, seeks to fulfill the legacy of James B. Duke by improving lives and communities in the Carolinas through higher education, health care, rural churches, and children's services. With assets of over \$3 billion, the endowment has given more than \$2.2 billion in grants since its inception in 1924.

Alzheimer's Guide Offers Practical Advice

A new book written by two Duke faculty members gives caregivers and family members practical advice for coping with Alzheimer's disease.

In *The Alzheimer's Action Plan: The Experts' Guide to the Best Diagnosis and Treatment*, P. Murali Doraiswamy, MD, and Lisa P. Gwyther, MSW, offer families a wealth of knowledge on Alzheimer's, using an easy-to-understand format that includes a frank quiz, bullet lists of important points, and



short chapters.

Doraiswamy is an associate professor and head of Duke's Division of Biological Psychiatry, and Gwyther is director of the Duke Aging Center Family Support Program and education director for Duke's Bryan Alzheimer's Disease Research Center.

Published by St. Martin's Press, *The Alzheimer's Action Plan* is available at major book retailers. To read an excerpt, please see the April 2008 issue of *Inside Duke Medicine* at inside.duke.edu.



From left, above, are Upchurch, Nancy Andrews, MD, PhD, dean of the School of Medicine; and Victor Dzau, MD, chancellor for health affairs. Below, Upchurch poses with Richard Sarner, T'79, MD'83, and Martin Morse, T'79, MD'83, both members of the Medical Alumni Council and contributors to the FAI.

Blue Devil Cheers FAI Success

The Duke Blue Devil made a surprise visit to the Medical Alumni Council meeting in April to celebrate the success of the Duke University School of Medicine Financial Aid Initiative (FAI). Kathy Upchurch, MD'76, School of Medicine representative to the FAI development committee, announced that alumni and friends have given \$13 million for medical student scholarships, surpassing the \$12 million goal. The Duke Medicine FAI is part of a university-wide \$300 million scholarship endowment initiative that is supported by a \$75 million challenge match from The Duke Endowment. Scholarships were created to support both need based and merit scholarships, and one \$1 million scholarship will support the Medical Scientist Training Program for MD/PhD candidates.



Passing On the Art of the Physical Exam



First-year medical student William "Brad" Wainwright puts his examination skills to the test on returning alumni teacher Charles Merwarth, MD'55, HS'58-'61, in a practice session held during Physical Exam Week, Jan 28-February 2. Says Merwarth: "I think that physical diagnosis is one of the great arts of medicine and I wanted to contribute to teaching it and preserving it. It should not give way to all of the technological advances in medicine." Wainwright says Merwarth's experience and professional insight was extremely valuable to students.

To learn more about the annual Alumni Teaching Experience, contact Kevin Hirano at 919-667-2518.

Duke Endowment Gift Will Fund New Medical Education Facility

The largest gift ever to the Duke University School of Medicine will help build a new centralized learning center and gathering place for medical students. The \$50 million gift from The Duke Endowment provides \$35 million for a medical education center and \$15 million for a Duke Children's facility.

Nancy C. Andrews, MD, PhD, dean of the School of Medicine, says the new center will incorporate developing trends in medical instruction.

"It is becoming increasingly important to have a facility that can house initiatives such as simulation labs and provide space for the team-based learning programs that are rapidly replacing traditional lecture-based learning, said Andrews.

Senior Vice Chancellor R. Sanders "Sandy" Williams, MD'74, HS'77-'80, said the new facility will help take Duke's School of Medicine, already among the nation's top ten, to a new level.

For more information about the gift, please see the article on page 4 of *DukeMed Magazine*.

August Deadline for MAA Awards Nominations

Nominations are being accepted now through August 15, 2008 for 2009 Medical Alumni Association Awards.

The 2009 awards will be presented during Medical Alumni Weekend, October 15-18, 2009. Nominations are being accepted for Distinguished Alumnus/a, Distinguished Faculty, Humanitarian Service, Distinguished Service, Honorary Alumnus/a, and the William G. Anlyan, MD, Lifetime Achievement Award.

Letters of nomination should include the candidate's name, his or her class year and/or house staff years and specialty, the award category, a detailed statement of why the nominee should be considered, up to three letters of support, and your name, address, telephone number and or/e-mail address, class and/or house staff years and specialty.

Please submit nominations by August 15, 2008—by mail to MAA Awards Nomination, Duke Medical Alumni Association, 512 S. Mangum Street, Suite 400, Durham, NC 27701-3973, or online at medalum.duke.edu by clicking *Awards Program*, then *Make a Nomination*.



Medical Alumni Weekend

October 23-26, 2008

Class years ending in 3 or 8 are celebrating reunions in 2008.

- Meet the new dean of the School of Medicine, Nancy C. Andrews, MD, PhD
- Attend the Davison Club Celebration*
- Celebrate with the 2008 Medical Alumni Association Awardees
- Attend the CME Event, Tomorrow's Medicine Today
- and much, much more!



All Duke medical alumni, faculty, and students are invited to attend.

JULY: Invitations will be mailed. Complete program information at medalum.duke.edu.

AUGUST: Online registration begins.

OCTOBER 17: Last day for registration.

For information about Reunion Giving, The Fund for DukeMed, and the Davison Club, please call James O'Brien, assistant director of annual giving, at [919-667-2527](tel:919-667-2527) or visit fundfordukemed.duke.edu for information or to make your credit card gift online.

*Invitation-only event for members of the Davison Club.

2008



From left, Charles Warner, Dale Shaw, and William Bryant

Alumni Step Up for Reunion Giving

Several School of Medicine class agents, chairs, and their classmates have given significant gifts to jump-start their respective Reunion Gift Programs to benefit Duke University School of Medicine.

Class of '58 agent **Charles E. Warner, MD'58**, class member **William F. Bryant, T'54, MD'58, HS'58-'60**, and class chair **T. Rudolph Howell, MD'58**, have teamed up to give \$30,000 toward their class's \$100,000 Reunion Gift Program goal. There's \$35,925 still needed to meet that goal.

Class of '73 co-agent **Dale R. Shaw, T'69, MD'73, HS'73-'77**, and co-agent **Lawrence J. D'Angelo, MD'73**, have announced that an anonymous donor from the Class of '73 has given \$35,000 to be used as a challenge match toward their class goal of \$75,000.

And the Class of '68 has been given a significant boost with a \$40,000 challenge match from class member **David N. Silvers, MD'68**, in honor of his 40th reunion. The class goal is \$75,000, and **Ted R. Kunstling, T'65, MD'68**, is leading that effort as class agent.

The remaining Reunion Gift Program classes and goals are as follows: Class of '63: \$50,000; Class of '78: \$100,000; Class of '83: \$60,000; Class of '88: \$20,000; Class of '93: \$15,000; Class of '98: \$5,000; and Class of '03: \$2,000.

The 2008 reuniting classes will celebrate their reunions during Medical Alumni Weekend, October 23-26. Any gifts made until October 31 will count towards the reunion total.

Reunion gifts to The Fund for DukeMed provide critical funds for scholarships, research, and education at Duke University School of Medicine. Annual gifts of \$1,000 or more are recognized with Davison Club membership.

To learn more about the Reunion Gift Program and see a list of class agents, visit dukemedicine.org/giving and click on Giving Opportunities, then DukeMed 2008 Reunion Gift Program.

To learn more about reunions visit medalum.duke.edu and click on Medical Alumni Weekend.

Parents Get a New Look at Medical School



Students and families wear virtual reality goggles in the DIVE

A highlight of Medical Families Weekend March 7-8 was a virtual reality demonstration of the human brain in the Duke Immersive Virtual Environment (DIVE), one of only seven like it in the world.

The weekend's interactive format—introduced last year—drew a record number of Duke medical students and their families. In addition to the virtual neuroanatomy demonstration, students' families received hands-on instruction with a high-fidelity simulator and 3DiTeams, a serious game environment for health care team training at Duke's Human Simulation and Patient Safety Center. They also tested their eye-hand coordination in the new Duke Surgical Education and Activities Lab (SEAL). Families of students from all four classes

were represented.

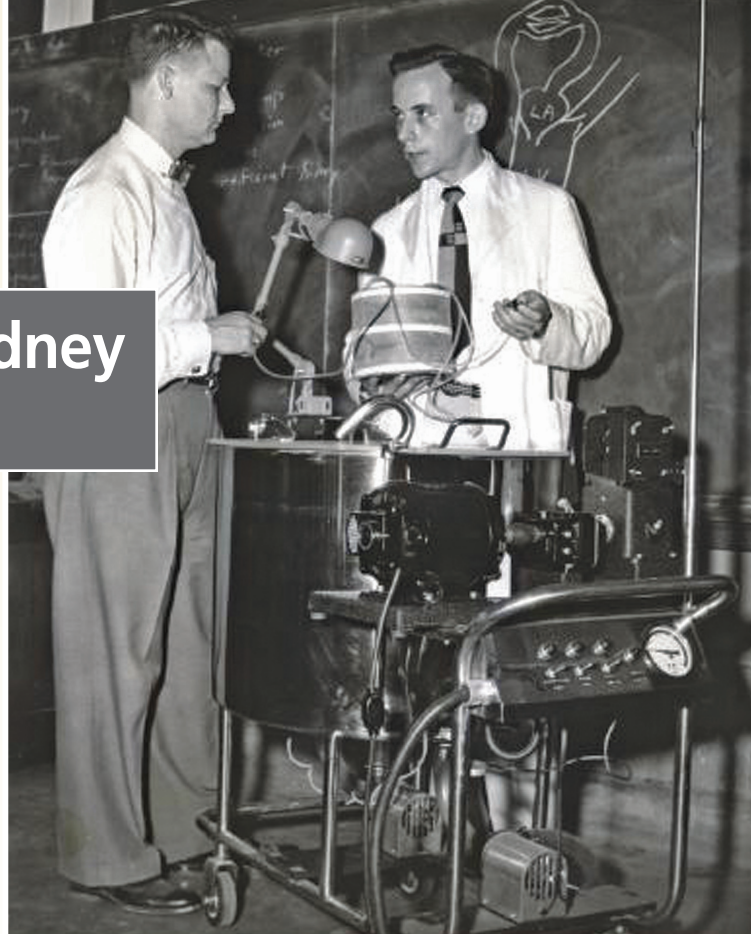
The weekend event began on Friday evening with a supper and social sponsored by the Duke Medical Alumni Association, followed by the annual student-faculty show, "Harry Potter and the Duke School of Modern Witchcraft and Wizardry."

Before the Saturday interactive sessions families heard talks by Chancellor for Health Affairs Victor J. Dzau, MD, and Dean Nancy C. Andrews, MD, PhD. Caroline Haynes, MD, PhD, associate dean of medical education, gave a presentation on medical students and mental health. Students **Malik Burnett, MSI**, and **Andy Pogozeleski, MSIV**, also spoke about their Duke medical school experiences.



Medical students in the Student Faculty Show Harry Potter and the Duke School of Modern Witchcraft and Wizardry gather around the campfire. From left are students **Steve Dolgner**, **Jason Williams**, **Rachel Greenberg**, **Rajiv Sivendran**, and **Kaitlin Rawluk**. Proceeds from the show and a raffle were donated to the Durham Rescue Mission.

In 1957, Duke's Artificial Kidney Was World's 13th



Victor Murdaugh, MD'50, HS'53-57, describes himself as "a young man in a hurry" back in 1957-58 when he was photographed demonstrating Duke's new Kolff twin coil artificial kidney for visiting physician F. Howard Hall, MD, of Richmond County, Va.

Invented by Willem Kolff, MD, a researcher at the Cleveland Clinic Foundation, Duke's kidney machine was the first in the Carolinas and among the first half-dozen in the Southeast, according to an article in the *Durham Morning Herald* from May 16, 1957.

The photo of Murdaugh demonstrating the artificial kidney during a Heart Disease Institute at Duke in 1957 ran in the Winter 2008 issue of *DukeMed Alumni News*, along with several other Mystery Photos in a photo identification project sponsored by Duke Medical Archives. Murdaugh saw his photo and called to identify it.

"Dr. Stead told me to get a committee of three and set up a kidney program," remembers Murdaugh. "So, we ordered a machine. We were told it was the 13th artificial kidney in the world at that time." The committee of three consisted of Ernst Peschel, MD, a German and a member of Dr. Walter Kempner's kidney program, and **Henry D. MacIntosh, MD, HS'50-'51, '53-'55, '70**. Murdaugh and MacIntosh had recently joined Duke's faculty after completing residency training.

