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From left to right: Christine Kinnier, MSII, Johnstown, N.Y.; Michael Barfield, MSIII, Vidalia, Ga.; Kadi-Ann Bryan, MSIII, Kingston, Jamaica; Aravind Chandrashekar, MSIV, Indian Wells, Calif.; Lenny Talbot, MSIV, Pittsburg, Pa.

Your Letters — Family Medicine

As a recent graduate of the Duke University Family Medicine Residency Program, I was encouraged to see the article on Duke's "retooling" of the Family Medicine Residency. Duke has trained the third highest number of practicing family physicians in North Carolina, and their impact on caring for our citizens is significant. Your reference to the Family Medicine crisis has not been overlooked by our specialty, and several years ago the American Academy of Family Physicians initiated a program to transform and renew the specialty to make it viable for the future. The results of this endeavor are explained in the publications on the Future of Family Medicine project available at <http://futurefamilymed.org>. We endeavor to create a personal medical home for all patients, not just the underserved, urban, or indigent. Every patient deserves a family physician.

You also reference the North Carolina Academy of Family Practitioners. This organization does not exist. The North Carolina Academy of Family Physicians is the largest single specialty organization in the state. We are not just practitioners and prefer to be referred to as physicians, since we are. This is in contrast to Duke's emphasis on training mid-level providers who are often practitioners. Each member of the Academy is a residency-trained, board-certified family physician specialist. We must sit for a board exam every seven years and were the first specialty to require a board exam. We must maintain our credentials yearly. As we strive to care for patients, we must learn new ways of practicing in an electronic age with increasing overhead and decreasing reimbursement. It is rather like trying to change four tires of a car while driving down the road at 90 miles an hour. Dr. Michener has the luxury of stopping the car and picking out his tires. We in the community do not.

It would be a travesty for Duke to abandon its historical position to provide care in the form of family physicians for North Carolina's citizens. Thank you for your attention to this important issue and for allowing me to express my opinions.

Sincerely,

Michelle F. Jones, MD, HS'99, FAAFP

Wilmington Health Associates Family Practice,
Wilmington, N.C.
President-elect
North Carolina Academy of Family Physicians



DukeMed Alumni News

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Medical Alumni Weekend 2006



More than 700 DukeMed Alumni and guests returned to campus in October for reunion weekend events—the Medical Alumni Association Awards, scientific symposia, a special young alumni event, Duke Football with tailgating, class dinners and much more. **Next year's reunion classes are those with years ending in 2 or 7—mark your calendars now for October 12-14, 2007.**



Kenny Joins the Annual Fund and Reunion Giving

Kate Kenny was named associate director for The Fund for DukeMed and director of Reunion Giving for Duke University Medical Center in August.

Kenny is already traveling nationwide, meeting with the 2007 reunion class agents and alumni—those with graduation years ending in 2 or 7—and the Half-Century Club as they plan their return to Duke next October. Class giving is an important tradition at Duke Medicine, and Kenny will encourage participation and assist with gift planning.

Building relationships between Duke Medicine alumni and the School of Medicine and among classmates is Kenny's passion. "I am amazed by how much Duke Medical alumni love their school," she says. "I love hearing their stories

about mentors, the quality education they received, friendships they've maintained over the years, and even the class pranks. And I'm raising important unrestricted funds for scholarships and the curriculum at the same time."

Before coming to Duke, the Washington, D.C., native was a campaign director for the Archdiocese of New York, where she was responsible for raising \$8 million in funds for both the Cardinal's Annual Appeal and the Archdiocesan Bicentennial Capital Campaign.

Prior to working at the Archdiocese of New York, Kenny, who is a graduate of the Catholic University of America in Washington, D.C., was an associate producer for CNN's weekend business show *In the Money*.



Kate Kenny

Weinerth wins ACGME's Courage To Lead Award

John Weinerth, MD, HS'67-'68, '70-'72, has been named one of three recipients of the 2007 Courage To Lead Award from the Accreditation Council for Graduate Medical Education (ACGME). The award recognizes outstanding leadership of graduate medical education programs.



Weinerth, a urologist and surgeon, has led Duke's graduate medical education program since 1974 when he was appointed associate director. In 1979 he was named director—a position he maintains today.

"He leads us through issues as diverse as call room space to new tools which assess resident competencies," says William J. Fulkerson, MD, the chief medical officer for Duke University Hospital. "John is in many ways our 'conscience,' confronting our assumptions with data from his infamous twice-yearly resident anonymous surveys."

Two years prior to ACGME requirements of 80-hour maximum work weeks for residents, Weinerth began advocating for a duty hours policy. He was able to convince Duke to invest more than \$3 million to add personnel, permitting a decrease in residency hours.

Award recipients are chosen for their exemplary leadership; dedication to promoting the professional, ethical, and personal development of residents; and commitment to safe and appropriate care for patients.

He will receive the award at a dinner on Feb. 12, 2007, in Rosemont, Ill. His fellow recipients are Robert Cefalo, MD, of UNC Hospitals in Chapel Hill, and Debra Weinstein, MD, of Brigham and Women's Hospital in Boston.

In addition, the recipients are invited to a retreat at the Fetzer Institute in Kalamazoo, Mich., in May.

In 2001 he received the Distinguished Faculty Award from the Duke Medical Alumni Association.

ACGME is a private, nonprofit group that accredits 7,800 residency programs, impacting approximately 100,000 trainees. Its overall goal is to improve the quality of health care by improving the quality of graduate medical education.

Halperin Leaves for Louisville Deanship Buckley Will Fill Interim Role

Edward Halperin, MD, who has served as vice dean of the School of Medicine and associate vice chancellor for academic affairs since 2002, has accepted a post as dean of the University of Louisville School of Medicine, beginning November 1.

Edward G. Buckley, E'72, MD'77, HS'77-'81, who led the planning and implementation of the new medical school curriculum, will serve as interim vice dean for education. He will be responsible for the educational quality of Duke's MD, physician assistant (PA), and physical therapist (PT) programs as well as admissions, curriculum, student affairs, the medical center library, and anatomical gifts.

Halperin had been at Duke since 1983 as a professor of radiation oncology, pediatrics, and medical education. He was instrumental in strengthening the dual degree programs and implementing fresh ideas into the medical student curriculum.

"His service to Duke also includes innumerable, and often unheralded acts of sound judgment in his leadership roles," said **Dean R. Sanders "Sandy" Williams, MD'74, HS'77-'80**.

He has been a valued friend and key advisor to me in the most important

and difficult decisions I have faced as dean. Halperin also served as an unofficial historian of Duke Medicine, including spearheading a project that led to the creation of "Heritage Hall," a hallway in the administration area that displays images of historical Duke Medicine leaders.

Buckley is the division chief of pediatric and neuro-ophthalmology. In addition to his Duke education and training, he completed two fellowships—one in pediatric and one in neuro-ophthalmology—at the University of Miami's Bascom Palmer Eye Institute. He has served as chair of the curriculum committee, associate dean for undergraduate medical education, and as a member of the admissions committee.



Edward G. Buckley, MD

Duke SOM Rises to 5th in NIH Funding

Duke University School of Medicine ranked fifth among the nation's medical schools for National Institutes of Health (NIH) funding in fiscal year 2005. Duke was sixth in funding for fiscal year 2004.

Duke's medical school received 684 NIH awards for a total of \$349.8 million. This marks a 14.8 percent increase over the \$304.7 million it received in fiscal year 2004, the largest percentage increase of the top 20 medical schools.



Andrews is **MAA President** for 06/07

By Bernadette Gillis

When **William C. "Billy" Andrews, Jr., T'76, MD'80, HS'82-'86**, was first asked to get involved with the Medical Alumni Council eight years ago, he admits it wasn't something that he had given much thought to before. Not that he didn't want to give back to his alma mater—like many alumni, he just had gotten busy with life.

"But once I heard about it, I was more than happy to join the council," he says.

Andrews recognizes that this may be the case with many Duke Medicine alumni, and as the Medical Alumni Association's new president he sees it as his job to remind alumni of the many ways to get involved.

In particular, he plans to encourage fellow alumni to get involved with the MAA programs that already exist to help connect alumni with current students, such as the Alumni-Student Link Program. (Learn more at: <http://medalum.duke.edu/volunteer.htm>.)

"A lot of us get busy in our own world of work and family," says Andrews, who was tapped as the MAA president during Medical Alumni Weekend in October. "Most of us got a lot out of our Duke Medicine education and are willing to help students. It's just a matter of getting people to think about it."

Andrews says another one of his goals is to make the MAA a resource for students and alumni interested in medical mission trips. Several Duke Medicine alumni, students, and house staff take trips every year to treat patients in third world countries, and many more want to know how to get involved. Andrews says the MAA could help alumni share their experiences or recruit other volunteers for trips.

"I would like the association to serve as a central clearing house," he says.

An orthopedic surgeon, Andrews has a special interest in providing care for children in third world countries. Since 1995 he has traveled to countries in Central and South America with Kids First, a nonprofit

organization founded by **Gregory Mencio, T'77, MD'80, HS'83-'87**, from Vanderbilt University. Each year Andrews travels with Mencio and a team made up of 20 other surgeons, nurses, and staff. The team usually spends about 10 days in a town or city, treating children with conditions such as clubfeet and cerebral palsy. Earlier this year the team journeyed to San Miguel, Mexico, and performed 105 orthopedic surgeries on 72 children.

Andrews says his experience with Kids First is "hard to put into words." He adds, "All the smiles, the hugs, it's a very pure form of medicine. The people are so appreciative. The feeling you get is overwhelming."

His mission trips have turned into a family affair. Andrews's daughter **Margaret, T'06**, traveled with him to the Dominican Republic right before her freshman year at Duke in 2002. His son Will, 20, also went with him to the Dominican Republic a few years ago. Andrews plans to take his 16-year-old son Charlie with him on next year's trip to San Miguel.

A fourth generation doctor, Andrews is a native of Norfolk, Va. He earned both a bachelor's degree in French literature and a medical degree from Duke. He completed his internship and general surgery residency at University of Virginia Hospital. After going back to Duke to complete an orthopedic surgery residency, he went into private practice in 1986 at Piedmont Orthopaedic Surgery in Lynchburg, Va. He has been with the practice ever since.

In addition to serving on the board for Kids First, Andrews is a board member of the Piedmont Orthopaedic Society and the Southern Orthopaedic Society. He is chair of the Jubilee Family Development Center board.

Andrews is married to **Peggy, T'76, G'77**, whose career in education has included working as an assistant to the provost at Duke in the 1980s. While spending time with Peggy and their children is Andrews' biggest hobby, he says he also enjoys running, playing tennis, and skiing. ▼



The Bottom Line?

Philanthropy Must Grow

Michael J. Morsberger, new vice president for Development & Alumni Affairs, will lead fundraising to finance a bold new strategic plan for Duke Medicine.

What's the potential for more philanthropic growth at Duke Medicine—especially since the last three fiscal years have all been record breakers?

I've inherited a great program, and I feel blessed. We raised \$91.5 million in cash and new pledges last year, which means we are in the big leagues in terms of fundraising for academic medicine in this country. That said, our chancellor, Dr. Victor Dzau, has announced a long-term strategic plan that will require well over \$1 billion in private support—and it's a plan that will have far-reaching benefits for society and our institution. One of the reasons I came here is that I believe we've only really scratched the surface of our potential. I think that through expanded and enhanced alumni and constituent relations—reaching out to our patients, their families, our faculty and staff, and to the community, region, and nation at large—the opportunity to secure philanthropic money for Duke Medicine is enormous.