Eugene A. Stead, MD, then chair of medicine, hoped the new artificial kidney machine would save the lives of patients whose kidneys had shut down following major trauma or due to poisoning or complications from blood transfusions. It would

also make major surgery an option for patients with compromised kidney function.

MIXING, MEASURING... AND STIRRING WITH A CANOE PADDLE

For Murdaugh, it was the primitive beginning of a long and pioneering career in kidney disease treatment, including founding programs in dialysis and transplantation in Birmingham, Ala., and Pittsburgh, Pa.

He writes: "The twin coil dialyzer, which I am holding in my hand in the picture, consisted of two long semi-permeable cellophane tubes rolled up in a coil between two layers of nylon screen with spacers to keep the tubes open... blood was pumped from a prepared artery, through the cellophane tubes in the coil, and back to a prepared vein. The fluid pumped through the dialyzer changed the chemical concentration of the blood to approach that of the dialysis fluid. Of course the dialysis fluid composition also changed with time...requiring the dialysis fluid to be replaced about every two hours.

"A sizeable number of people was required to monitor for blood leak, the vital signs of the patient, clinical status of the patient, the electrocardiogram, the condition of the dialysis fluid, and to keep detailed records, since we were all learning...the electrocardiogram was used to estimate concentrations of potassium and of

calcium in the blood, since an acute change could cause cardiac arrest...

"There were no commercially available bath concentrates in those days, and we had to weigh out the chemicals to mix with water to prepare each new bath. When the bath was to be changed, the dialysis fluid was pumped out of the large tank and the pump...was turned off. The tank was again filled with water, the prepared chemicals put in the bath, and stirred with a paddle like a canoe paddle...Carbon dioxide was bubbled into the bath to acidify the solution enough for the calcium and magnesium salts to be soluble in the bath.

"Of course, we were all excited and somewhat nervous when doing the first few dialyses until we learned what to do and

"...we were all excited and somewhat nervous when doing the first few dialyses until we learned what to do"

Victor Murdaugh, MD


when. Even so, the first few patients with acute renal failure that we dialyzed all lived, and no patient was lost during a dialysis for the rest of the time Henry and I were at Duke. Ironically, the first patient we treated was the wife of a practicing physician in another North Carolina town.”

HURRYING OFF TO A NEW CAREER

Murdaugh, who had served as assistant resident, chief resident at the VA Hospital, and clinical instructor under Stead, also completed a U.S. Public Health research fellowship at Duke before being promoted to associate in medicine. He wanted to build a full division of renal medicine and sensed that Stead wasn't ready to commit to that. So, he moved on to the University of Alabama at Birmingham as director of its new Renal and Electrolyte Division. While there he established the first chronic dialysis program in Alabama.

When he later developed an interest in kidney transplantation, he was recruited to the University of Pittsburgh in 1965 to build a program there, also as director of the Renal and Electrolyte Division.

In 1976 he became the first chair of the Department of Medicine at the University of South Carolina, where he continued an active clinical practice and research program. He retired as a distinguished professor emeritus in 2006.

Murdaugh and his wife, Betty, live in Columbia, S.C., one of his children, **Beth, MD'81**, is a Duke Medical alumna. 



Mystery Photos

Do you see yourself, a classmate or former teacher in one of these photos?

The Medical Alumni Association and Duke Medical Archives need your help in enriching our understanding of people, places, and events in the School of Medicine's history.

If you can provide information—dates, names, circumstances—about any of these photos, please visit medalum.duke.edu, and click on “Mystery Photos.” You will be taken to a page that will allow you to enter your comments. Comments will be available for viewing online.

If you have photos from your time at the School of Medicine that you think would be a valuable addition to the Duke Medical Archives collection, we invite you to send them to us in digital format to dumcarchives@duke.edu or as prints to Duke Medical Archives, DUMC 3702, Durham, NC 27710.



House Calls

Home Is Where the Health Is

Duke Champions a New Model of Care

By Jim Rogalski

Seventy-three-year-old Sarah Paige has done up her hair, put on make-up, and dressed in stylish clothes—a red beaded blouse and black dress pants. It does not go unnoticed by physician assistant JaNa Royal, PA-C.

“Look at you!” Royal says as she touches Paige’s arm warmly. “You look very nice.”

Royal’s cherubic patient smiles and returns a softly spoken yet visibly prideful, “Thank you.” Paige has suffered four strokes since 2005, had heart valve surgery in 2006, and has high blood pressure.

During the roughly 40 minute visit Royal taps keys on her laptop computer and brings up Paige’s electronic medical record. It includes notes from a dietician, social worker, and occupational therapist. Royal asks Paige if she’s having difficulty remembering to take all of her medications, then checks pill bottle labels for needed refills and to make sure Paige is taking the correct dosage. She asks if Paige is eating well and doing her in-home exercises. Paige seems well-pleased with herself to answer yes.

Paige’s blood pressure is high at 170 over 98, so Royal flips open her cell phone and calls in a prescription of hydrochlorothiazide to Paige’s pharmacy, instructing Paige’s sister, who sits across the room, when it will be ready for pick-up. Royal enters the information on her laptop.

For this entire visit Paige has sat comfortably in a soft brown-cloth recliner surrounded by family photos and keepsakes on shelves. She is not in a sterile doctor’s office, but in her neatly-kept apartment at Lakeside Gardens senior housing complex in Durham, where Royal has wheeled in two small suitcases filled with medical gear that she calls her “clinic on wheels.”

“I’ll be back next week to check on you,” Royal says cheerfully before leaving. Welcome to the future of health care.

PUTTING PATIENTS AT THE CENTER

Visits like this are the cornerstone of a new model of health care being championed by Duke, the Association of American Medical Colleges (AAMC), the American Academy of Family Physicians, and other influential U.S. health organizations.

It’s called the medical home model of care and shifts from the traditional physician practice-centered model to patient-centered, team-based, coordinated

“We have a lot more time in patients’ homes to figure things out and can communicate that with (the physicians). We can be their eyes and ears.”

Robin Ali, MD



care that utilizes existing community health services. The model relies on a central repository (the medical home) for all health and socially relevant patient information to be shared, preferably through linked electronic health care records. A patient’s medical home could be a family physician, a clinic, or a specialist the patient is seeing. A patient’s health care team could be six or seven or more strong.

“The medical home concept recognizes the critical role of physicians in health care, but also that we are not always the best or only answer to our patients’ problems,” says **Lloyd Michener, MD, HS’78-’82**, chair of Duke’s Department of Community and Family Medicine, who contributed to a March AAMC White Paper on medical homes. He also gave a plenary speech on the topic at the spring AAMC Physician Workforce Conference.

A signature tenet of the medical home model is that much of the care is delivered in-home to the frail elderly and mentally and physically disabled adults by a team of mid-level providers such as physician’s assistants, nurse practitioners, home health aides, dietitians, and social workers under the supervision of a medical doctor. The team’s mission is to improve and maintain patient health, pre-empt costly hospital stays and emergency room (ER) visits, and to get patients engaged in improving their health.

Advocates of the medical home model say it addresses myriad flaws in the current system, including the ironic requirement that the sickest patients and those with mobility issues travel to the doctor’s office. As

a result, appointments aren’t kept, and conditions worsen.

“Can we have patients come to us only when there is something we provide in the office that we can’t do in the home?” Michener says. “That’s what we’re experimenting with.”

Constance Row, executive director of the non-profit American Academy of Home Care Physicians, says evidence of the effectiveness of the medical home model is growing.

“It’s something patients want, families like, and has better care outcomes,” she says.

The medical home’s emphasis on physician assistants and nurse practitioners brings needed relief to the pressing shortage of generalist physicians, and allows physicians more time to focus on their more complicated patients while overseeing the mid-level providers. Michener says this is crucial to meeting the health care needs of an aging American population that continues to grow. This year the first wave of baby boomers turns 62 and carries with them a longer life expectancy and the likelihood of having multiple chronic illnesses, such as heart disease, diabetes, cancer, and high blood pressure.

With the potential to lasso health care costs, this new model is welcoming news in a system moving toward potential financial crisis as costs skyrocket and the Medicaid, Medicare, and Social Security programs face insolvency and uncertain futures. Total health care spending in the U.S. was \$2.3 trillion in 2007 and is projected to hit \$4.2 trillion annually by 2016. The most elderly

and frail patients are helping to drive those numbers skyward.

Adds Susan Yaggy, chief of the Division of Community Health at Duke: “We can help by building a team around the patient rather than the physician’s practice. We’re seeing dramatic results from patient-centered care including more primary care, more prevention, and fewer hospital admissions.”

THE TEAM APPROACH

Seventy-three-year old Paige is at the center of a health care team composed of her primary care doctor Althea Massenburg, MD of Lakewood Pediatrics and Family Medicine, and Duke’s Just For Us program—a medical home prototype started in 2002 that now serves roughly 300 Medicare- and Medicaid-enrolled elderly Durham residents in several senior housing complexes. The Just For Us team of two physician’s assistants, a dietician, an occupational therapist, a social worker, and a pharmacy consultant is led by **Robin Ali, MD, PharmD, HS’02-’07**, who is a geriatrician, clinical pharmacist, and instructor with Duke’s Department of Community and Family Medicine and a member of the physician staff at Durham’s Lincoln Community Health Center. Duke operates Just For Us in conjunction with Lincoln, where all patients are enrolled.

Massenburg and Ali communicate via e-mail, fax, and telephone about what care the Just For Us team is giving to Paige and what treatments Massenburg recommends.

“We’re not trying to usurp the primary care physician’s relationships with their patients,” Ali says. “We have a lot more time in



House Calls

patients' homes to figure things out and can communicate that with (the physicians). We can be their eyes and ears."

The Just For Us team meets Wednesday mornings at its administrative offices in the nine-story J.J. Henderson senior living complex on South Duke Street in space donated by the City of Durham's Housing Authority. With laptop computers, files, and notepads in front of them, team members update each other about specific patients and discuss future in-home visits, treatments, referrals, and any other patient-related issues. Team members share information through Duke's Community Health Information Network, which runs alongside patients' electronic medical records on the Duke e-browser system.

At a recent team meeting, physician assistant George Kroner, PA-C, explained that a patient was incorrectly using his transdermal blood pressure medicine delivery patch and thus was not receiving the needed treatment. He instructed the patient how to use it correctly. Had the patient continued to use it incorrectly for a long period of time, say, until his next scheduled office visit with his primary care physician, the results could have been severe, he says.

"There are so many little things that can become big things if they're not caught," Kroner said. "We're going right into their homes, sitting down on their couches and seeing their environment. That can mean seeing an empty pill bottle that has not been refilled or a bag of potato chips on the counter of a congestive heart failure patient."

Royal told of a patient who had been

routinely going to the ER because of constipation. During home visits Royal educated him on how to improve his condition. "I saw him recently and he was so proud that he hadn't been to the ER in four months," she said.

GETTING PHYSICIANS ON BOARD

Not all primary care physicians were as quick as Massenburg to embrace the Just For Us program and its team approach to patient care. For some, a "don't tread on my turf" mentality existed, Ali says.

"We had one physician tell the patient, 'I'm not going to take care of you if you continue to be in that program,'" Ali says. "The physician was adamant about not wanting anyone else prescribing medications and did not want to tag-team with anyone. The reasoning was they didn't feel they would be kept informed with what's going on."

Once the physician learned more about the program and how it could benefit patients, the mindset changed. Once-hesitant doctors, she says, "become very appreciative of the services we provide."

The program requires more paperwork and communication time to coordinate care with the team, Massenburg says, but Just For Us has been extremely beneficial for Paige. "Ultimately, it's what's best for the patient."

Massenburg says she doesn't feel threatened by other providers caring for her patient. "I feel really comfortable calling Robin (Ali) and discussing issues," she says. "They do a good job of communicat-

ing and sending me notes."

She is especially grateful that the Just For Us team regularly performs in-home lab tests of Paige's level of the anti-blood clotting agent Coumadin, which were erratic because Paige was missing so many office visits.

Yaggy says there is no shortage of physicians asking about the program.

"They are physicians who are weary of accounting for all of the needs of their patients in a short period of time, and are relieved to know that their patient is receiving good care," she says.

NEW MODEL APPEALS TO DOCTORS IN TRAINING

In its White Paper the AAMC points to the need for enhanced training around the medical home model and is recommending current physicians be trained in the team concept of care. It also calls for the education of future providers to promote "innovative models of education" that stress the team concept.

"The AAMC is saying there is enough evidence from medical homes that we ought to be teaching students and residents how to alter their services," Michener says.

Duke took a major step in this direction in 2006 when it stopped taking applications to its traditional family medicine residency program and redesigned it to stress the family physician as team leader. Early results are strong: Applications to the program grew four-fold in two years to 240 for the four spots available this fall, indicating, Michener says, the growing desire of future physicians



“Duke is one of the few medical centers in the country that is tackling the harder issues of testing how care can be improved, from the community to the office, as well as in the hospital.”

Lloyd Michener

to move to team-based care.

“Applicants are saying ‘I like the questions you’re asking, and I want to learn how to do this,’” Michener says.

Residents in the redesigned program will spend less time in the hospital setting and more time on team-based ambulatory care aimed at prevention and chronic disease treatment.

“We’re asking a deeper question,” Michener adds. “What is the role of an academic medical center? Is it to train doctors to practice care the way we currently understand it, or do we have a harder role of figuring out how to make health care better? Duke is one of the few medical centers in the country that is tackling the harder issues of testing how care can be improved, from the community to the office, as well as in the hospital.”

To meet the need of training current health care professionals in the team approach, Duke has launched the Duke Health Leadership Program (<http://healthleadership.duhs.duke.edu/>) which offers health care professionals on-site and online training to begin building alliances with existing community organizations.

Gil C. Grimes, MD, an assistant professor in the Texas A&M Health Science Center’s Department of Family Medicine, came to the Duke Leadership Program this spring because he wanted to start a pharmacy assistance program for the more than 100,000 uninsured adults in his county.

“What Duke is doing is exceptionally useful,” Grimes says. “They teach you what they’ve learned through the school of hard knocks. It takes 10 years off the

learning curve.”

Duke also has started a new training program for certified nursing assistants, is providing online training in rural areas of North Carolina, and is educating medical, nursing, physician assistant, and physical therapy students and residents about how to organize services in the community to improve patient health.

CHALLENGES AHEAD

While giving its endorsement to the concept of medical homes, the AAMC also says much research still is needed from government agencies, public and private organizations, insurance companies, and academic health centers on a number of important issues, including physician payment.

The current health care reimbursement system typically requires face-to-face physician visits, which in the medical home model are reduced. The AAMC wants to ensure an appropriate balance of reimbursement among multiple providers caring for a patient. Physicians, it says, “should be rewarded for their contributions to prevention, patient care, and care coordination.”

North Carolina’s Medicaid program has created Community Care of North Carolina, which directly pays physician practices for the costs associated with being a care manager and also pays practice networks to manage care and meet quality performance standards on costs and health outcomes for multiple chronic diseases.

The cost of establishing a medical home program can be significant as more mid-

level providers are brought into the mix and additional patient services are added. The Just For Us program has an annual budget of \$457,000, with just over \$200,000 in revenue from payments from Lincoln Community Health Center, which bills for Just For Us services. The balance is paid for by Duke.

The AAMC also wants more studies on how the medical home model is most effectively implemented, and how performance is best measured.

Other challenges include implementing the model in non-clustered rural settings, and convincing large insurers who are reluctant to pay for anything home-visit-related to embrace the concept.

To help answer those questions “Duke is taking a leadership role,” Yaggy says. “We have a wonderful opportunity here at Duke and with our partners in Durham. Together we have built a large base of innovative programs that are patient responsive and community led.

“There’s still a long way to go,” she says, “but we’re proud of what we’ve done.”

To learn more about the medical homes concept and Duke’s involvement, visit <http://medicalhomes.duhs.duke.edu>

House Calls

Early Results Are Striking

Duke has championed the medical home concept of care and pre-emptive education and chronic illness treatment and prevention for more than a decade through its nearly two dozen community health and education outreach programs in the Division of Community Health. Duke is one of a small handful of institutions nationwide to provide valuable research and health outcomes results to the study of this new model of care.

Duke reported in 2006 that outcomes for patients enrolled in the Just For Us program for two years include:

- 68 percent decrease in hospitalizations
- 49 percent drop in ambulance transport
- 41 percent drop in emergency room visits

While Duke subsidizes nearly half of the \$457,000 annual cost to run the program, the success numbers equate to major health care savings that have yet to be formally tabulated.

When an article written by Susan Yaggy, chief of the Division of Community Health at Duke; Lloyd Michener, MD, HS'78-'82, chair of Duke's Department of Community and Family Medicine; and others about the Just For Us program was published in *The Gerontologist* in 2006, Yaggy fielded copious phone calls from around the country and as far away as New Zealand and Cuba from health care leaders wanting to know how they can launch a similar program.

"They wanted to know, 'How does the money work? How do you handle mid-levels vs. physicians? How did you get social workers into your staff?' They were organic questions about management and practice concepts," she says.

Other results are equally striking.

Duke's LATCH program (Local Access to Coordinated Health Care)—also a medical home-styled initiative—is a free chronic disease care management service mainly serv-

ing Durham's uninsured Latino population. From 2004 to 2005 it saw a 23 percent drop in emergency room visits of its enrollees.

"Results like this are what you can see when you really coordinate care around the patient and not the physician's practice," says Yaggy. She adds that the success of Duke's programs rely, in part, on having people clustered in apartments so the providers can see eight or nine patients a day rather than four of five if there were a lot of drive time involved.

In a 2007 study of a similarly-styled Duke diabetes management program, levels of hemoglobin HbA1c—found in people with persistently elevated blood sugar—decreased an average of 9.5 percent in two years, with nearly half of enrollees seeing a 21.1 percent decrease.

In a state-funded medical home-based initiative in which Duke is participating with programs in six counties, health outcomes results are equally significant. Community Care of North Carolina (CCNC)—a disease and care management program of 14 networks operated by local physicians, hospitals, health departments, and departments of social services for 760,000 Medicaid enrollees—saw significant decreases in hospitalizations and emergency room visits for its participants.

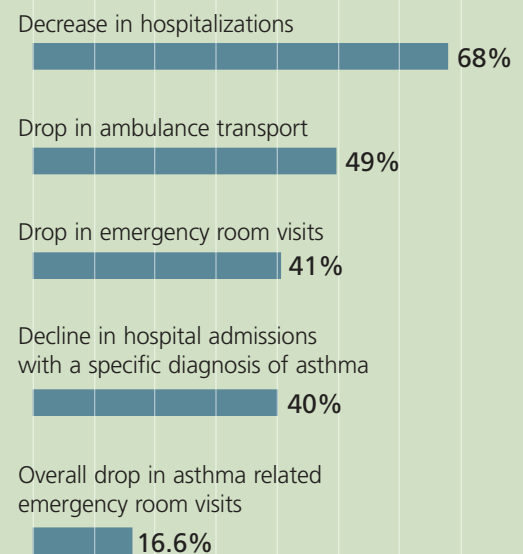
Those in CCNC's asthma management program from 2003-2006, for instance, saw:

- 40 percent decline in hospital admissions with a specific diagnosis of asthma
- 16.6 percent overall drop in emergency room visits

The Mercer Resource Consulting Group concluded that the entire CCNC program saved the state approximately \$60 million in health care costs in 2003 and \$124 million in 2004.

— Jim Rogalski

PROGRAM NUMBERS



The university-wide Duke Global Health Initiative is tapping into a groundswell of interest in global health—among students, medical residents, faculty, clinicians, and administration. Duke’s medical campus is teeming with new programs in medical education and outreach in developing countries. For more information about these and other happenings visit the Duke Global Health Institute (DGHI) online at globalhealth.duke.edu.

INAUGURAL GLOBAL HEALTH RESIDENTS

Last fall the Hubert Yeargan Center for Global Health and the Duke Global Health Institute announced a new resi-



From left, Holly Biggs, Maria Almond, Brandi Vasquez, and Stephen Parker

dency training program in global health, under the direction of **Nathan Thielman, MD’90, HS’90-’93**. The four inaugural candidates, who will begin training this summer, will earn a master’s degree in public health and spend nine months at one of Duke’s global health sites. They come from diverse disciplines, including the medicine, OB-GYN, psychiatry, and neurosurgery. The residents are:

- **Maria L.G. Almond, MD, HS-current**, a second-year resident in the Department of Psychiatry who holds an undergraduate degree from Wellesley College and a medi-

cal degree from Harvard. She has worked on global health efforts in the Philippines, England, Mexico, and Tanzania, where she developed an HIV health education curricula and hygiene and care training programs. She hopes to improve clinical education efforts and highlight the importance of behavioral health abroad

- **Holly M. Biggs, MD, HS-current**, a second-year resident in the Department of Medicine who holds undergraduate and medical degrees from the University of Illinois. She has worked with AmeriCorps and the American Red Cross, responding to local and national disasters, including the World Trade Center on Sept. 11, 2001. She has studied in Ecuador and has worked in a hospital in Zambia. She plans a career in addressing global HIV/AIDS.

- **Stephen Parker, MD, HS-current**, a second-year resident from the Department of Neurosurgery who holds an undergraduate degree from Purdue University and a medical degree from Indiana University. He has worked at a mission hospital in Tanzania where he conducted research on the relationship between fluorosis and spina bifida. Last summer he joined the Duke neurosurgery team led by Michael M. Haglund, MD, that traveled to Kampala, Uganda with surplus medical equipment provided by the Duke Global Health PLUS program. He is interested in conducting research on head trauma caused by automobile accidents in the developing world.

- **Brandi L. Vasquez, MD, PhD, HS-current**, a fourth-year resident from the Department of Obstetrics and Gynecology who holds an undergraduate degree from the University of Washington and medical and PhD degrees in molecular biology from Oregon Health and Science University. She has spent time in Costa Rica and will be work-

ing with Jeffrey P. Wilkinson, MD, to help establish a Women’s Reproductive Health program in Moshi, Tanzania.

PUFFER IS FIRST GLOBAL HEALTH POST-DOC FELLOW

In addition to the residency program in global health Duke will offer one post-doctoral global health fellowship in 2008-09. Eve Puffer will complete her doctoral degree in clinical community psychology in August at the University of South Carolina. She will then split her post-doctoral time between Duke and Kenya, where she will research mental health programming needs and interventions for adolescent girls in Kenya.

“We know that there is high risk for sexual exploitation in this population,” Puffer says, “and we suspect a high rate of sexual trauma among the girls.” That also brings an increased risk of contracting HIV. She will study what symptoms of depression and anxiety exist with the girls, which could pose barriers to them reaching their full potential.

Puffer’s mentors will be Sheryl Broverman, PhD, a DGHI faculty member, professor in the Department of Biology, and director of the Women’s Institute for Secondary Education and Research (WISER) at Duke. WISER is a non-profit non-governmental organization working to build the first girls’ boarding school and research center in Muhuru Bay, Kenya, where Puffer will conduct her research.

She also will be mentored by Kathy Sikkema, PhD, who holds professorships in the School of Nursing, Department of Psychology and Neuroscience, and the Department of Psychiatry and Behavioral Sciences. Sikkema also is director of social and behavioral sciences in the Duke Center for AIDS Research.

MEDICAL STUDENT THIRD YEAR GLOBAL HEALTH PROGRAM APPROVED

As another option for their flexible third year

GOING GLOBAL

“The immersion in another culture, and being totally removed from our own, gives us all a chance to reflect on our professions and our lives.”

Linda S. Lee



Rebecca Stein, a medical student, and Kelly Pretorius, a nursing student, with a patient in Honduras.

of medical school, Duke medical students will now have a formal way to study global health with the approval of the “global health track.” It is sponsored by the Duke Global Health Institute (DGHI) and directed by DGHI faculty member and chief of primary care pediatrics **Dennis Clements, MD, PhD, HS’73-’76, ’86-’88**. The program provides resources such as mentors and access to information about fieldwork opportunities and funding.

The Medical School Study Away Committee, which researched the program, estimates that 15 percent of Duke medical students seek opportunities in global health.