Why is there such a need for philanthropic dollars?

I love the late Duke University president Terry Sanford's line about "outrageous ambition." Clearly, that spirit runs throughout this whole institution. Dean Sandy Williams has said we are in a golden age of academic medicine, with unprecedented potential for advancements in health. The lines of income for an institution like Duke Medicine are limited. NIH grants have leveled off—in real dollars there's less money. In terms of hospital income, if Medicaid or Medicare or outside insurers change reimbursements just a little bit, we could go from being in the black to being in the red overnight. On the academic side, tuition for medical and nursing educa-

tion has never fully covered the cost of what we provide. And so, one of the last lines of income we can influence is philanthropy.

What will you do differently?

We need to do a better job of inviting people to be a part of what's happening at Duke. We need more alumni involved with class committees and reunions. We need volunteer leadership on boards and councils. We also need to do a better job of thanking and communicating with our donors. I think there's a perception that we're a wealthy institution. While we are very fortunate to be in a solid financial position, the reality is that without philanthropy, sustaining some existing programs and creating new ones just won't happen. I would never want to downplay the significance of the foundation, corporate, and organizational grants we receive, because they are quite substantial. But at Duke and other institutions, two-thirds of philanthropy comes from individuals—through gifts large and small.

We need to share our vision. We need to articulate a compelling "case" for supporting Duke Medicine. And we need to enthusiastically ask our many constituents to consider giving back. Everybody makes a difference, and annual giving from alumni, patients, faculty, and staff is the bedrock of support. My wife and I are proud members of the Davison Club—Duke Medicine's premier annual giving program. It provides an opportunity to benefit all of Duke Medicine.

What will you do first?

I am engaging a nationally renowned development consulting firm—Grenzbach Glier and Associates—to conduct an independent, complete, and comprehensive audit of our current development and alumni affairs

operations to look at our organization, our processes, and to benchmark us against our top 10 peers. Accountability—to our leadership, our donors, and our many constituents is a priority for me. The consultants will also help us with a campaign readiness study. By the end of my first year we probably will reorganize to some extent to take better advantage of philanthropic opportunities and to focus on priority projects.

What attracted you to Duke?

Having spent nearly a decade at Johns Hopkins Medicine before going to the University of Virginia Health System, I was looking for an opportunity to be back at a top five academic medical center. Duke is an institution on the move. We're fairly young and very nimble. I think we can do things perhaps quicker than others.

I was most impressed with Duke Medicine's leadership—Victor Dzau, Sandy Williams, Catherine Gilliss, Bill Fulkerson, and some of the faculty I got to meet during interviews. I was excited about being part of that team. I love my work, and a place like Duke Medicine gets me even more excited. I'll never be a great surgeon, or discover a cure for cancer, but I think through my efforts—and those of our volunteers and donors—we can be part of the team that will change the world.

During my first 90 days at Duke, I've had the opportunity to meet a lot of alumni during Medical Alumni Weekend and I took part in the Medical Alumni Council meetings. The enthusiasm that people feel compelled to share about what Duke has meant to them in their professional and personal lives is quite palpable. It's inspiring. I'm proud to be a Dukie! ♥



Medical School *Blues:*

How Duke is Addressing Depression Among Medical Students

By Jim Rogalski

The intro hits like a hard slap to the face: “Depression among medical students is a serious problem.”

That’s how authors of an article published in the journal *Academic Psychiatry* introduced a piece about higher rates of depression and suicide among medical students nationally when compared to other student bodies and the general population.

“I think everyone is concerned,” says

Caroline Haynes, MD’79, PhD’83, HS’84-86,’87-’89, an assistant clinical professor with the Duke Department of Psychiatry and Behavioral Sciences and associate dean for medical education. “At many national meetings there are sessions on how to recognize psychiatric difficulties in students.”

At Duke, efforts have been ratcheted up to educate medical students about warning signs in themselves and their classmates, and to stress the importance of seeking help—something medical students nationwide are traditionally reluctant to do out of fear that a mood disorder diagnosis may somehow crimp their residency or career options.

Medical students at Duke, though, seem a bit more willing to talk about their psychological health concerns.

Haynes and colleagues anonymously polled last year’s second-year class after their clerkships were over, and found that “the majority of the class said they became seriously depressed or demoralized during the year.”

Only one-sixth of respondents, however, endorsed the statement “my psychological health during this year suffered extremely.” The majority, she says, indicated their psychological health concerns were intermittent and they expected to fully recover.

In early 2005 student **Sujay Kansagra, MD’06**, was so concerned about what he saw as a high rate of depression in his

classmates that he partnered with Haynes to launch a 10-day online forum where Duke medical students posted anonymous comments and questions about what they were dealing with emotionally. Duke administrators were not privy to the forum, but postings were reviewed by a psychiatrist at Counseling and Psychological Services (CAPS) who offered direction for seeking help.

"It was a safe place for students to get together and chat," Kansagra says, "and a way to show them what resources are available. We didn't want this to be a forum where people get psychiatric advice. It was to show medical students that they were not alone in dealing with depression and anxiety, and that it's O.K. to seek help."

There were more than 100 different posts to the forum, which received more than 1,000 visits during its 10-day run.

Haynes says she referred two students for counseling who came to her after the forum was open. "They felt more comfortable seeking advice and help as a result of encouragement from their peers through the forum," she says.

Most importantly, the forum brought the issue of medical student depression out of the shadows and proved enlightening for all involved. It was a springboard for Duke to boost efforts to educate medical students about depression, and emphasize that confidential help is available.

"As physicians and medical students, there is often an unrealistic expectation that we should be completely healthy, both physically and mentally," Kansagra says. "So unfortunately, someone suffering from depression may consider this a weakness. It is important to realize that people in medicine are not immune to these issues."

By the Numbers

Roughly 12 percent of the national medical school population suffers from "serious" depression in which treatment should be sought, studies conclude, compared to roughly 4 percent of the general population.

The problem with not addressing the condition is that some students carry their untreated depression into their professional lives, which is partially responsible for the higher rates of physician suicides when com-

pared to the general population.

For physicians, suicide is higher for females than for males, according to a 2003 article in the *Journal of the American Medical Association*.

In the last 10 years there have been two medical student suicides at Duke. As Kathy Hollingsworth, director of CAPS points out, suicide is not always linked to depression. "It's important to remember that only a small percentage of depressed individuals ultimately commit suicide," she says.

Haynes says accurate numbers for medical students are difficult to get because this group of hard-working high achievers are reluctant to acknowledge to themselves or to others that they are suffering from depression. "I've seen recent estimates that perhaps 25 percent of college students become depressed while in college and the rates of antidepressant medications among college students is very high," she says.

Last year a total of 70 Duke medical students—or 15.4 percent of the medical student body—sought counseling at CAPS for stress, depression, and other concerns.

"Students will come in and acknowledge having anxiety about something," says Hollingsworth, "school work, grades, relationship problems, or clinical performance. But what they really are talking about is fearing for their future. They may feel that everything they have worked for their entire life is going down the tubes."

The Causes

The two periods in medical school that are most likely to spur an onset of depression, according to studies and observers, are the first year and the clinical year, which at Duke is the second year.

First-year students may have come from the top of their class in undergraduate school and suddenly find themselves in a sea

of equally or even more talented peers in a highly competitive environment.

"Suddenly they are just a banana in a bunch of bananas and the workload is very intense," Kansagra says. To some it feels like going into a whole new world. They are extremely busy and their social lives can fall to the wayside. "It is not unusual for students to spend a great deal of their time worrying about grades and doing well," he says.



Advisory Dean Caroline Haynes, MD, PhD, holds a regular lunch meeting with her group of medical students.

Hollingsworth says medical schools in general possess a variation of the "boot camp mentality" in which there is a lot of emphasis on performance and a fear of showing vulnerability. "Think about it," she says, "They've always been at the top of their class and then suddenly someone has to be average and none of the medical students are accustomed to being average in any sense of the word."

In any population, Haynes says, prolonged stress and sleep deprivation can be provocative for people who are susceptible to becoming depressed, "and medical students certainly are stressed and probably more sleep-deprived than many of their peers."

With added pressure to succeed coming from family and former teachers who have a vested interest in the student's talents, Hollingsworth says, the stakes go up. Add to the mix a personal loss such as the death of someone close, a broken relationship, or alcohol—which Hollingsworth says is common among medical students as a "quick fix" for emotional struggles—and a student can spiral out of control. The tricky part for

counselors, faculty, and staff, she says, is that medical students “are so smart and competitive they know how to perform. It’s not until they confide in you that you learn (some) are walking away from social interactions and feeling like failures.”

For some students the clinical year can be an emotional roller coaster filled with doubt. Some students will discover that medicine is not what they thought it would be and will find themselves feeling lost. Haynes says others will have their basic optimism or even spiritual beliefs challenged in the face of witnessing the suffering and misfortune of their

have received the message in this culture that you must groom yourself for years to get the right opportunity, and they are not about to trust that if they divulge a problem or what they consider a weakness in this intensely competitive environment, it might not harm their chances of some future opportunity.”

Some medical students have an idealized image of the profession and self, seeing themselves as helpers, not those in need of help, Hollingsworth says. For many it is hard to admit that they have a problem.

Some of those who do admit to needing

Duke has an action plan in place to help students do just that.

How is Duke SOM Helping?

At new student orientation, Haynes and Hollingsworth address the students with a poignant two-pronged message. Haynes tells them the very nature of medical school makes them vulnerable to stress, which can lead to a variety of illnesses including depression, anxiety, substance abuse, eating disorders or Post Traumatic Stress Disorder. If they choose not to seek help it is likely their academic, personal, and professional lives will suffer. Hollingsworth’s message is equally direct: All therapy at CAPS is confidential, and help is available 24 hours a day.

In a letter to students last year, Haynes wrote that “there is an absolute firewall between CAPS and the school...and records never appear anywhere except at CAPS.”

They also educate students on how to recognize warning signs of stress and depression in themselves as well as in their classmates, and how to get help for a friend.

“It boils down,” Hollingsworth says, “to being able to transcend the social prohibition and say out loud, ‘you don’t look right. Are you OK?’ ”

Ultimately, the duo tells the class, students will be evaluated on their performance so staying in good health by eating well, getting exercise and adequate sleep, and spending time with friends in positive social settings, will help them to succeed in class, in the clinics, and in their personal lives.

Haynes wrote in the letter to students last year that “well-treated mental health issues are not going to stop you from getting a license, but not taking care of them and having behavioral problems related to them can.”

Each Duke medical student is assigned to an advisory dean who follows them throughout medical school. First-year students meet with their advisor weekly in small group lunch meetings, and then monthly during their second year.

“We encourage students to talk to their advisory deans or other faculty members if they are troubled, feel mistreated, or have lost their sense of purpose in being in medical school,” Haynes says.



Sujay Kansagra, MD helped to launch an online forum in 2005 for Duke medical students to share health concerns.

patients. Long hours, lack of sleep, and lack of positive feedback can conspire to bring on despondency and feelings of failure.

“While on the wards, feelings of inadequacy as a medical student are not uncommon,” Kansagra says. “And you can feel isolated from your peers.”

Barriers To Help

Fear of being stigmatized or somehow denied career advancement if they admit to having any sort of mood disorder is a major problem and the primary reason more students don’t seek help, according to Haynes.

“We attract a group of extremely successful, high-achieving people,” she says. “They

help are not sure where to go, she adds.