An important aspect of the third year track in global health is a foundational orientation that addresses issues specific to study abroad experiences. It includes cross-cultural competency, responsible conduct of research around the world, the importance of establishing respectful and reciprocal relationships with community partners, and differences in economic development infrastructure and culture.

DUKE COUPLE MOVING FAMILY TO TANZANIA

Jeffrey Wilkinson, MD, an assistant professor of urogynecology, and his wife **Sumera Hayat, MD, HS’95-98**, a clinical associate at



Clockwise, from top, Darcy King, a nursing student; Greg Osmond, a medical student; Pam Busineau, a nursing student; and a patient in Honduras.

Duke University Medical Center, are moving their family to Moshi, Tanzania to develop a comprehensive women’s reproductive health program at Kilimanjaro Christian Medical Center, where Duke has a longstanding clinical, training, and research program in



Eve Puffer



Dennis Clements

HIV/AIDS and international health. Wilkinson will continue his work with women suffering from obstetric fistula, a birth injury that causes incontinence and leads to social isolation.

For a feature story on Wilkinson and his work with fistula patients in Niger visit http://medalum.duke.edu/medalum/alumni_news.htm and click on the Spring 2007 magazine cover.

A CLINIC FOR HONDURAS

Every year for the past seven, **Dennis Clements, MD, PhD, HS’73-’76, ’86-’88**, along with faculty and staff from the schools of medicine, nursing, and the environment, has taken a handful of medical and nursing students on a 10-day getaway to the mountains of Honduras.

They pack a variety of medicines and live out of a duffle bag, bedding down for the night in sleeping bags on a concrete floor. They start their day when the roosters rouse them at the cusp of dawn, treating the routine health problems of villagers who would otherwise have to walk a full day to the closest medical facility. Their campsite clinic ends when the sun goes down. They have no access to electricity.

“The latrine is outside; the shower is the best you can do in the mountains whenever you can get water, and hopefully nobody is looking,” says Clements. Yet he and the students return to Duke with renewed energy, mindful of why they want a career in health-care.

But the week long clinic, part of the “Exploring Medicine in Other Cultures” course at Duke, is only a stopgap measure to improve the health of the villagers. “When I take students down, we can treat small traumas and give three months worth of vitamins and check people’s blood pressure,” says Clements, “but

so much of what we see is chronic illness. We can’t do a lot about that in 10 days.”

That will soon change. Clements, a DGHI faculty member, has been helping generate interest from local Honduran government agencies, mission groups, and officials at the hospital in La Esperanza to construct a rudimentary cinderblock building, staffed by a nurse, which would become a permanent clinic. Last year the villagers petitioned the government for a building that would cost about \$20,000 to build. Seed funds raised by students and faculty in previous years, coupled with donations from Rotary International, a commitment from the Duke chapter of Engineers Without Borders, and a \$10,000 gift from the Duke Chapel congregation, has put the dream within reach.

Lucy Worth, director of development and administration at Duke Chapel, says the offering committee looks for projects that follow the theoretical framework of the Beatitudes. The donation was one of the Chapel congregation’s larger gifts.

“We were quite taken with Dr. Clements’ proposal,” says Worth.

The proposed building will have a concrete floor, and windows with wood shutters, but no electricity. Engineers Without Borders will design a system for running water. Rotary clubs in Research Triangle Park and Chapel Hill and a partner club in Honduras have committed to raise substantial funds to provide equipment and supplies as well as some of the infrastructure for sanitation once the plans and equipment needs are finalized.

Linda S. Lee, PhD, associate director of the Duke Clinical Research Training Program, has been involved in the educational component of the class for many years.

“It is a poor country, but we spend time talking with and listening to patients. They feed us, and we visit their homes. We are part of their lives for a few days and we learn about what their lives are like,” she says. “To have people living in poor circumstances teach us is a really good experience. The immersion in another culture, and being totally removed from our own, gives us all a chance to reflect on our professions and our lives.”

Student's Cold Call Leads to Alumni Mentor



Serena Tan and Kurt Newman

When Serena Tan, MD'08, contacted Kurt Newman, MD'78, about shadowing him in his clinic a few hours a week, neither had any idea it would turn into something more. Over the course of a year, not only did the Duke medical student pick up valuable clinical skills that would prepare her for a career in pediatric surgery, but she also gained a mentor and friend for life.

Tan, who is from Singapore, first reached out to Newman in 2006, after learning she would spend her third year of medical school completing a research fellowship at the National Institutes of Health (NIH). Though excited about the research opportunity, Tan was determined to find a way to practice her clinical skills throughout the year as well.

At the suggestion of **Michael Skinner, MD, HS'84-'91**, then chair of Duke's Division of Pediatric Surgery, she gave Newman, a School of Medicine alumnus and pediatric surgeon in Washington, D.C., a call.

"At the end of my second year I knew I was interested in pediatric surgery," Tan says. "Dr. Newman was very welcoming and set up a regular time for me to meet with him."

Most of Tan's time that year was devoted to her research on congenital heart defects at the NIH. However, every Monday morning she arrived early at Children's National Medical Center, ready to spend the next few hours observing Newman, surgeon-in-chief and executive director of the Joseph E. Robert Jr. Center for Surgical Care, as he met with children and families in clinic. Eventually she began taking patients' medical histories, and Newman would quiz her on what she had learned.

"She began doing things independently,"

Newman says, including one day when the two of them saw several children with hernias. "She was blown away by the variety in the types of hernia children can have," he says. "She went home, looked it up, and came back with a sophisticated report."

Tan says one of the most surprising lessons she learned from Newman was that surgical skills aren't the primary measure of a good pediatric surgeon. Instead it's the connections made with families in clinic.

"He said a huge part is talking to the parents—whether you're educating them, reassuring them, or finding out their anxieties," Tan says. "I also saw how he would speak directly to the children...the warmth of the interaction."

Although he was thrilled to have Tan in clinic each week, Newman admits he had some concerns initially. "I wasn't sure what to expect," he says. "Teaching at times can be a distraction with a busy clinic, but with Serena it was always a plus. It was so enjoyable."

Tan says having dinner once with Newman and his family at his home reassured her that it is possible for surgeons to balance life outside of work. "I definitely have a better idea

now of what the life of a pediatric surgeon is like," she says.

Newman says working with Tan taught him a few lessons as well. "I learned a tremendous amount about what's going on at Duke." He adds: "When you finish (your degree), you have it set in your mind what Duke is like until you have an experience like this. I was able to see the quality of the current students and their experiences."

After Tan finished her fellowship and left Washington, she still felt there was more to learn from Newman. So last fall during her fourth year, she completed a surgery rotation at Children's National Medical Center. "I wanted to kind of make (the experience) complete by working with him in the operating room."

Today Tan and Newman remain in touch, mostly by e-mail. On Match Day this year Newman was one of the first people Tan contacted to share news of her assignment to a general surgery residency at Stanford, and Newman says he looks forward to hearing more about Tan's career achievements in the future.

Tan adds: "I really encourage people to seek out opportunities like this. It's added so much to my education. We will be in touch for the rest of our careers." ▀

"Dr. Newman was very welcoming and set up a regular time for me to meet with him."

Serena Tan



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1940s



▲ **Herbert David Kerman, T'38, MD'42, HS'42-'43, '46-'49, DC Lifetime**, who celebrated his 90th birthday in July 2007, was named a 2007 ASTRO Fellow by the American Society for Therapeutic Radiology and Oncology in October. He was also named medical director emeritus of the Hospice of Volusia/Flagler. He lives in Daytona Beach, Fla.



▲ **Robert L. Baeder, T'41, MD'44**, retired 17 years ago but kept his medical license active until last year. He spends much of his time playing in a harmonica band, playing bridge, reading, and traveling. He had triple coronary bypass surgery six years ago, and his wife **Mildred Covington, BSN'43**, had a partial colon resection for colon cancer nearly three years ago. He reports that they are both doing well and enjoying retirement. His 12-member harmonica band, called the Harmonics, plays

"old tunes" at nursing homes and for church and senior groups. He is pictured in his band attire. The Baeders live in Manchester, N.J., and have five children, nine grandchildren, and five great-grandchildren.

Martin M. Cummings, MD'44, GHON'85, facilitates a low-vision support group at a retirement center. He lives in Sarasota, Fla.

J. Kempton Jones, T'43, MD'46, HS'49-'50, of Chapel Hill, N.C., reports that he suffered a fall in August 2007 and underwent a craniotomy to remove a subdural hematoma. He has been recuperating in the DuBose Health Center at the Cedars of Chapel Hill. In 1997 he had a stroke, which resulted in weakness of his left arm and leg.

William P. Wilson, T'43, MD'47, HS'49-'54, recently published a book, *The Nuts and Bolts of Discipleship*. He regularly conducts seminars at churches in the Durham area and speaks at national conferences. He and his wife Elizabeth have five children and 16 grandchildren. Two of their children—**Benjamin, E'76**, and **Tammy, T'80**—are Duke graduates.

Robert F. Lorenzen, MD'48, BS'48 (medicine), HS'49-'51, is writing a book about the visual defects of famous artists. When not working on the book, he enjoys painting abstract art, playing golf, and cruising. He lives in Paradise

Valley, Ariz., and has three children, three grandchildren, and one great-granddaughter.

Robert M. Sinskey, MD'48, HS'48-'49, served as a guest speaker on "A New Surgical Procedure to Cure Horizontal Nystagmus" and "Trials and Tribulations of Phaco" at a Henry Ford Health System grand rounds event in Detroit, Mich., in December. Other recent speaking engagements include the Wilmer Eye Institute at Johns Hopkins. Sinskey currently is medical director emeritus of the Southern California Lion's Eye Institute and clinical professor of ophthalmology at Jules Stein Eye Institute at UCLA. He and his wife Loraine live in Santa Monica, Calif. They have five children and ten grandchildren between them.

Aldrich H. Northup, T'46, MD'49, lost his wife of 56 years, Marie Caron Northup, in 2006. He has two daughters, one son, three grandsons, and one granddaughter. He lives in Pensacola, Fla.

1950s

Albert "Burney" Huff, MD'50, reports that he is making good progress recovering from two broken hips suffered last year. He and his wife Miriam live in Wooster, Ohio.

William D. Rippy, MD'50, retired since 1990, doesn't travel as often anymore but recently visited California, Arizona, and Colorado with his wife Helen. He reports they are both enjoying their new home and

church in Leland, N.C. They have five children and nine grandchildren.

Spencer Spainhour Brewer Jr., MD'52, HS'54-'56, DC, reports that this year the class of 1952 book club will discuss *Metamorphoses* by William Anlyan, MD. He and his wife Nancy have three children. They live in Atlanta, Ga.

Robert Edward Chambers, MD'52, HS'54-'56, DC, and his wife Pat live in a retirement community in Gastonia, N.C. He enjoys playing golf three days a week, and Pat enjoys playing bridge. They spend their summers in the mountains. They have four sons and three grandchildren.

William Anderson Jr., MD'53, retired in 1990 but continued to work as medical director for a local skilled nursing facility. He currently works as medical director for a paramedic school at a hospital in Conneaut, Ohio, where he lives. He and Wanda, his wife of 56 years, have five living children, 16 grandchildren, and one great-grandchild on the way. He writes that he would love to hear from some of his fellow DukeMed classmates. His e-mail address is ander523@juno.com.

Bruce L. Baer, MD'53, DC, of Baton Rouge, La., lost his first wife, Eleanor, in 1999 to breast cancer. In 2003 he married Anna Marie. She died in 2005 from primary systemic amyloidosis. Retired since 1995,

he has four daughters and 12 grandchildren.

Eugene M. Evans Jr., MD'53, HS'54-'57, DC, says that after living in his home for 44 years, he sold it and moved to a retirement community in Danville, Va. He writes: "Life is pleasant—no responsibilities except to write monthly rental checks. What a way to go."

Tom Alford Vestal, MD'53, retired in 1992, but still runs a gynecology clinic at the Anderson Free Clinic in South Carolina. He and his wife **Janis, WC'51**, live in Anderson. They have five children—Lyn-don, Collins, Jan, Ansley, and Ruth—three granddaughters and two grandsons.

John C. Ayers, Jr., T'50, MD'54, HS'54-'55, was one of several alumni to return to the Duke School of Medicine in February to teach physical exam skills to first-year students. He and his wife Lynesa live in New Bern, N.C.