“They are embarrassed or concerned about confidentiality. They may not accept medications because they don’t want it on their insurance record” for fear that a licensing board down the road may reject them.

That fear is unfounded, Haynes says. “While it may be uncomfortable to disclose, people don’t lose or not get jobs because of well-treated health concerns of any kind. In fact, that sort of discrimination is now illegal.”

Haynes stresses to students that their success as a healer greatly depends on their ability to keep themselves physically, mentally, and emotionally in shape, and

The advisory dean program was started in 1987 by then Dean of Medical Education **Doyle Graham, MD'66, PhD'71**, who said his own medical school experience lacked adequate emotional support from within the institution. He became dean of medical education in 1987 and immediately established the program.

"My major feeling was that if you're going to be in a profession where you give and give you can't be constantly drained unless you regularly fill up," he says. "My strong belief was that if the medical school could provide emotional support it would be stacking the deck in favor of people holding on to the values that attracted them to medicine in the first place."

But since the advisory dean is the one who will write the eventual Medical Student Performance Evaluation in the fourth year, Haynes says some students are reluctant to disclose problems. "It's hard for them to divulge any problem when they feel they are being evaluated all the time," Haynes says.

Still, just meeting regularly with the advisory deans or with small group faculty in labs or the Practice Course allows the deans to identify possible emotional or physical changes in the student such as a slide in academic performance, mood, or motivation, or significant weight gain or loss. When a student does confide a problem to their faculty or advisor, the dean serves as an advocate to ensure the student has time to seek help and that missed work can be made up later.

Another way Duke is reaching out to students is by adding a "resilience curriculum" as part of the dean's lunch meetings beginning this year. It will emphasize positive coping strategies for various stresses and positive self-development. An example will be a session titled "Managing Your Mood in the Face of Medical School Stress."

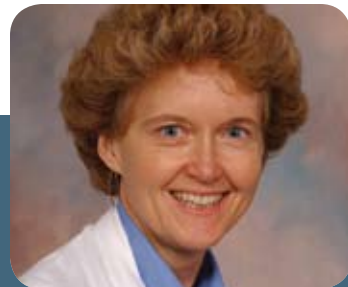
Duke also has developed explicit policies on the appropriate treatment of students and a duty hours policy, which include an 80-hour maximum work week and a mandatory full day off per week.

Haynes and Hollingsworth also are reaching out to faculty and staff about recognizing the warning signs in students.

Anything schools can do to encourage time to reflect and have genuine conversations with other students and faculty in and out of the classroom will make a huge difference, Hollingsworth says.

"Developing networks of support and educating faculty and staff is one of the best strategies to ensuring students receive timely interventions. In our discussions with faculty and staff we emphasize our availability for consultation to anyone who is concerned about a student."

Says Kansagra, who is doing a pediatrics residency at UNC Hospitals and will return to Duke in 2008 for a residency in pediatric neurology, "Hopefully we can get to the point in medicine where people don't think of this as a weakness." ▼



Kathy Andolsek, MD

Free Physician 'LIFE Support' Material Available

In 2003 a major salvo was launched in the war against physician burnout when the Accreditation Council for Graduate Medical Education mandated limiting medical residents to 80-hour work weeks.

The follow-up attack came that same year when Duke was named principal investigator to develop a national program to teach medical professionals to recognize, manage, and prevent fatigue, impairment, and burnout in themselves and their colleagues.

With a nearly \$1 million grant from the Josiah Macy, Jr. Foundation, Duke collaborated with UNC Hospitals and other health care-related entities to create The LIFE Curriculum—a first-of-its kind educational program to promote physician wellness.

Short for "Learning to address Impairment and Fatigue to Enhance patient safety," the program to date has placed more than 5,000 free educational CDs and teaching guides into the hands of medical faculty and professionals in all 50 states, Washington,

D.C., Puerto Rico, Canada, the Netherlands, Thailand, England, Singapore, and Japan.

More than 2,000 medical professionals have attended live workshops.

"It's important to put these tools into the hands of graduate medical education program directors, practicing physicians, and the larger medical audience in general," says principal investigator **Kathy Andolsek, MD, HS'76-'79**, associate director of Duke's graduate medical education program.

"Our intent is to make them available to everybody so that no one has to reinvent the wheel and we can all learn from one another."

The program's website—www.lifecurriculum.info—allows visitors to view a snippet of a supporting CD showing a role-playing scene on a given topic and to download a full transcript. To date the website has been visited more than 42,000 times.

Topics include how to recognize and respond to: fatigue, disruptive behavior,

stress and depression, substance abuse, burnout, boundary violations, impairments, general and legal issues in graduate medical education, and how to give instructive feedback.

Evidence suggests that burnout and impairment issues start early in medical training and it is crucial to recognize the warning signs early.

"Although being a physician entails many special privileges, there are also significant stressors that put physicians at risk in ways that other professionals and workers are not at risk," Andolsek says. "We want folks to manage these risks."

The free CDs and teaching guide can be ordered from the website. Free CME credit is available for those eligible.

—Jim Rogalski

Rich's History with Inner-city Black Men Helps to Earn Him

MacArthur Fellowship

By Jim Rogalski

John A. Rich, MD'84, HS'84, MPH was a second-year Duke medical student

doing clinical rotations when he made a friendly visit to the home of one of the patients he was helping to treat.

The young patient—an African-American man—was suffering from leukemia and resigned to the fact that his life would end soon. He told Rich that day that he was not interested in pursuing aggressive chemotherapy treatment.

"I remember his ambivalence about being involved in health care," Rich says, "and began to wonder why young men of color might feel isolated from the health care system."

Over the next 20 years Rich would secure more than \$16 million in grants to research and address the health care needs of inner city African-American men, mainly in Boston, where he most recently was Medical Director for the Boston Public Health Commission. He currently is chair of the Department of Health Management and Policy at Drexel University in Philadelphia, and is a national leader on health issues facing inner-city African-American men.

In September, Rich, 47, received a coveted phone call: The MacArthur Foundation is awarding him \$500,000 with no strings attached to either perform whatever research he feels inclined to conduct, to advance his level of expertise, or even to help him change fields. The stipend is paid out quarterly over five years.

This generous act of faith took Rich by complete surprise, as all MacArthur fellows do not apply for these special grants, but are

instead singled out by a board of nominators. "It's an honor, an amazing blessing, and an amazing gift," Rich says.

He says he most likely will use the grant to continue support of issues surrounding trauma and health of inner city black men.

"Because of poverty, historical racism, and stereotyping, young men of color are in somewhat of a desperate situation across the board," he says. "It is an incredible loss of potential if we have any segment in society cut off from the usual opportunities that help to bring people up."

Some of Rich's previous successes in Boston include creating the Young Men's Health Clinic at Boston City Hospital in 1993. The primary care clinic provides intensive health education, access to dental care, nutritional and fitness advice, and mental health interventions to young inner-city men.

In 1995 he designed the Boston Health CREW, a program that trains four to six young, African-American men a year to conduct peer outreach in general health education and men's reproductive health. They are placed in community clinics and connect with patients, Rich says, in ways that physicians can't.

"He would see the patients before I would and empower them to bring issues up when they saw me," Rich says of the graduate of the nine-month program who was placed in his office. "It was a very powerful intervention."

So far, about 40 men have gone through the program and are serving communities in and around Boston. Some have gone on to become nurses and emergency medical technicians.

"By linking economic health, mental health, and educational and employment opportunities to physical well-being, Rich's

work on black men's health is influencing policy discussions and health practice throughout the United States," the MacArthur Foundation states.

In 1997 he received a five-year award from the National Institute of Mental Health to study the experience of violence among young African-American men. What he found was that trauma symptoms were a disruptive force in their lives. Many feared for their own safety, had a strong distrust of police, and carried the belief that they must retaliate or be viewed as weak and easy to victimize.

"The argument we were trying to make," Rich says, "is the medical setting can intervene by treating their medical conditions and not lecturing them or dismissing them. We need to understand the forces that act upon their lives."

In men's health, he adds, masculinity itself can be a barrier. "There's something about engaging in the health care system that threatens their masculinity," he says. "Men are raised to be self-sufficient and not demonstrate any issues of weakness."

Rich says that with this grant comes great responsibility "and my responsibility is to take the time to think about the best use."

He says it may be a year or more before he formalizes a plan for using the grant.

"The nature of it is that it allows a researcher in my position to pursue things that might not get funded elsewhere," he says.

Rich lives in Philadelphia. ▼

The John D. and Catherine T. MacArthur Foundation is a private, independent grant-making institution dedicated to helping groups and individuals foster lasting improvement in the human condition. For more information visit www.macfound.org.

Student Develops **New Software Standard** For Patient e-Information Sharing

By Jim Rogalski

A Duke medical student has received international approval for a breakthrough in computer software that allows physicians to share clinical patient information and receive treatment guidelines based on the latest medical research.

Kensaku Kawamoto, MSIII, 29, has developed a computer program named SEBASTIAN that takes in patient data in a standardized format, analyzes the data using clinical algorithms based on the latest research findings, and generates care recommendations in a standardized format. These patient-specific care recommendations can then be communicated to clinicians through various clinical software applications, such as an electronic health record system or a computerized physician order entry system.

"SEBASTIAN can help to make the practice of evidence-based medicine a reality," Kawamoto says. "For example, SEBASTIAN can provide clinicians with patient-specific care recommendations based on a variety of evidence-based practice guidelines, such as health maintenance guidelines from the U.S. Preventive Services Task Force, diabetes care guidelines from the American Diabetes Association, and cholesterol management guidelines from the National Cholesterol Education Program."

Through a collaborative effort with Duke Health Technology Solutions, SEBASTIAN is currently being used by Duke University Health System to provide physicians with diabetes management advice through the health system's e-Browser patient data viewer. In addition, SEBASTIAN is being used in five North Carolina counties—including Durham—to provide population health management assistance to the care providers of some 36,000 Medicaid patients.

Kawamoto, who is taking time off before his fourth year in the Duke MD/PhD program to do research in Duke's Division of Clinical Informatics in the Department of Community and Family Medicine, says "tak-

ing the latest medical knowledge and applying it against a patient's health records can help physicians get patient-specific advice to improve their decision making."

It is a concept that has long been a goal of the medical industry worldwide, and the software framework based on SEBASTIAN has been adopted as the standard for how such systems should work by Health Level 7 (HL7), the primary international organization charged with creating standards for the exchange and management of electronic health care information. Kawamoto led an international project team to develop and achieve international acceptance of the 118 page standard, known as the HL7 Decision Support Service standard.

"The whole issue of being able to share information is critical," says **David Lobach, MD'84, PhD'86, HS'87-'92**, chief of Clinical Informatics in Duke's Department of Community and Family Medicine, who first envisioned such a software program seven years ago. "One of the main limitations has been that there are a bunch of systems but none of them can talk to each other. Ken took this vision and put legs on it."

SEBASTIAN defines the structure for sharing information, Lobach says. "So if

one institution is sharing information with another institution, the recipient institution will know how the information will be structured when it receives it."

In the case of the use of SEBASTIAN within the Duke e-Browser, the most up-to-date research is reviewed by Duke's Chronic Disease Management Advisory Committee, which decides on the clinical guidelines that should be used. Kawamoto then encodes the specified clinical guidelines into a computable form for use in the e-Browser system. Based on that latest research, SEBASTIAN may recommend a treatment for a patient that might not have otherwise been known to the physician.

"The value going forward as an HL7 standard," Lobach says, "is that SEBASTIAN provides a way for computerized care guidelines to be shared across institutions through a standard approach. That's the global value of what we've done."