Henry Pinsker, MD'54, DC, is using video technology to teach psychotherapeutic techniques to psychiatry residents at the University of Medicine and Dentistry of New Jersey (UM-DNJ) in Newark. The technique involves recording residents during treatment sessions and then using those edited video recordings to stimulate discussion during seminars or lectures. Pinsker, a retired professor of clinical psychiatry at Mt. Sinai School of Medicine, lives in Teaneck, N.J.

George B. Skipworth, T'48, MD'54, DC, continues to go on medical mission trips to Belize and Guatemala with Tejas Missions, Inc. He has been going on these trips for 31 years. Now 81, he is semi-retired and still sees patients at the Columbus, Ga., practice he shares with Garris Morgan, MD. He has two living children—Heather Craven is a teacher in Seattle, Wash., and William is head of graphics at Beacon Ministry in Columbus.

Harold Simon, MD'55, retired from practicing medicine full time in 1995 but is staying active as a consultant to Veterans Affairs and other hospitals. He and his wife Jane have been married for 52 years. They have two grown sons and four grandchildren and live in Palm Beach, Fla. They are active in charitable work and enjoy travel, golf, and swimming.

Billy F. Andrews, MD'57, DC, continues teaching part time in medical history, ethics, and humanities in the Department of Pediatrics at the University of Louisville. Highlights of 2007 were a presentation he gave in Athens, Greece, at the 25th International Congress of Pediatrics, and in Montreal, Quebec, at the 37th American Osler Society Annual Meeting. He lives in Floyds Knobs, Ind.

Rubin Bressler, MD'57, DC, is a professor of medicine and pharmacology at the University of Arizona-Tucson. He spent 16 years as head of the Department of Medicine and seven years as head of the pharmacology department. He says he

is still focused on metabolic research and has published more than 300 papers. He and Paula have been married for more than 52 years. They live in Tucson and have three children and six grandchildren. One son is an endocrinologist, the other is a lawyer, and their daughter is a social worker.



▲ **Luther C. Sappenfield, MD'57**, retired in 2007 after 43 years of practicing ophthalmology in Fayetteville, N.C. He and his wife Nancy are now living in a retirement community in Pineville, N.C., and enjoying golf, fishing, their children and grandchildren, and a vacation home at Lake Tillery. Sappenfield volunteers in outpatient surgery at Carolina's Medical Center in Pineville. Nancy is undergoing chemotherapy for recurrent ovarian cancer.

Karl A. Zener, MD'57, recently started working as a staff psychiatrist at Walter Reed Army Medical Center in Washington, D.C., where he lives. In his new position he treats mostly post-traumatic stress disorder patients in an intensive outpatient setting.

James D. Mallory, Jr., MD'58, HS'58-'59, '63-'66, retired in July 2007 after spending 37 years as director of a Christian

counseling center in Atlanta. He and his wife Betsy live in Ashland City, Tenn., and have four married children. Jim has three children; Roger, a nephrologist, has three children; Deaver has three children; and John has four children.



▲ **Irwin Bernard Moore, MD'58**, retired five years ago after serving as medical director for Progressive Insurance for 18 years. While at Progressive, he started the company's wellness program and on-site medical and psychological facilities. Before that he was CEO of a larger multi-specialty group in Cleveland, Ohio. Over the years he says he has progressively given up on basketball, tennis, squash, skiing, and long-distance running. But he and his wife of 52 years, Beryl, still play a lot of golf, and he loves to fish in Florida where they have a winter home. He and Beryl live in Cleveland and have three children and three grandchildren. Their children Richard and Valerie both live in Cleveland. Their son David has a PhD in developmental psychology and teaches at Pitzer College in Claremont, Calif.

George H. Porter III, T'54, MD'58, retired as president and CEO of Alton Ochsner Medical Foundation in 1998, but continues to practice, teach, write, and speak. He and his wife Virginia, WC'54, MD'58, live in New Orleans, La.

Hal Judd Rollins, Jr., BS'57 (medicine), MD'58, retired in January 2008 after practicing ophthalmology for 42 years in Greensboro, N.C. He and his wife Ann, N'58, have three children, all graduates of UNC, and five grandchildren.

Donald H. Tucker, MD'58, BS'59 (medicine), DC Century, is retired and lives in Greenville, N.C., with his wife Barbara, WC'04. Their son Don, T'81, is a partner with a law firm in Raleigh, N.C. Michael, T'85, is CEO of VT Specialized Vehicles Corp. Their daughter Susan Weaver, T'83, MD'87, is executive director of Alliance Medical Ministry, a faith-based nonprofit clinic that provides affordable primary medical care to the working uninsured in Wake County, N.C.

1960s

Stanley I. Worton, MD'60, DC, has been retired from radiology since 2000 but is staying active in medicine as a board member for the Health Foundation of South Florida, which distributes nearly \$8 million annually to improve health in communities. He and his wife Joan live in Miami.

Donald C. Mullen, MD'61, HS'61-'69, DC, is mayor of Highlands, N.C.—which he says is the highest elevation town east of the Rockies—and is working to improve the town's quality of life and control growth. He is a retired cardiovascular surgeon and professor of surgery, having retired at the age of 53. He then attended Princeton Theological Seminary and worked in developing

countries. He and his wife Patsy live in Highlands.

R. Brent Harrison, T'60, MD'63, has served on the advisory board for BanCorp South for 20 years. In 1996 he was knighted by the Order of St. John. He and his wife Susan, WC'63, live in Madison, Miss., and have four children. Scott is a pediatric ear, nose, and throat specialist in Jackson, Miss. Sean works for Siemens in Dublin, Ireland. Travis is a store manager in Durango, Colo. Matt works for FedEx in Memphis, Tenn. The Harrisons have five grandchildren, ages 11 to 16.

Chester C. Haworth, Jr., MD'63, a neurologist with High Point Neurological Associates, says his office has established an outpatient clinic of neurologists that offer routine neurology practice. The office also offers other services, including an MRI 1.5T scanner, 64-channel spiral CT scanner, and a sleep lab. Haworth has two daughters and a son. Susan, T'88, works in the information technology field and has two children. Phillip owns a UPS store and has one child. Mary is a physician assistant and has one child.

Edward P. Hoffman, MD'63, retired since 2003, enjoys photography and traveling, including several trips overseas. He and his wife Carolyn live in Olympia, Wash. They have four children and five grandchildren.

When Elizabeth P. Kanof, MD, HS'63-'64, first set up her dermatology practice in Raleigh in 1965, she says she became a member of the North Carolina Medical Society (NCMS) because it was just what new physicians automatically did. However, her involvement with the organization became anything but automatic once she realized that through active service she could make a difference in the lives of many across the state.

Currently a member of the NCMS Foundation board of trustees, Kanof and her fellow board members work to improve access to health care for North Carolinians through projects like the Community Practitioner Program. The foundation's flagship program offers physicians, nurse practitioners, and physician assistants help with repaying education loans in exchange for five years of service in some of North Carolina's most economically distressed and medically underserved areas.

For medical professionals just out of training, the assistance can provide much-needed relief, particularly for physicians, who, Kanof says, on average face more than \$100,000 in debt once they enter practice. Over the past 15 years the Community Practitioner Program has provided grants to 400 physicians, nurse practitioners, and physician assistants.

But the program isn't just about helping repay loans. Keeping in line with the foundation's mission, the program helps patients across North Carolina, most of whom live in rural areas and are uninsured or on Medicaid. Since the program was created in 1989, patients in 145 communities in 83 counties have received an estimated \$226 million in free or reduced care.

"The practitioners are providing access to care patients would not have otherwise," says Kanof. "Without the program people would have to travel a much greater distance."

About 55 percent of the patients treated by practitioners in the program have chronic diseases, but by placing an emphasis on preventive medicine, Kanof says the practitioners are

Kanof Is a State Leader in Community Health Access

helping patients keep certain illnesses under control, which in turn decreases emergency room visits and health care costs. "But more important than reducing costs, we're promoting good health and healthy lifestyles," she says.

Kanof recalls one patient who was suffering from depression and had very few options for care until a family physician set up practice in his town. "Once he got treatment his depression lifted. His gratitude almost moves you to tears," Kanof says. "People who had nowhere to turn now have somewhere to go for help."

The Community Practitioner Program isn't the only one of its kind in the state, but Kanof says it still is helping to reduce practitioner shortage in the long term. The majority of the program's practitioners—64 percent—remain in their communities well after their five-year commitment is up. And 85 percent continue to practice in North Carolina, which suggests they are motivated by more than just financial assistance.

"These are practitioners who have a calling to serve this type of population," Kanof adds. "The warmth and closeness they have with their patients and community means a great deal to them and...the community."

The NCMS Foundation also offers physicians help with serving communities through its leadership college. Kanof is co-chair of the NCMS Leadership College, which gives physicians tools to help them become community leaders and provide a voice for the state's physicians and patients.

Modeled after the American Academy of Ophthalmology's leadership program, the NCMS Leadership College is a one-year development course for a select group of NCMS members. The course includes lessons on a range of topics from how to run a board meeting to the basics of administering a nonprofit organization. Each scholar completes a community service project and is mentored by a current NCMS member throughout the year. An advocacy day for



"People who had nowhere to turn now have somewhere to go for help."

Elizabeth P. Kanof

the scholars in Raleigh includes meetings with state legislators. Since the Leadership College's inception in 2002, 66 scholars have gone through the program.

Retired since 2003, Kanof herself is active in legislative issues and says it's important to prepare the next generation of physician and patient advocates through the Leadership College.

"The North Carolina Medical Society to me is the strongest advocate in the state for physicians and patients," she says. "To continue doing that we need the input of younger physicians."

Kanof is married to Ronald H. Levine, MD, former N.C. state health director. They live in Raleigh and have two children and four grandchildren.

—Bernadette Gillis



▲ **A. Everett James Jr., MD'63** and his wife Nancy have been inducted into the Riddick Society of North Carolina State University (NCSU) where he has served as chair of the NCSU Medicine Foundation. The society honors lifetime gift support of \$100,000 or more in outright gifts or irrevocable planned gifts of \$150,000 or more. The couple recently donated The Pattie Royster James Collection of 102 quilts to the Gallery of Art and Design at the university. The couple lives in Chapel Hill.

Arnold Kramer, MD'63, practices at Valley Pediatrics in Edwardsville, Pa. At 73 he says he still finds working full time rewarding. He and his wife Katrina, N'61, live in Kingston, Pa.

Waller L. Taylor Jr., MD'63, stopped doing eye surgery several years ago and is now semi-retired. He currently sees patients in his private ophthalmology practice three and a half days a week. He and his wife Anne have four children and two grandchildren. They were expecting their third grandchild in May. They live in Virginia Beach, Va.



▲ **Frederick L. Ruben, T'60, MD'64**, says he finally will retire in July 2008. He has been board certified in Internal Medicine and Infectious Diseases and from 1972-'97 was a professor of medicine at the University of Pittsburgh. Since 1997 he has been director of Scientific and Medical Affairs at Sanofi Pasteur vaccine company in Swiftwater, Pa. His plans for retirement include spending more time with family and spending time in Connemara, Ireland, where he and his wife Mary Kate Reeves-Hoche have a cottage. He plans to return to running marathons and bike touring in the U.S. and abroad, including cycling across the U.S. He says he loves public health and will stay active by volunteering locally. He and Mary Kate live in Buck Hill Falls, Pa.

Lewis G. Zirkle, Jr., MD'66, HS'66-'68, recently returned from Kabul, Afghanistan, where he started two new Surgical Implant Generation Network (SIGN) programs in Kabul. One was started at Wazir Abkar Khan Hospital—the largest civilian hospital in the country—and one was launched at a military hospital. SIGN is a non-profit organization that helps to restore patients to active lifestyles through modern orthopedic surgery care. That

includes use of the SIGN intramedullary nail that Zirkle designed. It allows surgeons to treat fractures that require surgery without the use of real-time imaging. Zirkle and his wife Sara, WC'61, MD'65 have three children—Elizabeth, L'90; Molly, T'89; and Julie, T'92—and live in Richland, Wash. For information on SIGN visit www.sign-post.org

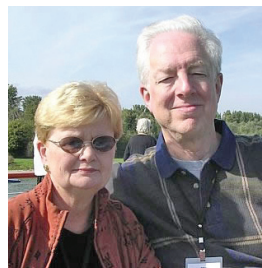
Gerald LaVonne Brown, T'63, MD'67, HS'68-'72, had an article, "Salivary cortisol, DHEA and testosterone interrelationships in healthy young males: A pilot study with implications for studies of aggressive behavior," published in *Psychiatry Research*. He is a professor emeritus at the University of Virginia and lives in Free Union, Va., with his wife Sima.

Herbert E. Segal, MD'67, has assumed the directorship of Jewish Family Services, a division of the Raleigh/Cary Jewish Federation in Raleigh, N.C. This comes after three years of what he calls "blissful retirement." He is working 20 hours a week and has responsibility for staff and volunteers who provide counseling, financial assistance, education, and support services to members of the community in need. He lives in Raleigh.

D. E. Darnell Jones, MD'68, retired in March 2007. He and his wife Connie live in Greenville, N.C., and have four children and four grandchildren.

Rebecca T. Kirkland, WC'64, MD'68, a current Duke University Health System Board Director and a former Duke

University trustee, received the Dean of Medical Education's Service Award at Baylor College of Medicine in Houston, Texas in February. She retired from Baylor in 2006 as a professor of pediatrics and senior associate dean for medical education. She and her husband John L. Kirkland III, MD, live in Houston.



▲ **Ted R. Kunstling, T'65, MD'68, DC**, retired from his pulmonary and allergy practice in late 2007 and now is chief medical officer at Duke Raleigh Hospital, where he says he enjoys working closely with Duke Medicine leadership. He and his wife Frances, WC'65, DC, recently celebrated their 40th wedding anniversary with a Duke Alumni-sponsored cruise along the Rhine River in Europe. Frances has retired from the historical publications section of the State Library of North Carolina and the Office of Archives. They live in Raleigh.

Donald F. Mandetta, MD'68, HS'68-'71, '73-'74, practices gastroenterology at Centre Medical and Surgical Associates (CMSA) in State College, Pa. CMSA, which was founded by **Jon Dranov, MD, HS'69-'74**, has grown from three physicians in 1976 to 50 today. The practice recently formed a partnership with Hershey Medical Center to provide teaching programs at Mount Nittany Medical Center. Mandetta

and his wife Kathryn live in Boalsburg, Pa., and have two children. Mary Beth is married and teaches kindergarten in Naperville, Ill. Lisa graduated from Lock Haven University in May.

Terence N. Reisman, T'65, MD'68, HS'69-'70, DC, will have completed 33 years of active clinical gastroenterology practice in July 2008. He hopes to retire at the end of 2009. Outside of work he enjoys live and recorded music of all kinds, winter skiing, ethnic foods, art, travel, and spectator sports, particularly basketball. He and his wife Marilyn Parker, N'64, DC, live in Tallahassee, Fla. Their son **Robert, T'98**, a case manager for a private nonprofit social agency, is married and lives in New Hampshire. Their son **Matthew, T'00**, lives with his wife in Cheverly, Md., and works as a managing associate for trade and investment at Nathan Associates in Arlington, Va. Their daughter Amy lives in Cambridge, Mass.

Douglas B. Kirkpatrick, MD'69, DC, has been named by Oregon Governor Ted Kulongoski to serve a second three-year term on the Oregon Medical Board. Kirkpatrick will serve as vice-chair of the board this year and as chair in 2009. He and his wife Terrie live in Medford, Ore. Their daughter **Linda, T'96**, majored in religion at Duke.

1970s

Clifford B. David, T'68, MD'72, is senior physician with Nemours Children's Clinic in Jacksonville, Fla., where he lives with his wife Brenda.

James W. Ellett, T'69, MD'73, of Sumter, S.C., is a semi-retired member of a six-physician surgical group. He no longer works in the office or takes call but assists his partners with operations. Outside of work he enjoys playing golf and hunting. He has gone quail hunting in Texas and water fowl hunting in North Dakota and Arkansas. He also spends his time managing a woodland/tree farm/wildlife area and is taking courses in forestry and wildlife management at Clemson University. He and his wife Rebecca recently celebrated their 30th wedding anniversary. They have two daughters, both graduates of Furman University.

David H. Mason Jr., MD'73, DC, of Marietta, Ga., recently founded a pharmaceutical company called Percept BioSciences. He is married to Melinda E. Mason and has five children: Jeff, 39; Conor, 30; Hannah, 28; Emma, 6; and Holly, 3.



▲ **Pamela B. Davis, PhD'72, MD'74, HS'73-'75, DC**, was named dean and vice president

for Medical Affairs at Case Western Reserve University School of Medicine in September 2007. Shortly after she was named dean, the university's Clinical and Translational Science Award program—for which she is principal investigator—was funded by the NIH, which launched another adventure for her. She says 2008 will be a busy year that will include the summer marriages of both of her sons, Jason, 30; and Galen, 27. She lives in Cleveland, Ohio.



▲ **L. Andrew Koman, T'70, MD'74, HS'74-'79, DC** Century, was appointed in July 2007 as chair of the Department of Orthopedic Surgery at Wake Forest University School of Medicine in Winston-Salem, N.C. He also is the current president-elect of the American Society for Surgery of the Hand. He will become president of the society this September. He is married to the former Leigh Emerson, WC'71, DC Century and is the father of Amy Koman Grady, T'01, and Alexander.

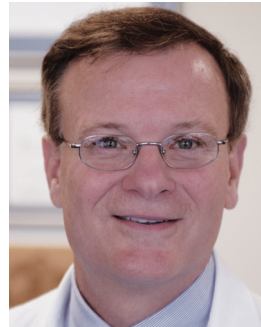
Eric D. Lister, MD'74, is a physician/consultant with KI Associates, Ltd. in Portsmouth, N.H.. He assists health care boards, physicians, and executive teams in dealing with the

changing face of American medicine. He recently spoke about the changes in the nature of professionalism at the University of Massachusetts Department of Psychiatry Grand Rounds. He also helped the Leapfrog Group—a patient safety organization—design and conduct its January conference in Los Angeles. The title of the conference was "The Future of Hospital Governance: Quality at the Leading Edge." He and his wife Marcie have two grown children and divide their time between living at a condominium in Portland, Me., and a waterfront home far up the Maine coast.



▲ **Richard M. Waugaman, MD'74**, continues to practice psychiatry and psychoanalysis in Potomac, Md., and is clinical professor of psychiatry at Georgetown University. For the past five years he has devoted much of his time to researching the works of William Shakespeare, especially the question of authorship of many of his works. Waugaman has published two recent articles attributing anonymous 1585 poems to Edward de Vere, also known as "William Shakespeare." He is researching other works by de Vere. Waugaman and his wife Elisabeth, PhD'77, live in Potomac and

have three children—Garrett, Adele, and Richard.



▲ **Paul R. Lambert, T'72, MD'76, HS'76**, has been elected to the 18-member American Board of Otolaryngology, the certifying organization for the specialty. He also holds the positions of vice president of the American Academy of Otolaryngology-Head and Neck Surgery and secretary-treasurer of the American Otological Society—the oldest society within the specialty. Since 1999 Lambert has been chair of the Department of Otolaryngology-Head and Neck Surgery at the Medical University of South Carolina (MUSC) in Charleston, S.C. His daughter Lara, T'02, is an internal medicine intern at MUSC.

L. Reuven Pasternak, MD'77, MPH, MBA, has been named chief executive officer of the Inova Fairfax Hospital campus and executive vice president of academic affairs for Inova Health System in Falls Church, Va. In these roles he will oversee Inova Fairfax Hospital, Inova Fairfax Hospital for Children, and the Inova Heart and Vascular Institute. He previously served as executive vice president and chief medical officer of Health Alliance of Greater Cincinnati, a system of seven hospitals.

Joseph Cheung, MD'78, is the principal investigator on two NIH RO1 grants. In 2006 he was appointed the Capizzi Professor of Medicine and chief of the Division of Nephrology at Jefferson Medical College. Outside of medicine he enjoys traveling, going to concerts, trying new restaurants, and collecting antique metal toy soldiers. His wife **Barbara A. Miller, MD, HS'76-'80**, is the Four Diamonds Professor of Pediatrics, chief of pediatrics hematology/oncology, and vice-chairman of pediatrics research at Pennsylvania State University College of Medicine. Her NIH RO1 grant has been competitively renewed.

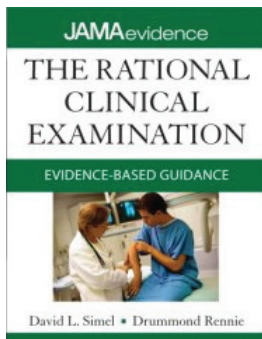
J. Douglas Graham III, MD'78, and others in his group at Indiana Heart Physicians were published in *Circulation* for their study on a cutting-edge approach to rapid intervention for acute myocardial infarction. He and his wife **Lynn, N'73**, live in Indianapolis, Ind. Their daughter Erin married Justin Kirby in September 2007.

Randall C. Rickard, T'74, MD'78, DC, a physician with Family Practice Partners in Murfreesboro, Tenn., received the 2007 Clinician of the Year Award from the Middle Tennessee Medical Center. He and his wife **Susan, T'74, DC**, have three children. Their daughter **Dorsey, T'03** is a Med/Peds intern at Vanderbilt; son David is a computer programmer with Microsoft; and daughter Katie is a graduate student in education at Middle Tennessee State University. The Rickards live in Murfreesboro.

James S. Tiedeman, PhD'74, MD'78, HS'78-'82, DC Century, was named chairman of the American Board of Ophthalmology for 2008. He and his wife Patricia live in Charlottesville, Va. They have two children: Jenny, T'94, is an attorney in Washington, D.C., and John is an anesthesiology resident at the University of Virginia.

1980s

Gilda J. Lorensen, MD'81, has been working in OB-GYN for Northwest Kaiser Permanente in Portland, Ore., for 15 years. Outside of work she enjoys singing in a jazz quartet and is working to stay in shape. Her jazz quartet—named Jazz DeLight—includes bass, keyboards, percussion, and vocals. They perform at farmer's markets, private parties, and nursing homes about six times a year. She and her husband Paul have a daughter Rosa, 10, and live in Portland.



▲ David L. Simel, MD'81, HS'81-'86, A'90, is now chief of the Medicine Service at the V.A. Hospital in Durham. His book, *The Rational Clinical Examination*, will be published this summer by *Journal of the American Medical Association* Book Publishing and McGraw-Hill. He and his wife, Joanne T. Piscitelli,

MD'81, HS'81-'85, have three children—Lauren, T'05; Brian; and Michael.

William E. Hooper, MD'83, is an orthopedic surgeon with Virginia Orthopedics in Salem, Va., where he mostly performs hand and upper extremity surgery. He and his wife Kelly have three children: Will, 16; Walker, 14; and Mari, 9. The family lives in Roanoke.



▲ William G. Kaelin, Jr., T'79, MD'83, was elected to the Institute of Medicine in 2007 and was named a distinguished alumnus by the Duke Medical Alumni Association. His wife Carolyn has written two books related to breast cancer, including *Living Through Breast Cancer*, which has received several awards. They live in Boston.

Mitchell S. Rein, T'79, MD'83, in 2005 became chief medical officer and senior vice president for The Women's Health Center in Danvers, Mass. In 2006 he stepped down as the chair of the health center's OB-GYN department after 10 years. He and his wife Amy have three children—two teenage daughters and a 4-year-old son—and live in Marblehead, Mass.

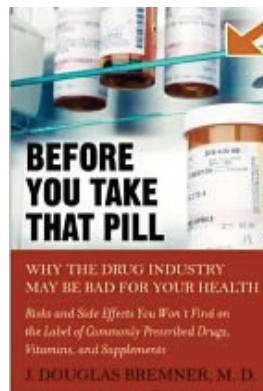
Stacey A. Wood, Jr., MD'83, and his wife Jean, G'81, recently celebrated their 25th wedding anniversary, and according to Stacey, are “finally empty nesters.” Their son Andy is completing his first year at Georgia Tech, and son Richard is in his fourth year at UNC-Charlotte. Stacey and Jean live in Charlotte, N.C.