Lobach added that the next step is to set up a small-scale national system. He is discussing the concept with a national nephrology organization to establish a nationwide system for the treatment and care of patients with kidney disease. ▼



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1940s

Berry B. Monroe, MD'48, has been retired since 1997 but still enjoys working one or two days a month at a free clinic. His wife Susan Godfrey passed away in 2002. Monroe lives in Florence, S.C.

45 days in Montana where they caught and released more than 200 trout "for others to enjoy." They have four grown children—**Kenneth, B'86**; Mary; Anne; and Sarah—and six grandchildren. They live in Houston, Texas.

1950s

James E. Welch, T'47, MD'51, DC, retired Sept. 1 from his solo psychiatry practice, which specialized in electro-convulsive therapy. He and his wife Mary have two daughters and a son, all with children. They live in Las Cruces, N.M.



▲ **Gerard Marder, MD'52**, and his wife Joan are enjoying retirement by splitting their time between Asheville, N.C., and Miami, Fla. They recently won the Best Costume Award at a "Scott Fitzgerald" roaring 20s party.

Ken G. Gould, Jr., T'50, MD'54, and his wife **Joan, WC'53**, are staying active in many ways as they approach their 80s. Ken sings bass in a barbershop-style group called The Men of Leisure and takes more than 2,000 photos a year of scenery, animals, and people. Joan is active with the PEO Sisterhood philanthropic organization, Houston Alpha Phi Alumni, and training her new yellow lab named Joan's Blue Duke. This summer the couple drove their RV more than 7,000 miles, spending a month in Vermont and

D. Edmund Miller, T'52, MD'56, HS'56-'63, DC, has celebrated his 46th wedding anniversary with his wife Marjorie P. Miller. He retired from cardiology in 2000. They have two children, **Edmond, Jr., T'86**, and Marjorie D. Miller, who works at Duke University Medical Center. All of the Millers live in Durham.

Henry T. Perkins, Jr., T'54, MD'57, HS'57-'59, DC, says gardening and grandchildren are what takes up his time these days. The retired medical consultant for the State of North Carolina Department of Human Resources says his newest grandchild, Julia, was born in March 2006. He and his wife **JoAnn, N'58**, also have grandchildren Andrew and Christopher. They live in Raleigh.



▲ **Albert M. Bromberg, MD'57, HS'57-'61**, retired three years ago from his child and adolescent psychiatry practice at Overlook Hospital in Summit, N.J. He now is involved in stone sculpting and won second place in a juried show in Long Boat Key, Fla. He has three children, seven grandchildren, and lives in Southbury, Ct. He says he'd love to hear from former classmates.

Edward H. Laughlin, MD'58, is working on the second edition of *Coming To Terms With*

Cancer: A Glossary of Cancer-Related Terms, which is published by the American Cancer Society. He lives in Huntsville, Ala.

Robert E. Gaddy, Jr., MD'59, says he is enjoying retirement by farming, hunting, reading, playing golf, and learning to speak Spanish. He also is on the North Carolina State Bar Board of Legal Specialization and says he greatly enjoys grading lawyers on their qualifications. He and his wife Margaret live in Raleigh. They have three children and six grandchildren.

1960s

Richard L. Reece, T'56, MD'60, has completed his tenth book, *Innovation-Driven Care: 36 Key Transformations*, which he says he considers his definitive work. He lives in Old Saybrook, Conn., with his wife Loretta, who is a former Massachusetts General Hospital nurse, and their French bulldog named Paris.

Diller B. Groff III, MD'61, DC, and his wife **Katherine "Kay," N'60**, celebrated their 48th wedding anniversary this year. They have three grown children including **Paul, T'88**; Pamela; and Diller G.; and nine grandchildren. They live in Louisville, Ky.

Leslie C. Norins, MD'62, PhD, and his wife Rainey have semi-retired from their medical publishing career. Rainey has just finished her two-year term as co-chair of the Naples Hospital Ball in Naples, Fla., where they live.



▲ **James W. Ralph, MD'62**, has been appointed as the Military Order of the Purple Heart National Surgeon and Department of Florida Surgeon for 2006-2007. He is a retired U.S. Army Colonel with distinguished service in uniform as a medical officer that spanned 37 years—including 16 in active duty. He served two tours in Vietnam and one in Desert Storm. Ralph was a Special Forces paratrooper and flight surgeon. He has been awarded the Silver Star, Legion of Merit, Distinguished Flying Cross, Bronze Star (V for Valor), Purple Heart, 11 Air Medals, Army Commendation Medal (V for Valor), the Combat Medical Badge, and three Vietnamese Crosses of Gallantry. He is the Vietnam War's most decorated medical officer. The Military Order of the Purple Heart is a service organization for veterans and their families.



▲ **James J. Salz, MD'65**, owner and president of Beverly Hills Eye Medical Group, Inc. in Los Angeles, and his wife Judith recently celebrated the wedding of their daughter Elisabeth. Pictured in photo from left are their son Mark, daughter Heather, son-in-law Kevin Gustorf, daughter Elisabeth, and son Jim.

Creighton B. Wright, Sr., T'61, MD'65, HS'65-'66, MBA, DC, is chief of staff at Cincinnati VA Medical Center. He and his wife Carolyn have five grandchildren and are active in their community.

B. Titus Allen, Jr., T'62, MD'66, retired in 2002 from the VA Medical Center in Salem, Va. He and his wife **Thelma, MSN'79**, recently moved from Roanoke, Va., back to Durham. They have two grown children—**Ben, T'02**, and Sara.

William W. Fox, T'62, MD'66, a neonatologist and professor of pediatrics at The Children's Hospital of Philadelphia and professor of pediatrics at the University of Pennsylvania School of Medicine, says he fondly remembers many extracurricular activities while at Duke. He said he suffered humiliation

at The Calaveras County Frog Jumping Contest in Raleigh when his frog and the frogs of two classmates jumped a total of 18 inches, "because the Dexedrine we injected in them did not enhance performance!" He and his wife Laurie have three older sons and an 11-year-old daughter and live in Philadelphia.

Walter E. Davis, MD'66, HS'67-'68, and his wife Jane have moved from Durham to Boone, N.C., where Walter is helping to run Seby Jones Cancer Center. "I am not working as hard as I was," he writes. "(I'm) getting to play a lot of golf."



▲ **Earl A. Palmer, MD'66**, has worked for 27 years at Oregon's only medical school—Oregon Health and Science University. He is board certified in both pediatrics and ophthalmology and was principal investigator and chairman of an NIH-sponsored multi-center study of retinopathy on prematurity for almost 20 years. In June he eliminated his research day and now has a four-day work week with his clinical ophthalmology practice. He and his wife

Carolyn, G'64, have three grown children and five grandchildren and live in Lake Oswego, Ore.

W. David Price, MD'66, a private practice ophthalmologist in Summerville, S.C., and his wife Jennifer have enjoyed running a bed and breakfast for the past eight years in their restored 1812 servant's quarters. (www.price-housecottage.com)

Gerald L. Brown, T'63, MD'67, HS'68-'72, recently was elected professor emeritus by the Board of Visitors at the University of Virginia and subsequently retired on June 30. He had retired earlier from the U.S. Marine Corp., U.S. Navy, and U.S. Public Health Service of the NIH before going to UVA. Literal retirement, however, has little meaning to him, he says, as he now provides psychiatric services at a U.S. veteran's community clinic in Harrisonburg, Va. He and his wife Sima and their three children John, Javaneh, and Taraneh, live in Free Union, Va.

1970s

► **Byron P. Croker, Jr., MD'71, HS'71-'72, '76-'77**, a professor and chief of the Department of Pathology, Immunology and Laboratory Medicine at the University of Florida, enjoys alligator trapping during the August and September

trapping season. He says that legal trapping hours are at night—30 minutes before sunset to 30 minutes after sunrise. He says the meat is tender and he likes to cook it Katsu style. He lives in Gainesville, Fla.

Martin L. Schwartz, MD'71, PhD'72, DC, an OB/GYN for Kaiser-Permanente in Portland, Ore., was honored this year with Alpha Omega Alpha membership. He is caucus chairman of the Pacific Coast Obstetrical and Gynecological Society. He and his wife **Marcia Freed, WC'70, MD'74, DC**—a private practice psychiatrist—have a son Daniel, 14, and live in Portland.

Jonathan M. Ward, MD'71, a cardiologist currently living in Thailand with his family, continues to lecture and attend to patients at Chiang Mai University Heart Center. His wife Maggi volunteers at the orphanage and international school that their daughters attend.



Joanne A.P. Wilson, MD'73, DC, says it was great to see so many friends during Medical Alumni Weekend. She is a tenured Duke professor, continues to work in the GI Clinic and serves on the National Commission on Digestive Diseases of NIDDK-NIH. Her husband Ken H. Wilson, MD, works in the area of infectious diseases at the Duke VA Hospital. He is active in Congolese drumming, having formed a local group, and now is giving lessons. They have three children—**Nora, MSII, Court, T'03**, and Sarah. The Wilsons live in Chapel Hill.

Bert "Alton" Brantley, Jr., T'70, MD'74, PhD'78, retired three years ago as chief information officer for a multi-hospital system and now consults with physicians and hospitals on information technology. He and his wife **Ingrid, MD'74**, spent a year caring for their granddaughter Haley while their daughter Kirsten Feiereisel did a chief residency at Wake Forest. She is now associate resi-

Freeman—A Passion for Gardening

While growing up in Brooklyn, N.Y., **Elsie Freeman, MD'68, MPH**, never gave much thought to perennial gardens, water gardens, or any type of garden for that matter. Now she says it is hard to imagine a life without gardening.

During her days as a Duke medical student, Freeman would park her car in the Duke Gardens parking lot and walk through the gardens to get to the medical school. She says it was perhaps these daily walks that first piqued her interest in gardening.

It took some time, but over the years her interest blossomed into a full-fledged passion. Today her own garden takes up about two acres of her 100 acre-property in Boothbay, Maine, stretching from the house down to the shore.

Even though the garden's intricate design may suggest otherwise, Freeman says she did not have a plan laid out when she and her late husband **Jonathan, MD'68**, bought the property more than 30 years ago. "The garden is a set of rooms that have evolved," she says.

The couple bought the land in 1972 and built a summer home on it ten years later, after their children had been born. Freeman says once the house was

built, things began to evolve out of necessity. First they created the lawn to keep from sinking in the construction mud, and then they added a traditional perennial garden to frame the lawn. Overflow from their well had created a "murky, miserable spot," so they next decided to create a water garden. It attracted frogs, and Freeman says it always had a bit of a Wind in the Willows theme.

Freeman and her husband had that theme in mind when they came across a human-



sized toad sitting outside a shop on Ninth Street in Durham several years ago. They knew they had to have it, but unfortunately the toad wasn't for sale. In town for their 30th Duke Medicine reunion in 1998, they were determined to get a similar toad before they headed back home. The store owner got in touch with Charles Smith, the Charleston, S.C., artist who designed the toad, and told them he could get them a human-sized frog instead. They paid for the frog on the spot, without ever seeing it until it arrived at their home in a crate a few weeks later. The frog now sits on a granite

bench near the water garden and is very popular with visitors.

Over time Freeman became very interested in the design aspect of gardening and traveled around the world to learn as much as she could. She has made two

trips to Japan, but it was actually during a visit to Duke with her daughter Esther, who was considering Duke School of Medicine, that she decided to create her own Japanese dry garden.