Richard Friedberg, MD'86, PhD'88, has been elected to a three-year term on the Board of Governors of the College of American Pathologists. He is the chairman of the Department of Pathology at Baystate Health Medical Center in Springfield, Mass., and professor of pathology at Tufts University School of Medicine. Friedberg, his wife Diane, and their children live in Longmeadow, Mass.



Scott T. Howell, MD'86, HS'86-'87, '92-'95, says he loves living in the warm climate of Vero Beach, Fla. He is a private-practice anesthesiologist. He enjoys riding in a motorcycle racing series with the Florida Trail Riders. Races typically run 35 miles through the woods and last two hours, which he says is a great workout. He always wears the latest protective gear, which

includes body armor. His wife Ann is a documentary film maker. They have two sons, Sebastian and Finn.



▲ J. Douglas Bremner, MD'87, recently wrote a book, *Before You Take That Pill: Why the Drug Industry May be Bad for Your Health*. More information can be found at www.beforeyoutakethatpill.com. He currently is a professor of psychiatry and radiology at the Emory University School of Medicine and director of the Emory Clinical Neuroscience Research Unit in Atlanta, Ga.

Marguerite H. Oetting, T'82, MD'88, DC Century, left private practice after 10 years to start a school-based clinic in the local school district in Iowa City, Iowa, where she lives. Because her position with the school-based clinic is funded by the University of Iowa, she will also serve part time in the university's Department of Pediatrics. She and her husband Thomas, E'82, G'87, MD'91, DC have three children. Drew plans to play golf at Claremont McKenna College in California after graduating from high school in May 2008. Lilli will be a 10th grader in the fall, and Blake will be in the seventh grade.

C. Keith Ozaki, T'84, MD'88, is a professor of surgery at the University of Florida College of Medicine in Gainesville, and chief of surgical services for the North Florida/South Georgia Veterans Health System. He conducts NIH-funded research on basic vascular biology in addition to clinical vascular surgery. In his free time he enjoys travel and doing outdoor activities like fishing and sports with his wife Kimberly and their son Trent, 11. The family lives in Gainesville.

Susan Murchison Racine, T'82, MD'88, and her husband Carl will celebrate their 23rd wedding anniversary in June. They have one son, Joshua, 11, and live in West Roxbury, Mass.



▲ Michael Armstrong, Jr., MD'89, was recently elected chief of staff of Stony Point Surgery Center in Richmond, Va., where he has an otolaryngology practice. His family life is active and busy with tennis, track, coaching football, officiating basketball, and teaching his oldest child to drive. He and his wife Ellen recently returned from their first visit to Duke as prospective Duke parents. Their children are James, Michael, and Meredith. The family lives in Richmond.

Photography Is a People Connection for Allen, MD, HS'78-'82



"Where I've Been" by Nancy Allen

"Where I've Been" is the title of one of forty black and white photographs exhibited this spring by Nancy Allen at the Kirby Gallery in Roxboro, N.C. Against the backdrop of a windswept hill, the rear-view mirror image of a long straight dirt road leads into the distant rural landscape.

Allen took this photo along with many others during a 120-mile solitary wander around the perimeter of rural Person County one Saturday morning. A collection of her photos is permanently displayed in the Specialty Clinic waiting room at Person Memorial Hospital, where she sees patients two days per month as part of her faculty appointment in Medicine/Rheumatology at Duke. Several of her photos can be viewed online at www.artguildofperson.org/nallen_gallery.htm.

Inspired by her father, accomplished nature photographer Paul Bates of Midlothian, Virginia, Allen has been a hobbyist photographer all her adult life. When her children left home for college three years ago, she began getting more serious.

"I enjoy being outdoors, and I've always loved driving on country roads," says Allen. "I have enjoyed the process of trying to improve

"I enjoy being outdoors, and I've always loved driving on country roads."

Nancy Allen

my work and getting meaningful feedback."

Her first show in 2006 was a joint venture with plein air painter Jennifer Miller. Allen captured color scenes from four seasons on the Flat River, which runs behind the Rougemont, N.C., home she shares with her husband, **Barry, PhD'84**.

Allen says her photos, especially nine that are permanently displayed in her clinic,



provide an instant connection with the patients she sees in Person County, where she began working in 1987. They serve to both document history and capture the county's rural heritage.

One photo is of a stone church, Allensville Methodist, where baseball hall of famer Enos Slaughter is buried. "It's a beautiful church," says Allen. "A patient told me that his grandfather hauled rocks to build the church. It was right after the Depression, and they didn't have enough money for wood, so they paid people 25 to 50 cents a day to haul rock."

Other photos feature old barns, horses, tobacco wagons, roadside signs, trees, and wildflowers.

Allen made the switch to digital photography five years ago when her husband gave her a digital Nikon for her birthday. Although she was reluctant at first, she has come to appreciate the many benefits of digital photography—being able to view photos instantly, share them with friends and family, and print black and white photos herself.

Last year, Allen's family presented her father with his first digital camera. At 83, he was at first skeptical that he could learn to use it, but now he enjoys printing and e-mailing photos to friends and family. "It's given him a whole new way of enjoying his pictures," says Allen.

While most of her photos are landscapes, nature scenes, and rural buildings, Allen says she has also enjoyed taking photos at family weddings and occasionally shoots family portraits for the fellows who train with her. She also uses her prints to make thank you notes, birthday cards, and condolences.

"It's a way that I can give a gift to people who mean something to me—a nice personal touch," she says.

Allen and her husband have twin children, Peter, a senior in the Pratt School of Engineering at Duke University, and Dorothy, a senior at Bennington College.

—Marty Fisher

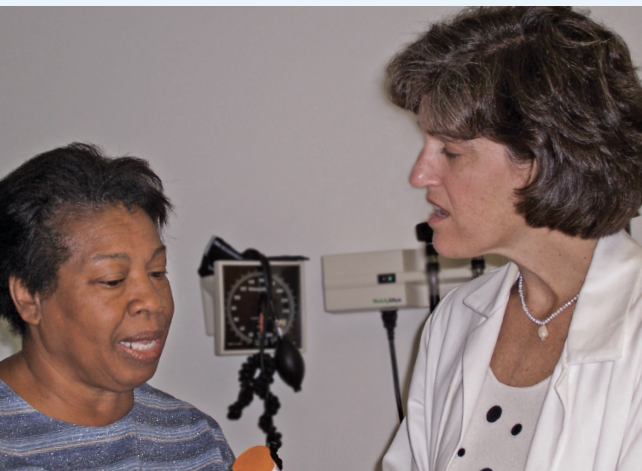
Nancy Allen and her father, Paul Bates look through photographs

Weaver Helps Find a Way for the Working Uninsured

Susan Weaver, T'83, MD'87, was puzzled to see her patient, a working single mother, suffering from dizziness and dangerously high blood pressure. Just a few months earlier the woman was taking her medicine and doing well. Weaver soon learned that, when faced with the choice of tennis shoes for her child or medicine for herself, the woman had chosen the shoes.

"No one should have to make a choice like that," says Weaver.

Uninsured people face similar choices every day, and Weaver encounters them in her job as executive director and physician for Alliance Medical Ministry in Raleigh.



Susan Weaver and a patient

The faith-based clinic offers quality medical care for people in Wake County who can't afford to pay out of pocket for health insurance yet earn too much to qualify for government assistance like Medicaid. About 98 percent of Alliance's patients have household incomes of \$30,000 or less.

With 16 paid staff members, including physicians, nurses, and a pharmacist, and 250 volunteers, Alliance runs just like a private practice, except patients pay based on income. For 98 percent of Alliance's 5,600 patients that means paying just \$10 per visit.

When Alliance first opened in 2003, Weaver

says some told her the fee would deter many patients from seeking care. But that hasn't been the case at all.

Weaver says the fee sends the message to patients that the service they're receiving has value, which in turn makes them more compliant and empowers them to ask questions. Also, she finds that the patients actually want to pay. "People want to take care of themselves," she says. "They just need to be given a way that's affordable."

Weaver and her colleagues also help patients find assistance programs that will cover or reduce

the cost of prescription medications. Through

such programs Weaver was able to help her patient get both her medicine and tennis shoes for her child. The patient's monthly prescription expenses went from \$600 to zero.

Unlike most free or sliding-scale fee clinics that rely on volunteer doctors, at Alliance each patient sees the same doctor every time they visit. Weaver says this allows for continuity of care and helps patients establish trust with their physicians.

When uninsured patients seek medical care, it's usually for illnesses like asthma that have long been left untreated, and they often end up in the emergency room instead of a physician's office. Weaver, who sees patients two days a week, says Alliance encourages patients to use the clinic instead of the emergency room for non-urgent care.

The current cost per patient visit at Alliance, which relies mostly on support from donors and community partners, is \$75—a far cry from the \$1,100 it costs on average for a patient to visit a local emergency room. "We work hard to educate our patients on how to use the health care system efficient-

ly," Weaver says.

In February the clinic moved into a larger, renovated facility, which includes a gym, meditation garden, and walking trail. The new facility also has space for health education classes and a kitchen for cooking classes. Eventually Weaver hopes to provide health education classes for the entire community, not just Alliance patients.

Alliance's ultimate goal is to prepare patients for the day when they become insured and

"People want to take care of themselves," she says. "They just need to be given a way that's affordable."

Susan Weaver

move on to a traditional private practice.

"We want our patients to get insurance," Weaver says. "We graduate them, and help transition them to a private practice doctor."

Every year Alliance surveys its patients, and the results reveal a better quality of life for many. Weaver says 90 percent decreased their use of emergency rooms, and many showed long-term reductions in diabetes complications. Also, 90 percent experienced a decrease in days missed from work due to illness.

In March Weaver received a Health Care Heroes award from the *Triangle Business Journal*. Also, U.S. Senator Richard Burr visited Alliance earlier this year and is now interested in learning more about how the clinic could be used as a national model. Weaver, who also works as medical director of community access for WakeMed Health & Hospitals, hopes to meet with Sen. Burr in Washington, D.C., soon.

She points out that using Alliance as a model would not solve all the country's health care problems, but says it would be "one creative piece of a larger solution. It's our goal to assist other communities."

Weaver and her husband Robert live in Raleigh and have four children ages 18, 15, 14, and 9.

—Bernadette Gillis

1990s

Mark A. Backus, MD'93, formed a new practice in 2006—Cascade Internal Medicine Specialists in Bend, Oregon—which has a full electronic medical records system. He and his wife Diane have a son Emerson, born last May, and a daughter Analise, 3. The family lives in Bend.

Andrew J. Muir, MD'93, HS'93-'97, G'01, has been appointed director of hepatology and fellowship director for gastroenterology at Duke. He and his wife Kelly, MD'01, HS'02-'05, have two children—Sarah, 2, and Anna, 1—and live in Durham.



▲ **Mark D. Wigod, MD'93**, has practiced plastic surgery in the Boise, Idaho area for seven years. He specializes in cosmetic surgery and breast reconstruction and recently completed construction and accreditation of a free-standing office and ambulatory surgery center. He and his wife Kim have been married 10 years and have two children, Lauren and Trent. They live in Meridian, Idaho.



▲ **James Pitzer "Pit" Gills III, MD'97**, was awarded the Light of Sight Award at the 2007 Inaugural Eye Ball to benefit the Lion's Eye Institute Foundation (LEIF) of Tampa, Fla. The award recognizes individuals who demonstrate exceptional dedication to LEIF through philanthropic contributions and volunteerism. The foundation's goal is to assure that anyone who needs sight-saving or sight-restoring surgery will have access to it regardless of their ability to pay. For those whose sight can not be restored, LEIF strives to fund programs that will enhance the quality of their lives. Gills is an ophthalmologist specializing in cataract and refractive surgery and lives in Clearwater, Fla., with his wife and two children.

Julie S. Byerley, MD'98, is assistant chair for education in the Department of Pediatrics at UNC Hospitals in Chapel Hill. She and her husband Mike and two sons Bennett, 11, and Jeb, 7, live in Chapel Hill.

Jeffrey A. Drayer, MD'98, works three days a week as a dermatologist and spends the other four days writing. He was hired to write for a TV show on Fox, but the show did not get picked up and never aired. Every Wednesday he and **Doug Wiener, MD'98**, meet for poker. He says he misses many of his other DukeMed classmates and regrets that he will not get to see everyone during the fall reunion—he and Natalie are expecting their first child in October. They live in Beverly Hills, Calif.