While she wasn't successful in convincing Esther to attend Duke, she did manage to get the name of the company that supplied the gardens with their large urns and purchased the same ones for her Japanese garden.

For years Freeman and her family lived in Boston and only visited their Boothbay home during the summers. Her husband died unexpectedly in 2000, and four years later Freeman decided to make Boothbay her home year-round. Jonathan's ashes were scattered in the river in front of the garden and a Shakespearean sonnet was engraved on a stone bench in his memory. She says the garden has offered an outlet for reflection and healing.

"Jonathan was a sailor, not a gardener, but he was tremendously supportive of my interest in the garden," she says.

Freeman says she would love to spend all her time in the garden, but her full-time job as the medical director of adult behavioral health for Maine's Department of Health and Human Services won't allow it. These days she has someone to help with the garden's maintenance and is able to devote much of her free time to design.

Freeman's children still live in the family's home in Boston but often bring friends to Boothbay to see the garden during the summer. "When guests arrive, the children bring them first to tour the garden, even if that means flashlights at midnight," she says.

Noah, 30, works in Boston in investments, and Esther, 27, is a second-year medical student at Harvard. In July Esther will be married in the garden.

"It's like a family member," Freeman says of the garden. "It's a part of our beings."

—Bernadette Gillis



gency program director at Wake Forest and doing a fellowship in resident education at UNC. The Brantley's son Darren is writing software for satellite networks. They live in Davidsonville, Md.

Eric D. Lister, MD'74, has left the clinical practice of psychiatry to work full time as a consultant to the senior leadership of health care organizations addressing issues of clinical quality, governance, leadership, and hospital/physician relations. He speaks regularly for the Governance Institute as well as a variety of state and national organizations. His clients include hospitals, health systems, and group practices across the country. His two grown daughters, Kalen, an aspiring singer, and Johanna, an MPH graduate student, live in New York and Washington, D.C., respectively. His wife Marcie continues a practice addressing the psychosocial aspects of reproductive medicine. Eric and Marcie divide their time at home between a condominium in Portland, Maine, and a house on the ocean "downeast," which he says means Northeastern Maine.

Kenneth D. Weeks, Jr., MD'74, DC, a cardiologist in Huntersville, N.C., has been honored as a recipient of the Charles A. Dukes Award for outstanding volunteer service to Duke. The cita-

tion honors individuals who reflect dedication to the university and are selected by the Duke Alumni Association Board of Directors. Weeks has been a member of the Davison Club since 1986 and president for 2004-2006. To help drive club membership he launched a Charlotte-based campaign and hosted an event at the Duke Mansion. Gifts to the club increased by 13 percent. Weeks also has been a member of the Medical Alumni Council since 2002. He and his wife Rebecca have three children, **Kenneth III, T'04**; Rebecca, and Katherine, and live in Mooresville, N.C.

Stephen Unger, MD'76, HS'75-'76, DC, a private practice general and vascular surgeon in Miami Beach, Fla., says that his two most memorable Duke experiences occurred this past summer. The first was standing in Duke Chapel alongside his father as they recited the Hippocratic Oath with his son **Joshua, E'96, MD'06**. The second great memory was two weeks later when Joshua married **Sarah Hart-Unger, MSIV**, in Duke Gardens. He and his wife Beverly have three grown children and are expecting their first grandchild soon.

M. Sharon "Sherry" Webb, MD'76, gave up practicing medicine in 1997 and now is an

attorney living in Honolulu, Hawaii.

Sigmund I. Tannenbaum, T'72, MD'76, HS'76-'82, DC, is a urologist with The Urology Center in Greensboro, N.C. He and his wife Ellen have a son Evan, 9, who hopes to play Duke basketball for Coach K some day. The family lives in Greensboro.

Larry C. Harris, MD'77, HS'77-'80, a consulting associate at Duke University Medical Center, has authored a book titled, *It All Starts At Home: 15 Ways To Put Family First*, (www.itallstartsathome.com). He and Bertie—his wife of 30 years—have two grown children, Michelle and Larry Jr., and live in Fayetteville, N.C.

Jerry S. Apple, T'74, MD'78, HS'78-'82, DC, was named a "Top Doctor" in 2004 and 2006 by Philadelphia Magazine in the category of diagnostic radiology, including subspecialization in musculoskeletal radiology, arthrography, and TMJ disorders. He and his wife Janice, a speech pathologist, have three children—**Alexander, T'07**, is a Duke senior; **Andrew, T'10**, is a Duke freshman; and Emily is in eighth grade. The family lives in Voorhees, N.J.

Margaret L. Smiley, MD'78, is now chief medical officer for Inspire Pharmaceuticals, Inc., in Durham, N.C. She and

her husband Peter H. Gilligan, PhD, a professor in the Department of Pathology and Laboratory Medicine at UNC-Chapel Hill, live in Chapel Hill.

1980s

C. Edward Coffey, MD'80, the vice president of behavioral health services and the Kathleen and Earl Ward chair of psychiatry at the Henry Ford Health System in Detroit, Mich., has received two notable awards. In September he received the 2006 Alwyn Lishman Lecture Award at the biennial meeting of the International Congress of Neuropsychiatry in Sydney, Australia. It recognizes "a distinguished clinician and researcher who has contributed to the practice, teaching, or service delivery of neuropsychiatry beyond the boundaries of his or her own country." In May he received the Association for Convulsive Therapy 2006 Honored Speaker Award. This award recognizes "life-long achievement and leadership in electroconvulsive therapy and related brain stimulation therapies, as well as service to the association." He also was appointed to a two-year term as chair of the board of directors of the association. He and his wife Kathleen have three children and live in Troy, Mich.

Douglas J. Sprung, MD'80, HS'80-'83, DC, is still in a private gastroenterology practice in Maitland, Fla., where he lives. This year he is presenting three abstracts at the American College of Gastroenterology annual meeting in Las Vegas. One of the studies was completed with his son **Greg, T'09**, who currently is a Duke sophomore. His daughter Katherine is in New York City doing an internship for ABC Primetime and 20/20. His wife Denise helps him in his study production and planning when she is not selling vintage and couture clothing online.

Richard J. Calvert, T'77, MD'81, a captain and research medical officer with the Public Health Service of the U.S. Food and Drug Administration, was deployed to Hurricane Katrina and Hurricane Wilma last year. When not deployed, he enjoys serving as the official announcer for the Quince Orchard Otters summer swim team, and the Quince Orchard Cougars high school swimming and diving team. He and his wife Norma have two sons—John, a senior at Quince Orchard High School; and William, a seventh-grader at Gaithersberg Middle School. The family lives in Gaithersberg, Md.

Andrea M. Jackson, MD'84, has relocated her practice to Florence, S.C., after 18 years in Alexan-

dria, Va. Her OB/GYN practice is affiliated with Carolinas Hospital Systems. She is married with four children ages 5 to 18, and lives in Florence.

Joseph R. Newton, Jr., MD'84, a cardiothoracic surgeon living in Norfolk, Va., has been named the director of Thoracic Surgical Services at Sentara Norfolk General Hospital.



▲ **Paul W. Sperduto, T'80, MD'84, G'84, HS'85-'87**, was honored in September as the Distinguished Alumnus of his high school in Wyoming, Ohio, for his work in brain tumor research, radiation oncology, and stereotactic radiosurgery. He received the 2002 Society of Neuro-Oncology Award for Excellence in Clinical Research. He is co-director of the Gamma Knife Center at the University of Minnesota and principal investigator on a second nationwide clinical trial in patients with brain metastases. He reports that his "tennis game is deteriorating rapidly." He lives with his wife **Jody, T'80, PhD'90**, and their three children in Wayzata, Minn.

Cheryl Walker-McGill, T'80, MD'84, HS'84, was married in April at the Washington Duke Inn to Paul A. McGill, MD, an orthodontist in Charlotte, N.C., where they live.

Thomas J. Maroon, Jr., T'81, MD'85, has been named chairman of the Department of Pediatrics and co-director of the special care nursery at Excelsa Health Systems in Greensburg, Pa., where he lives.

Colonel Dean C. Taylor, MD'85, HS'87-'91, a professor of orthopedics at Duke, retired last year from the U.S. Army after serving 24 years. The last 10 years of his military service was spent at West Point as the Army's head team physician. At Duke he also is head team physician for the men's basketball team and director of the Sports Medicine Fellowship Program. He and his wife **Ann, N'84**, have two children—Kate, 15; and Ben, 11—and live in Durham

William "Ken" Mask, MD'88, has written his second novel, *Luke Jacobs, PI*. It is set in New Orleans during Mardi Gras in 2005 and is a follow up to his novel *Murder at the Butt*. In this book, the main character, Jacobs, teams up with a forensic pathologist to uncover the reasons for unjustly jailed Jake Matos' assault. They

learn a little too late that Jake wanted to take on the Mega Alcohol Network, suing on behalf of patients with alcohol-related mental illnesses, an action that would dwarf the tobacco payouts. The book is available on amazon.com. Mask is a researcher and assistant professor of clinical radiology at Louisiana State University Medical Center in New Orleans.



▲ **Michael Armstrong, Jr., MD'89**, an otolaryngologist in Richmond, Va., where he lives with his family, says he's been "working way too hard this year" after installing new practice management software and hiring an associate physician. He says he hasn't had nearly enough time to attend to all of his children's activities such as cross country races, tennis and wrestling matches, and basketball and soccer games. He and his wife Ellen will celebrate their 20th wedding anniversary this year. They have three children: son Michael recently earned his Eagle Scout badge and will be learning to drive this winter, daughter Meredith is looking forward to high school, and son James

is "cuddly, rambunctious, and hilarious."



▲ **Martee L. Hensley, T'85, MD'89**, is an associate professor and associate attending physician at Memorial Sloan-Kettering Cancer Center in New York City. Her clinical research focus is gynecological malignancies and uterine sarcomas. She and her husband Ted P. Szatrowski, MD, have two sons, Austin, 3, and Adam, 16. They recently returned to the U.S. after two years living and working as ex-patriots in Basel, Switzerland, where Austin was born. They now live in New York City.

1990s

Mary T. Amato, MD'91, HS'91-'94, an emergency medicine physician with Durham Emergency Physicians PA, and her husband **Joseph B. Tyson, B'93**, welcomed triplet girls on Nov. 30, 2005. Their names are Eva, Grace, and Claire. The family lives in Durham.

Rowena Dolor Cuffe, T'87, MD'91, HS'91-'95, G'98, DC, and her husband **Michael S. Cuffe, MD'91, HS'91-'95, DC**, are both working for

Duke Medicine. Rowena is a general internist at the Durham VA Medical Center and director of the Duke Primary Care Research Consortium. Michael is a Duke cardiologist and serving as vice president of Medical Affairs for the Duke University Health System. They have a daughter and two sons ages 11, 8, and 2, and live in Chapel Hill.

Edwin L. Page, MD'91, an Otolaryngologist with ENT Associates of Columbus, Ga., says he always finds time to coach one of his sons' sports teams. This summer he coached his son Miller's 10-year-old Little League All Star Team to the district championship. They were runners up in the state championships. His other sons are Allen, 15; Ben, 13; and Hugh, 7. He and his wife Pam are in the process of trying to adopt a baby girl from China. The family lives in Columbus.

Andrew J. Fisher, MD'92, HS'97, and his wife Tanya Atagi welcomed their third daughter in May. Chava (pronounced Hava) joins sisters Elana and Mika. Andrew says life in Denver is "great, with lots of time for hiking, running, and general mayhem." The family lives in Englewood, Colo.

Katharine A. Kevill, MD'94, is a medical instructor in the Duke

Division of Pediatric Pulmonary Medicine. She formerly was a pediatric pulmonary medicine fellow at Yale University.

Jeffery Johns, MD'95, has relocated to Jacksonville, Fla., to join Brooks Rehabilitation Hospital as medical director of the

Spinal Cord Injury Center of Excellence, and as associate medical director of the Brooks Health System. He and his wife Virginia "Gigi" have three daughters—Sydney and Avery, 4; and Virginia, 2. The family lives in Jacksonville.

Rebecca S. Usadi, MD'95, DC, and husband **Moshe M.E. Usadi, MD'94, DC**, have taken positions with Carolinas Medical Center in Charlotte, N.C. Rebecca has joined the Division of Reproductive Endocrinology. Moshe works at a community

health clinic doing family practice. They have three boys, ages 9, 6, and 4, and live in Charlotte.

Gina DiRenzo-Coffey, MD'96, is medical director for inpatient pediatrics for Boys Town National Research Hospital and Alegant Health

in Omaha, Neb. She also has an outpatient practice that specializes in children with special needs. She and her husband John have three children, Matthew, 7; Mary (Maggie), 4; and Anne, 2. They live in Omaha.

Duke Genetics Residency Was the Spark for Kishnani

Helping to cure a rare childhood genetic disease was not part of Priya Kishnani's plan for her medical career. In fact, she never planned to leave Bombay, India, where she was born and received her medical degree.

"I had everything going for me in India," says **Kishnani, MD, HS'91-'95**. "In fact, I was sure I was never coming to the U.S."

The desire to learn more about childhood leukemia, cancer, and hematology led Kishnani to the Children's Hospital of Philadelphia (CHOP) as an observer in hematology/oncology. At CHOP she found an incredibly supportive mentor in oncology chief Anna T. Meadows, MD.

She also met the man who later became her husband.

Kishnani thought she might stay in the states awhile. While CHOP didn't have an opening in its pediatric residency program, Meadows contacted a friend at Duke—pediatric hematologist/oncologist **Tom Kinney, T'66, MD'70**, and arranged for Kishnani to do a one-year pediatric residency here. Kishnani hoped to return to CHOP for a fellowship in pediatric hematology/oncology.

She changed her mind when she took an elective in Duke's Division of Pediatric Medical Genetics.

"I absolutely loved it," she says. At that time, "there were rumblings of breakthroughs coming in. I had the opportunity to train with three of the finest biochemical geneticists in the country—**Y.T. Chen (MD, PhD, HS'78-'80)**, **Steve Kahler (MD'73, A'87)**, and **Charlie Roe, (T'59, MD'64)**."

Kishnani did a clinical fellowship followed by two years in the laboratory as a genetics research fellow, building a foundation of knowledge about the role of genetics in pediatric metabolic and other diseases.

She watched from a distance as families from all over the world brought their babies with rare genetic conditions to Duke. Many of the babies were born with Pompe disease, a devastating condition in which the body lacks the ability to break down glycogen and convert it into energy. See *DukeMed Magazine*, page 22.

Because of a treatment for Pompe developed and tested at Duke by Chen, she knew this was uncharted territory—if the babies survived they would represent the oldest Pompe survivors ever, changing the natural history of the disease.

"I watched the whole trial and error process, attempting to make the enzyme from urine and then human placentas, then the first successful experiments with quail who had Pompe disease, and I knew my role was going to begin soon," says Kishnani.

This fall, Kishnani and her Duke colleagues celebrated with more than 80 patients and their families the approval of Myozyme, the first treatment for Pompe, developed by the Division of Medical Genetics in collaboration with Genzyme Corporation. The treatment was 15 years in the making.

In addition to her work on the Duke Pompe team, Kishnani herself successfully cloned the gene for the animal model of



another genetic metabolic disease, glycogen storage disease type one.

Kishnani also is the first to attempt treatment interventions to improve cognition in Down syndrome babies. Using the knowledge that brain changes in Alzheimer's and Down syndrome are very similar, she collaborated with Duke Psychiatry and Behavioral Sciences Chair **Ranga R. Krishnan, MD, HS'81-'84**, to conduct the first clinical trial of cholinesterase inhibitors (FDA-approved drugs for Alzheimer's) in young adults and now children.

Kishnani lives in Durham with her husband, Sunil, a software engineer at SAS, and their two children, Kunal, 13, and Sujata, 9. She has always included her family in reunions with her patients and their families and says her daughter Sujata "wants to do this work, but do it better than me!"

—Marty Fisher

CLASS NOTES

Sylvia Becker-Dreps, MD'97, is now a primary care research fellow at UNC Hospitals in Chapel Hill. She and her husband Christopher have a daughter Sophia and live in Durham.



▲**Eric G. Halvorson, MD'98**, recently started work as an assistant professor of surgery in the Division of Plastic Surgery at UNC-Chapel Hill. This follows a busy year in which he finished a fellowship in microsurgery and oncologic reconstruction at Memorial Sloan-Kettering Cancer Center, and got married in July with a honeymoon in the Greek islands. In August he did volunteer work in Madagascar, mostly tak-

ing care of children with severe burn contractures. He lives in Chapel Hill.

Courtney D. Thornburg, T'94, MD'98, DC, an assistant professor of pediatric hematology/oncology at Duke, and her husband Agustin Calatroni, welcomed their second child on July 14. Sofia Calatroni joins older sister Cecilia, 3. The family lives in Durham.

Wendalyn King, MD'98, has completed a fellowship in pediatric emergency medicine and in June 2005 joined the faculty at Emory University in Atlanta, Ga., as assistant professor of pediatrics and emer-

gency medicine. She lives in Atlanta.

Herb E. Greenman, MD'99, HS'03, says he is excited to report that he has joined his twin brother and father at Greenman Eye Associates in Charlotte, N.C. He focuses on the front of the eye, performing Lasik, cataract surgery, and corneal transplants, while his brother specializes in diseases of the vitreous and retina. He lives in Charlotte.

Craig S. Heiny, T'91, MD'99, HS'03, was recently made a partner in Triangle Dermatology Associates, PA, in Durham, where he lives with his wife **Stella A.**

Boswell, T'90, and their two daughters, Julia, 8, and Claire, 5.

Paul Borchyung Yu, MD'99, PhD'00, DC, a member of the Division of Cardiology at Massachusetts General Hospital, received the Mentored Clinical Scientist Award from the Pulmonary Hypertension Association and the National Heart and Lung Institute. The association granted \$300,000 to support Yu's research in addition to the NIH-mentored clinician-scientist development budget of over \$600,000 over a five-year span. The funds will support Yu's research on pulmonary hypertension. He lives in Boston.

Passion For Art, History Drives James

In 1954 when Supreme Court Justice Hugo L. Black contributed to the court's milestone anti-segregation decision in *Brown vs. Board of Education*, he usually wrote—his family says—at the end of the day while lying in bed.

To **A. Everett James, Jr., MD'63**, Black's bed is an important slice of Americana, deserving of preservation. So in 2000, the ardent art collector bought it and put it in storage for safekeeping.

"I am interested in and appreciate so many aspects of American history and culture," says James, 68, a former chairman of the Department of Radiology/Radiological Sciences at Vanderbilt University School of Medicine, which hosts an annual lecture in his honor.

While a former justice's bunk might not seem artsy to some, this one certainly warrants a place in a museum, James says. He collects mainly 19th- and early 20th-century Southern American paintings.

He has donated hundreds of valuable paintings to entities such as Duke Hospital,

The John Hope Franklin Center at Duke, and the Center for the Study of the American South at the University of North Carolina in Chapel Hill. One of his art collections is currently on loan to the National Civil Rights Institute in Birmingham, Alabama.

His more "formal" art collections focus mainly on North Carolina history, and include pottery, quilts, folk art furniture, antique duck decoys, and paintings by African American artists.

James has authored many books about art, including *Collecting American Paintings* and the *North Carolina Art of Pottery*, plus articles for newspapers and magazine.

Driving his van and accompanied by his Labrador retriever named Grady White James, he knocked on doors across the state and collected at least one quilt from every county to document North Carolina's strong quilting tradition. He has donated this collection to the Gallery of Art and design at North Carolina State University.

A separate collection of some 60 quilts



Everett James, Jr., left, and his wife Nancy Farmer pose with North Carolina Lt. Governor Bev Perdue and her husband Bob Eaves upon receiving the Long Leaf Pine Award.

made by African American North Carolinians was donated to the North Carolina Museum of History.

To show his appreciation to James and his wife Nancy Farmer, North Carolina Governor Mike Easley awarded the couple the prestigious Order of the Long Leaf Pine—the state's highest civilian service honor—in 2005. Past recipients include Maya Angelou and Billy Graham.

James and his wife live in Chapel Hill.

—Jim Rogalski

Pisano's Landmark Breast Imaging Study Lands Her in International Spotlight



Etta Pisano, MD, FACR, center, poses with Campbell Brown of *The Today Show*, left, and Diane Salvatore, publisher of *Ladies' Home Journal*.

Almost immediately after her research findings on digital breast imaging vs. standard film imaging were published in October 2005, **Etta Pisano, MD'83, FACR**, found herself in a perpetual media spotlight.

"A friend in Singapore saw me on CNN," she says in humble disbelief a year later.

She also appeared on *The Today Show*, in the *New York Times*, the *Wall Street Journal*, and other national and international media. "It was all very flattering."

Flattering, certainly, but her near-rock star status was well deserved. Her findings, after all, were nothing short of groundbreaking: her four-year, \$26.5 million study showed that in women screened for breast cancer, digital mammography uncovered 28 percent more cancers in women under 50, premenopausal women, and women with dense breasts than film mammography.

The research was deemed so important by *Ladies' Home Journal* that Pisano, 49, was

one of six doctors honored this year with its first-ever Health Breakthrough Award. More jet-setting and media attention followed.

Which begs the obvious question: with so much attention being paid to Pisano's powerful study, why is only eight percent of mammography imaging equipment in the U.S. digital and the rest film?

"It's an economic issue and not a scientific one," says Pisano, the director of the UNC Biomedical Research Imaging Center. "It's very expensive so it's easy to see why it's happening so slowly. But it's not been adopted as quickly as I (had hoped)."

Hope is on the horizon, though, she says, as a new fiscal year approaches and hospitals and clinics lobby for new capital investments, which radiology equipment usually falls under because of its high price tag.

"The equipment is expensive and the reimbursement is not higher (for digital mammography than for film)," she says. The money will need to be made up from some-

where, she says, and there likely will "be a fight between the three interest groups: the patients, the doctors, and the insurers. But if patients demand it, insurers may come up with the money to pay for it."

Even as her days still get crammed with requests for interviews, Pisano maintains a successful balance between work and family. She also is professor of radiology and biomedical engineering, and maintains her own research lab that has one of the highest levels of funding at the university.

She and her husband **Jan A. Kylstra, MD'83**, an ophthalmologist at UNC, have four children and make it a priority to spend quality time together as a family. "It's important and we always figure out how to do it," she says. "It's not a good idea to spend all of your life working."

As she unfortunately is aware, a family can be rocked at any time with an unexpected tragedy. Her mother died of a brain tumor at age 44 when Pisano was just 15 and the oldest of seven siblings.

"I decided then that I wanted to help other families avoid that and knew I wanted to go into women's health," she says. She chose breast cancer research because of the volume of women dying from it annually and the fact that "there was a lot more hope and good things going on in breast cancer research."