Eric G. Halvorson, MD'98, has been named director of microsurgery in the Department of Surgery at UNC Hospitals. He and his wife Rebecca live in Chapel Hill.

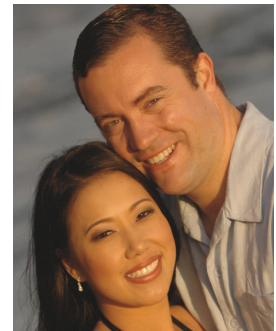
Bari Ellen Levinson, MD'98, continues to work as a primary care internist for Kaiser Permanente in San Rafael, Calif. She is the unit leader for a group of 15 doctors. She continues to live with her significant other, Jonathan, a neurologist for Kaiser. The couple are the proud owners of two rescue dogs, Ricki and Sammi and live in San Rafael.

Eva D. Littman, T'94, MD'98, HS'98-'02, founded the Red Rock Fertility Center, one of the newest fertility centers in Las Vegas, Nev. She says the eco-friendly fertility center offers a "throw back to the old 'doctor-patient' relationship where patients actually see and interact with their physician." She and her husband **Jason R. Burke, MD, HS'97-'01**, have two daughters, Sophia, 3, and Siena, 1. The family lives in Las Vegas.

Joshua M. Stolker, T'94, MD'98, currently an assistant professor of cardiology at Washington University in St. Louis, Mo., will be moving to Kansas City in July for interventional cardiology training and additional clinical outcomes research opportunities. He and his wife **Sarah, G'98**, were expecting their third child in May.

Vinita A. Ponamgi, T'94, MD'98, has been in private practice for six years as an internal medicine physician at Holland Medical Associates in Holland, Pa. She has two children and lives in Furlong, Pa.

Carolyn J. Weaver, MD'98, HS'98-'04, DC, recently became a partner with Northside Radiology Associates, P.C., in Atlanta, Ga. She and her husband **Nishan H. Fernando, T'93, MD'97, HS'97-'03, DC**, live in Atlanta with their twin children, Matthew and Lauren, who will be five in July.



▲ **Devin K. Binder, PhD'98, MD'99**, is assistant professor and director of the Epilepsy and Functional Neurosurgery Service and co-director of the Neuro ICU at the University of California-Irvine. He took his current faculty position following a residency in neurological surgery at the University of California-San Francisco and an epilepsy surgery fellowship abroad at the University of Bonn, Germany. He recently married Bay area native Kellie Ma. They live in Newport Beach, Calif. He invites fellow Duke alumni to contact him at dbinder@uci.edu.



▲ **Anita K. Ying, MD'99, HS'99-'03**, will take a new position in July at the University of Texas M.D. Anderson Cancer Center in Houston. She will be assistant professor in the Department of Endocrine, Neoplasia, and Hormonal Disorders with a joint appointment in the Division of Pediatrics. Her husband **Alan, HS'99-'00** is chief medical officer for Thomson Healthcare. The couple welcomed their third child, Cooper, in November 2007. He joins sisters Sydney, 5, and Emory, 3. The family lives in Seabrook, Texas.

2000s

Andrew V. Kayes, E'95, MD'00, has accepted a position as director of Musculoskeletal Imaging for Maui Radiology Associates in Kahului, Hawaii. In August 2006 he married WanYu. Their son William was born in September 2007. He says he invites all Duke Medicine alums to stop in and say hello if in Maui for a conference or vacation.

Wayne Rong-Yeu Lo, MD'02, has completed his ophthalmology training and chief residency at Emory Eye Center in Atlanta and is continuing there with a retina fellowship. He will complete the fellowship in July and move to Portland, Ore., where he will take a position as a vitreoretinal surgeon.

Anand K. Rohatgi, T'97, MD'02, has joined the faculty in the Division of Cardiology at the University of Texas at Southwestern Medical Center in Dallas. He and his wife **Susan A. Matulevicius, E'98**, have a son Dhilan, 1, and live in Dallas.

Valerie K. Ibom, MD'03, will join the radiation oncology faculty at M.D. Anderson Cancer Center in Houston, Texas, in August 2008. She and her husband **Andre Reed** have one daughter, **Alexandria**.

Amy Revelett Koyle, MD'03, recently changed from a position as rehab director for a skilled nursing facility to one in clinical staff education at University of Utah Healthcare. In 2004 she married **Bradley J. Koyle** and has two step-children—**Jessica, 22**, and **Jordan, 20**. They live in Sandy, Utah.

Brent Townsend, MD'03, DC, will finish his radiology residency at Brigham and Women's Hospital in June 2008 and plans to begin a fellowship in pediatric radiology at Children's Hospital Boston in July. He and his wife **Kelly, L'03**, welcomed their first son, **Alexander James**, on August 19, 2007.



Ali S. Raja, B'04, MD'04, DC, married **Danielle Gilbert** in August 2007. He will be finishing his residency in Emergency Medicine at the University of Cincinnati in June and moving to Boston to be an attending physician at Brigham and Women's Hospital and a clinical instructor at Harvard Medical School.



Erin E. Shaughnessy, MD'05, and **Thomas J. Sitzman, MD'06**, were married in June 2007 in Madison, Wis. Erin is finishing her pediatric residency at Cincinnati Children's Hospital and in July will join the faculty at the Medical College of Wisconsin as an assistant professor of pediatrics. Tom is mid-way through his plastic surgery residency at the University of Wisconsin-Madison.

David J. Edwards IV, MD'07, G'07, currently is a Fulbright Fellow conducting HIV and tuberculosis co-infection research at the Desmond Tutu HIV Centre in Cape Town, South Africa. He also recently was selected as one of the first recipients of a Fogarty International Clinical Research Fellowship—a new program from the NIH.

To conserve resources, *DukeMed Alumni News* will now run full obituaries on the Medical Alumni Association Web site at medalum.duke.edu. Please click on the magazine cover, then click on obituaries.

Timothy M. Browder, MD'82, Boston, Mass., March 3, 2008.

Bertram W. Coffey, MD, HS'69-'71, Raleigh, N.C., April 10, 2008

Howard F. Davis, Jr., MD, HS'74-'79, Corpus Christi, Texas, Dec. 30, 2007

Charles M. Earley, Jr., MD'53, Virginia Beach, Va., May 13, 2008

Michael W. Gallagher, MD, HS'68-'69, Columbus, Ohio, Jan. 28, 2008

Harold Hawfield, MD'43, BS'44 (medicine), Edgewater, Md., Jan. 14, 2008

Noel C. Hunt III, MD, HS'62-'63, '66-'69, Chattanooga, Tenn., May 15, 2008

Herbert A. King, MD'43, HS'43-'49, Orlando, Fla., Dec. 25, 2008

Robert W. Leyer, MD, HS'83-'89, '90, Gig Harbor, Wash., April 14, 2008

Sidney Olansky, HS'46-'48, MD'56, Avondale Estates, Ga., Dec. 28, 2007

Athos Ottolenghi, MD, HS'52, former Duke professor of pharmacology, Dec. 23, 2007

Galen W. Quinn, DDS, MS, former chief, Division of Orthodontics, Jan. 22, 2008

John G. Ramsbottom, MD'44, HS'47-'48, Myrtle Beach, S.C., Dec. 23, 2007

Bernard L. "Barney" Rhodes, BS'42 (medicine), MD'44, DC-Century, Rutherford, N.J., March 31, 2008

John G. Sellers Sr., T'39, MD'43, Portsmouth, Va., Oct. 30, 2007

Robert J. Sheridan, T'44, MD'48, DC, Rocky Mount, N.C., April 19, 2008

George E. Staehle, MD'48, DC, South Orange, N.J., Feb. 4, 2008

F. Robert "Bob" Walch, MD, HS'53-'55, Sarasota, Fla., May 11, 2008

David F. Watson, MD'55, DC, Muskogee, Okla., Dec. 25, 2007

Jack H. Welch, MD'40, Fresno, Calif., Feb. 10, 2008

Don Wolff, MD, HS'71-'72, Yadkinville, N.C., Dec. 12, 2007

Roy S. Wood, T'52, MD'59, Front Royal, Va., March 18, 2008

David M. Young, BS'58 (medicine), MD'59, HS'59-'60, Sullivan, Maine, Feb. 2, 2008

Cooper Awakens Coma Patients with Electrical Stimulation

During a neurosurgery residency at the University of Virginia (UVa) in 1971, Edwin Cooper, T'64, MD'66, HS'74-'75, encountered his first brain injury patient. A UVa student named Jimmy had been severely injured in car accident, and there was little Cooper and the other doctors could do. Jimmy died a few weeks later.

"That was the first patient that really made me interested in trying to find new treatments for coma," says Cooper.

He couldn't help Jimmy, but Cooper now believes he has found a promising treatment that has the potential to bring severely injured patients out of coma. Just ask Candice Ivey. In 1994 Cooper used the treatment, called right median nerve stimulation, on Ivey, a 17-year-old whose SUV had been T-boned by a log truck. Left in a deep coma, the Mount Olive, N.C., teen wasn't expected to live. Not only did Ivey survive, but today she leads a normal life.

The treatment was fairly simple. Cooper, an orthopedic surgeon, placed a cuff with electrodes onto Ivey's right wrist, hoping electrical pulses sent into her median nerve would stimulate and reawaken her brain. However, after no improvement, Ivey's neurosurgeons determined there was little chance she would ever regain consciousness. Her family made the difficult decision to remove Ivey's respirator, but to everyone's surprise she kept breathing on her own. Cooper gave the electrical stimulation treatment another try, and after two weeks of stimulation Ivey was out of her coma. Two months later she was walking with help and could speak a few phrases.

Ivey went on to earn a college degree and now works with patients herself as a recreational therapist in a retirement home. Cooper considers Ivey a part of his family, and though she can't remember those first few weeks after her accident, Ivey says she'll never forget the impact Cooper has had on her life.

"He's certainly been a blessing for me and

my family," Ivey says. "My remarkable recovery is all thanks to his intelligence and hard work and our loving God's mercy."

Ivey's speech is slurred, and she still has problems with her short-term memory, but of the 36 patients Cooper has treated using electrical stimulation, he says Ivey has had the best recovery by far. "They all don't make as great a recovery (as Candice)," Cooper says. "Their personalities are different, but they're still very functional people."

Each of the 36 patients received the treatment as part of studies Cooper conducted in the mid- and late 1990s at UVa and East Carolina University. His research showed that patients who received electrical stimulation woke up from their comas twice as quickly as they would have with traditional treatment. Cooper says the patients' earlier awakening was due to an increase in cerebral blood flow and a boost of the neurotransmitter dopamine to the brain.

Cooper also found that teenagers like Candice have the best chance to recover.

"Brain injury is the leading cause of death ahead of AIDS, suicide, and cancer among young people." He adds, "That's why it's so important to try to continue this research."

He has consulted with dozens of doctors who have performed his electrical stimulation technique on patients across the United States and in other parts of the world. Still, the number of patients Cooper has treated and the cases he's consulted on is very small, and he realizes that for the treatment to

become a standard of care, more studies will have to be done.

Now semi-retired, Cooper says his middle son, Bryan Cooper, MD, a neurologist at Pitt County Memorial Hospital in Greenville, N.C., will likely be the one to continue the research.

"My remarkable recovery is all thanks to his intelligence and hard work and our loving God's mercy."

Candice Ivey



Cooper, left, with patient Candice Ivey and her neurosurgeon Ira Hardy, MD

Bryan took an interest in his father's research as a teenager, and later they conducted research side by side at ECU.

Cooper says: "That will be the real future of electrical stimulation—to get people walking or using their arms again."

Cooper and his wife Mary, WC'64, have two other sons—Branan, T'88, and Patrick, T'98, PhD—and five grandchildren. The couple lives in Kinston, N.C.

—Bernadette Gillis

DukeMed Alumni News

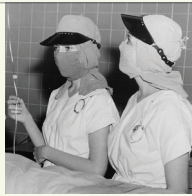
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- Financial Aid Success
- Largest Gift Ever Funds New Learning Center

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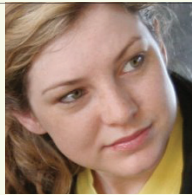
Duke Debuts Artificial Kidney, circa 1957

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Andrew's Photos Capture Rural Person County



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