"I feel fortunate to have gotten the training that I got at Duke to allow me to have this fantastic career that I have," she says. "I never expected to get an award for my research. My plan was to work hard, enjoy my work, and help people. This has been very nice."

The family lives in Chapel Hill.

—Jim Rogalski

2000s

George A. Manousos, MD'01, HS'02-'05, is now a pediatric hospitalist at Allegheny General Hospital in Pittsburgh, Pa.

He lives in Aspinwall, Pa. **Julie Dombrowski, MD'04**, and her husband Steve celebrated the birth of their son Owen on July 28. Julie is completing her residency

in internal medicine at the University of California-San Francisco and will begin a fellowship in infectious diseases at the University of Washington in July 2007.

Sandip M. Prasad, MD'05 and **Michaela E. Maloney, MD'05**, were married in Maine in September in front of family and many Duke friends. They both are

residents in the Harvard Program in Urology and live in Boston.

Belmaker in Beersheva Keeping Her Public Safe from Harm

With every step she takes in her hometown of Beersheva, Israel, **Elaine Z. Belmaker, MD'71, HS'70-'72, MPH**, is mindful of thousands of years of history dating back to Abraham and Isaac of the Old Testament. But Belmaker is keenly focused on the present in her job as medical director of public health for Israel's Southern District. She is responsible for keeping the more than 500,000 people in her charge safe from bird flu, toxic waste, terrorism, and a host of other public health threats.

This past year her department successfully contained five simultaneous outbreaks of bird flu—the first ever to hit Israel—identifying and monitoring more than 300 people who had worked at or visited the affected poultry farms. “We interviewed the head poultry farmer at each farm, got a list of permanent and temporary workers, the veterinarian, the electrician—all the possible contacts, and then my nurses followed up to make sure they all took Tamiflu for seven days following contact. Thankfully, we had no human cases,” says Belmaker.

Like public health directors everywhere, Belmaker is deeply concerned with improving the health of underserved populations. In her case many of the underserved are semi-nomadic Bedouin Arabs. In March *The Lancet* published the results of a 15-year study she conducted that resulted in 90 percent of a Bedouin population receiving immunizations compared to just 50 percent

when the study began. The study has global implications for improving disease prevention among semi-nomadic populations.

She also published an ecological study in the journal *Environmental Health: A Global Access Science Source* that showed a higher incidence of birth defects among Bedouin infants whose families live near the Southern District's national toxic waste site. Another study—showing higher rates of hospitalization from respiratory diseases in the same population—has been accepted for publication in *Archives of Environmental and Occupational Health*.

“All over the world, it's always the poor people who live near chemical industries,” says Belmaker. Because the research is based on overall populations and doesn't account for individual risk factors, such as smoking, she says her study is not proof, but a “strong indication of a problem.” But, it has been sufficient to convince the Israeli government to begin measures to control emissions and clean up the site.

Belmaker has also worked aggressively to prevent communicable diseases through national immunization campaigns—including a study about eliminating hepatitis A outbreaks in schools and daycares that has

been accepted for publication in *Pediatric Infectious Disease Journal*.

Belmaker and her husband, **Robert H. Belmaker, MD'71, HS'71-'72**, have lived in Israel for more than 30 years. They met as undergraduates at Harvard University, married the day after graduation, and received



Dr. Farahan Al-Sana, left, the first Israeli Bedouin physician specialist in public health, received his training in a program run by Belmaker's department. Here he makes a home visit in the tent of a Bedouin sheik.



their acceptance letters to Duke medical school on the same day. She says they felt very privileged to be in the first Duke Medicine class to experience the “new” curriculum in 1967. Both stayed for residency training, he in psychiatry and she in pediatrics, where she had the “amazing and inspiring” experience of working in the laboratory of **Rebecca Buckley, WC'55, MD, HS'58-'64**, and being mentored by Samuel Katz, MD.

The Belmaker's daughter Miriam was born during Elaine Belmaker's last year of residency at Duke, and a less-than-accommodating residency training director refused to excuse her from night call during her ninth month of pregnancy. “He said, ‘no night call, no credit, no pay’” she remembers. She volunteered for an elective in pediatric cardiology, (also with no night call, no credit, and no pay).

After fellowship training—she in adolescent medicine at Children's National Medical Center in Washington, D.C., and he as a public health officer at the National Institute of Mental Health in Bethesda, Md.—the Belmakers moved to Israel, where he is the Hoffer-Vickar Professor of Psychiatry at Ben Gurion University of the Negev.

In addition to her current position, Belmaker is a senior lecturer in Ben Gurion's Division of Health in the Community at the Faculty of Health Sciences and holds numerous professional appointments dealing with a wide range of public health concerns.

The Belmakers have five sons, all born in Israel, and their first grandchild was born this past summer. Their daughter Miriam is currently a post-doctoral fellow at Harvard University.

—Marty Fisher



Goodkind, right, with walleye, and Rosemond, left

Oh Canada! Goodkind Relishes Invite from Crusty Rosemond

The float plane touched down on the bumpy water of the remote Canadian lake with the grace and smoothness of a limousine and gently nudged up against the dock. **David Goodkind, MD'75, HS'80-'82**, stepped off the plane and into a world he had only dreamed about until then.

Towering, thick, longleaf pine trees maintained a tight grip on the shoreline of Brennan Lake in Northwest Ontario—protective sentries against the encroachment of civilization. No roads, power lines, or cell towers muddied the landscape. When the pilot cut the engine what immediately struck Goodkind was confounding silence, unlike anything he had ever heard in his home of New Haven, Conn. He wished he could have recorded it and brought it back home.

For Goodkind, an avid fisherman, this was akin to hitting the lottery. The clear, cool, water of Brennan Lake promised countless memories with rod and reel, as well as with the 11 other men with whom he would spend the next five days.

The gentlemen were guests of cardiologist **Robert M. "Crusty" Rosemond, T'49, MD'53**, who for years has been offered the annual use of a grateful heart patient's wilderness compound for himself and 11 guests. Rosemond always invites at least one Duke Medicine friend. Goodkind and

Rosemond became friends as members of the Duke Medical Alumni Council, and Goodkind considers his invite for the trip this past August a blessing.

The compound, Goodkind says, is anything but backwoods rustic. "It is exquisite," he says. "Elegant. There is a series of cabins, each with a couple of bedrooms, a central lodge with a big screen TV, and a large kitchen and dining area. All of it is run with generators that are far removed from the sleeping areas."

Log and wood construction and interiors offered warmth of spirit not found in more conventional buildings, and the numerous trophy fish and stuffed animals hanging on the walls gave a mere glimpse of the abundant wildlife around them.

Sure, the fishing was tremendous, Goodkind said ("I caught a 27-inch walleye that was one-half inch shy of trophy size for walleye. According to the chart it was 21 years old!"), but with any outdoor adventure with friends, it is the camaraderie that ultimately burns the fondest images into the memory bank.

"We fished every day," Goodkind says. They were back at five for cocktails for an hour, then dinner, then they would sit around telling stories. "Crusty always invites three specific gentlemen," Goodkind says,

"two Navy pilots who were shot down during World War II, and a World War II winner of the Congressional Medal of Honor. Their stories were just incredible. We relived the Greatest Generation through their stories."

At age 56, Goodkind was the youngster in the crowd, with more than half of the men age 80 or older. He was particularly moved by the modesty of the Congressional Medal of Honor winner. "The gentleman kept his experiences very close to the vest," Goodkind said. "He did furnish us with the actual verbage that was presented to him by President Truman." He earned the medal, Goodkind says, by "storming a whole company of Germans, killing many of them, and saving some fellow soldiers by dragging them to safety. It was obvious he was still disturbed by it 60 years later."

Because the time that Rosemond's guests spend at Brennan Lake proves to be a cherished highlight in their lives, those who have died are remembered with a memorial gravestone behind the lodge. Resting next to each marker is a bottle of their favorite beverage.

Goodkind is a surgeon with Plastic and Reconstructive Surgery in New Haven. He and his wife Sandy have three children ages 13, 15, and 17.

—Jim Rogalski

1940s

Woodrow Batten, MD, HS'45-'47, is still running a solo practice in geriatric internal medicine and has been medical director of Smithfield Manor Nursing Home in Smithfield, N.C., for 30 years. He and his wife Mary Gordon have four children and live in Smithfield.

1960s

W. Banks Anderson, Jr., MD, HS'56-'57, '59-'62, is a professor emeritus of ophthalmology at Duke. He and his wife **Nancy, N'59, MSN'65**, live in Durham.

Arthur L. Finn, MD, HS'58-'63, a professor emeritus at UNC-Chapel Hill, has taken up clock repair in his retirement and says he has worked on clocks from several former Duke residents. He and his wife Deborah live in Chapel Hill.

Jack W. Bonner III, MD, HS'66-'69, the medical director for behavioral services of the Greenville Hospital System and the Marshall I. Pickens Hospital in Greenville, S.C., has been elected council

or of The Benjamin Rush Society. He and his wife Myra live in Greenville.

George P. Henderson, Jr., MD, HS'66-'69, has been retired from active practice since 2003 but remains a head and neck surgery consultant at the VA Hospital in Fayetteville, N.C. He and his wife Norma have three grown daughters and six grandchildren and live in Southern Pines, N.C.

1970s

David F. Boerner, MD, HS'76-'79, B'00, currently is working as the medical director for Duke Medicine in Wake County with the goal of bringing new medical services there. He lives in Raleigh.



▲ **Arl Van Moore, Jr., MD, HS'74-'75, '77**, currently serves as president of Charlotte Radiology in Charlotte, N.C., and recently was named

chair of the American College of Radiology (ACR) Board of Chancellors. He has practiced at Charlotte Radiology and Carolinas Healthcare Systems hospitals since 1983 as an interventional and diagnostic radiologist. He served as vice chair of the ACR Board of Chancellors since May 2004. He also serves as chair of the ACR delegation to the American Medical Association, chair of the ACR Task Force on International Teleradiology, chair of the ACR Task Force on Disaster Preparedness, chair of the RADPAC political action committee, and vice chair of the ACR advisory committee on diagnostic imaging policy. He is a clinical assistant professor in the Department of Radiology at Duke. He lives in Charlotte.

1980s

William N. Wessinger, MD, HS'77-'81, has been designated a Certified Physician Executive by The Certifying Commission in Medical Management. He is medical director of clinical resource management at Memorial Health University Medical Center in Savannah, Ga., where he lives. The designation indicates that a physician has achieved superior levels of professional excellence and management education, while also demonstrating effective knowledge and leadership skills.

George S. Ellis, Jr., MD, HS'79-'82, was installed as the 101st president of the Southern Medical Association (SMA) at its 100th annual meeting in Charlotte, N.C., in October. He is the third ophthalmologist to serve as president and specializes in pediatric ophthalmology and adult strabismus. The SMA is a multi-specialty medical association that meets for the exchange of medical information. He lives in New Orleans, La.

Mary M. Deland, MD, HS'78-'82, a radiation oncologist and president of OncoLogics, Inc. in Lafayette, Ind., has been awarded fellowship in the American College of Radiation Oncology (ACRO), and in 2007 will be awarded fellowship in the American College of Radiology. She says that this year her company had the distinction of acquiring the first privately owned Tomotherapy radiation unit in Louisiana. She also recently presented results of her pilot study titled "LED Photomodulation

to Reduce Inflammation Following Radiation Treatment of Breast Cancer" at the ACRO 16th annual meeting. She has been invited to present her findings to the International Master Course on Aging Skin meeting to be held next year in Paris, France. She lives in Lafayette.

Elise A. Olsen, MD, HS'80-'83, a Duke professor of medicine, has been named president of the International Society of Cutaneous Lymphomas. Her daughter **Jenny Cheesborough, T'05**, is a second-year medical student at Emory University. Her son Kurt Cheesborough is a sophomore at UNC.

Rex McCallum, MD, HS'80-'86, has been the associate medical director of Duke's Private Diagnostic Clinic for the past three-and-a-half years. In his free time he enjoys exercising, and recently took up golf. He and his wife **Jan, A'81**, have two children—David, a second-year student at North Carolina Central University; and **Kim, T'08**, a Duke junior. The McCallums live in Durham.



to Reduce Inflammation Following Radiation Treatment of Breast Cancer" at the ACRO 16th

▲ **Jorge Gamba, MD, HS'82-'86**, a radiologist in Jacksonville, Fla., and his family recently cel-



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ebredated a friend's 50th birthday James Bond themed party. In photo from left are: daughter Christina, Jorge, his wife Ann, son Tommy, and daughter Carmen. Jorge says he was instrumental in re-inventing the toga party genre during his Duke residency.

William J. Richardson, MD, HS'82-'86, G'06, is vice chairman of the Department of Surgery at Duke. He recently received a master's of health sciences degree at Duke. His wife **Angela, PA'06** recently completed the physician's assistant program at Duke. Their daughter **Erin, T'07**, is a Duke senior.



▲ **Philip J. Fracica, MD, HS'81-'87**, currently is working in Phoenix, Ariz., in a combined clinical, teaching, and administrative capacity at St. Joseph's Hospital and Medical Center/Barrow Neurological Institute—the largest acute care hospital in Arizona. He is medical director of the Hospital Quality Improvement Department, the medical ICU, Respiratory Care Services; and the Hyperbaric Medicine Clinical Service. He also works as medical director of Donor Network of

Arizona, the organ procurement organization for the state, and holds an appointment as assistant professor of clinical medicine at the University of Arizona College of Medicine. This year he is working toward an MBA degree. His wife Lisa is a former clinical microbiology lab supervisor at Duke. They have two children—Elizabeth, 16, and Philip, 14—and live in Scottsdale, Ariz.

Ralph A. Liebelt, MD, HS'82-'88, is a surgeon with Triangle Orthopaedic Associates in Durham, where he lives with his wife, Marie.

1990s

Paul Abson, MD, HS'86-'91, the chief of surgery with the Everett Clinic in Everett, Wash., also is a lieutenant colonel and a flight surgeon with the U.S. Air Force. He lives in Everett.



▲ **J. Eugene "Gene" Lammers, MD, MPH, HS'91-'93**, has been promoted to the newly created position of medical director of Senior Patient Safety and Quality for Clarian Health Partners in Indianapolis, Ind. He provides geriatric medical expertise

and manages quality improvement initiatives within the Clarian hospitals and its partner institutions. He also is an adjunct clinical professor of medicine at the Indiana University School of Medicine. He lives in Carmel, Ind.



▲ **Stephen F. Kingsmore, MD, HS'88-'93**, is president of the National Center for Genome Resources in Santa Fe, N.M., an independent research institute focused on improving human health and nutrition by translating bioscience research with computing and math. His research is focused on the development of biomarkers to predict outcomes in infectious diseases and

disease gene discovery by genome sequencing. He and his family live in Santa Fe.

David S. Ruch, T'84, HS'93-'94, is an orthopedic surgery professor and director of hand surgery at Duke University Medical Center. He and his wife **Susan, T'84, L'87**, have three children and live in Chapel Hill.



▲ **Jean-Francois Tanquay, MD, HS'93-'95**, an interventional cardiologist, currently is an associate professor of medicine at the University of Montreal School of Medicine and invited lecturer at McGill University. His current research interests focus on estrogen and vascular healing, platelet-leuko-

cyte interactions, vulnerable plaque and acute coronary syndrome. He is a fellow of the American Heart Association, the American College of Cardiology, and the Royal College of Physicians and Surgeons in Canada. He and his wife Helene Mascotte live in Montreal.

2000s

Bret A. Rogers, E'97, HS'01-'04, and his wife **Julie, T'97, L'04**, welcomed their second daughter Ellery in August. She joins older sister Ainslee. Bret will complete a cardiovascular medicine fellowship at Cleveland Clinic in June 2007, then join the University of Knoxville Medical Center in Tennessee as a clinical assistant professor of medicine. The family lives in University Heights, Ohio.



DukeMed
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Carey Everett Floyd, Jr., PhD'81, died August 28 after a lengthy battle with cancer. He was 52. A passionate scientist, Floyd continued his scientific radiology and biomedical engineering work right up until his death. He was born in 1954 in Nashville, Tenn., received his undergraduate degree from Eckerd College in Florida, and his PhD in nuclear physics at Duke. He took a post-doctoral fellowship at the Triangle Universities Nuclear Laboratories in 1982 and a subsequent fellowship at Duke in the Department of Radiology. Floyd became a full professor of radiology and biomedical engineering at Duke in 1997. As an eminent scientist, Floyd made numerous significant contributions to the science of medical imaging. His early work included developing a pioneering method of reconstructing SPECT images known as the inverse Monte Carlo technique. He established one of the pre-eminent laboratories in the world in the field of computer-aided detection and diagnosis. One of his last research efforts was a novel combination of nuclear physics and medical imaging wherein neutrons are used to stimulate gamma emission for the imaging of trace elements in the body. In recognition of his significant scientific contributions, Floyd was awarded a lifetime career achievement award from the Department of Radiology at Duke in July 2006. He was director of the Digital Imaging Research Division within the Department of Radiology at Duke from 1992 to 2004; co-director of the Duke Tumor Registry; and was involved in the establishment of the new medical physics graduate

program at Duke. In recognition of his superb mentorship of students, a new graduate fellowship at Duke was established in his honor. He is survived by his wife Elizabeth.

Charles Edwin Horton, MD, HS'52-'55, an internationally acclaimed humanitarian and renowned plastic surgeon, died of pancreatic cancer at his home in Suffolk, Va., on October 23 at the age of 81. He is survived by his wife of 56 years, Geraldine O'Brien, and five children. In the early 1980s Horton established Physicians for Peace, an international humanitarian nonprofit organization that has conducted medical training missions in 50 developing countries. He trained generations of plastic surgeons from all over the world. Horton received his medical degree from the University of Virginia in 1946 at age 21. He completed a general surgery residency at George Washington University Hospital and the U.S. Naval Medical Center and served as an officer in the Navy and Army. He discovered his calling to plastic surgery while performing surgeries on victims of the Korean War. He completed a plastic surgery residency at Duke University, gaining notoriety through an article published in the February 1955 issue of *Time*. At the time, plastic reconstructive surgery was in its infancy, with only about 150 plastic surgeons certified to practice in the U.S. He began humanitarian service overseas in the early 1960s, conducting one of his first medical missions to Haiti. He moved to Norfolk in 1955 to begin his private practice as the region's first plas-

tic surgeon. Horton pioneered a number of techniques in the field, specializing in genitourinary reconstruction. He retired from private practice in 2000 to devote himself fulltime to Physicians for Peace. Last year, the organization completed 52 medical missions and donated more than \$25 million in medical supplies and more than \$2 million in medical services. Horton served a number of academic medical institutions. At the Eastern Virginia Medical School, he held a number of positions, from professor of plastic surgery to founder and chairman of the division of plastic surgery. He also held faculty appointments as clinical professor of surgery at the Medical College of Virginia and clinical professor of plastic surgery at the University of Virginia School of Medicine. He authored more than 200 articles in medical literature, contributed some 100 chapters in medical textbooks, and authored three medical books. Horton received many prestigious honors and appointments nationally and internationally for his contributions to medicine and humanitarianism. Jordan's King Hussein and Queen Noor presented him with the Order of Independence, the highest civilian award given by their country. In 2004 the Charles E. Horton Chair of International Plastic Surgery was established at the University of Virginia. Also in 2004 the Duke University Medical Alumni Association presented him with its humanitarian award.

MAA CALENDAR

Duke University Presidential Receptions

A Duke Conversation: "Making a Difference"

January 16, 2007 – Boston, Mass.

January 24, 2007 – Atlanta, Ga.

February 8, 2007 – Charlotte, N.C.

March 1, 2007 – New York, N.Y.

March 6, 2007 – Triangle Area in N.C.

April 18, 2007 – Chicago, Ill.

May 22, 2007 – Los Angeles, Calif.

June 5, 2007 – Philadelphia, Pa.

For more information, contact Jennifer Crumpler at 919-667-2518.

March 15, 2007

Duke School of Medicine Match Day

Searle Center

Durham, N.C.

For more information, contact Jennifer Crumpler at 919-667-2518.

March 16-17, 2007

Medical Families Weekend

Durham, N.C.

For more information, contact Brenda Painter at 919-667-2538.

April 20-21, 2007

Medical Alumni Council Meeting

Washington Duke Inn

Durham, N.C.

For more information, contact Ellen Luken at 919-667-2537.

May 13, 2007

Duke School of Medicine Graduation Ceremonies

Durham, N.C.

For more information, contact Jennifer Crumpler at 919-667-2518.



DukeConnect

Connecting the Duke Career Community

Get Advice. Give Advice.

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Whether you're thinking about a career or location change yourself or would like to volunteer to counsel Duke students and alumni, DukeConnect makes it easy.

Alumni volunteers can provide:

- Career Information: advice and consultation by email, phone, or in person.
- Networking: assist students and alumni with resume referral and/or contacts for potential internships, summer jobs, and full-time positions.
- Job Shadowing: allow a student to observe your work setting.
- Campus Career Events / Panels: indicate an interest in being contacted by the Career Center to participate in career panels, fairs, student networking events, health shadowing, and more.

To search DukeConnect or find out how you can volunteer, visit: www.dukeconnect.com

A program of
Duke University Alumni Association
and the Duke Career Center

He was a medical student.

She was a student nurse.



It all started at Duke for **Joe McAlister, T'46, MD'48**, and his late wife, **Shirley, N'47**. The couple met, married, and had the first two of their five children at Duke, where he completed a radiology residency. He remembers visits to Dean Davison's mountain cottage in Roaring Gap, N.C., and was a personal friend of Carl Rodgers, the Dean's beloved assistant. The mentor who inspired his career in radiology was Robert J. Reeves, MD.

"Duke taught me how important it is to learn all you can about a subject so you can do the very best for your patients," said Dr. McAlister, who often treated patients in the final stages of cancer, getting to know them personally and visiting in their homes.

Dr. McAlister recently established a gift annuity at Duke. It provides him with income during his life, and ultimately will benefit the Duke School of Medicine through the Davison Club.

*Would you like to receive secure income for life AND support
Duke University Medical Center?*

A gift annuity is a great way to supplement your income and invest in the future of research, education, and patient care.

Among the benefits you can expect:

- Fixed payments for life, some of which may be tax free
- Income tax charitable deduction

Here are some sample rates:

Single Person		Married Couple	
Age	Rate	Ages	Rate
65	6.0%	65/65	5.6%
70	6.5%	70/70	5.9%
75	7.1%	75/75	6.3%
80	8.0%	80/80	6.9%
85	9.5%	85/85	7.9%

For information about planned giving at Duke Medicine or to receive a brochure and personalized illustration, please contact Joseph W. Tynan, JD, director of planned giving, at (919) 667-2506 or tynan002@mc.duke.edu. For Duke Medicine planned giving information on the Web, visit <http://development.mc.duke.edu>.