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UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

Medical Bulletin

Building momentum

New state-of-the-art facilities are attracting top-tier biomedical researchers to the University

DEAR FRIENDS,

This is an exciting time to be at the University of Minnesota. President Bruininks has challenged us to become one of the top three public research universities in the world within the next decade.

Biomedical research and a strong Medical School are key stepping-stones to reaching that goal. The first step is to recruit a large number of new faculty, and that requires a significant investment—in buildings, equipment, and the type of innovative research that can lead to new cures and treatments for our most dreaded diseases.

How can we achieve this? Through the power of partnership—with federal and state government, the business community, other like-minded organizations, and private benefactors.

In this issue of the *Medical Bulletin* you will learn of our plans for a cluster of state-of-the-art biomedical research facilities—to be funded through the Minnesota legislature, some creative financing models, and private support. You'll also learn how such investment helps build strong programs and recruit outstanding faculty, such as our Department of Surgery and incoming surgery head Dr. Selwyn Vickers, holder of the endowed Jay Phillips Chair.

But, as Dr. Vickers himself states, medicine isn't just about research—our faculty's passion for research arises from a passion for the people we serve. You will read how a loss of federal funding threatens the Center of American Indian and Minority Health, a program that has allowed us to rank second in the nation in the number of American Indian physicians we graduate. And you will learn how we hope to close that funding gap through a partnership of public and private support.

I'd like to thank you, our readers, for your partnership in our continuing quest to provide exemplary public service.

Deborah E. Powell, M.D.
Dean, University of Minnesota Medical School
McKnight Presidential Leadership Chair

MINNESOTA MEDICAL FOUNDATION
at the University of Minnesota

The mission of the Minnesota Medical Foundation is to improve the quality of life for the people of Minnesota, the nation, and the world by supporting the advancement of health-related education, research, and service at the University of Minnesota.

FALL 2006 Contents

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DEPARTMENTS

COVER PHOTO: MICHAEL HENDRICKSON

PHOTOS: SCOTT STREBLE

Building momentum

Brick by brick, the Academic Health Center is helping move the University toward its goal of becoming one of the top three public research universities in the world.

IT'S A WEDNESDAY AFTERNOON, and things are hopping at the McGuire Translational Research Facility.

In one of the 30 offices lining the south side of the four-story building, a faculty member in the Division of Infectious Diseases and International Medicine is tapping intently at a keyboard. Just down the hall, through doors that open to a long, day-lit laboratory, a student pipettes liquid into a rack full of tubes, preparing to grow plasmids as part of a study on developing gene therapies for brain cancer. At a table looking out over the four-story atrium, three graduate students—perhaps from the Stem Cell Institute or the orphan drug program—eat late lunches from plastic containers. Upstairs and down, dozens of others are working on solutions to a spectrum of health problems: TB, HIV, malaria, Parkinson's, spinal cord injury.

This 96,000-square-foot facility, which opened in June 2005 just north of the site of the future Gopher football stadium, is the latest addition to what is becoming a major focal point for biomedical research at the University of Minnesota. By 2009 it will be joined by another translational research building. And there are hopes for several more facilities to provide much-needed space to retain and attract top-ranked scientists as the University works to become one of the top three public research universities in the world.

World-class researchers help the economy—an estimated 38.1 jobs are created for every $1 million in university research carried out in Minnesota.* And they develop life-saving therapies and technologies for the surrounding community and region.

* Source: U.S. Department of Commerce

"The faculties in the six schools of the Academic Health Center are remarkably productive and innovative in their research, which has enabled us to attract additional colleagues and students to the University," says Frank Cerra, M.D., senior vice president for health sciences. "These new facilities are necessary to allow for growth in the productivity of our neuroscientists; growth in cardiovascular, infectious disease, and immunology research; as well as additional breakthroughs in cancer research. Successful recruitment of new faculty, and the fellows and researchers they bring with them, is directly tied to the facilities available to provide them work space."

Growing room

This emerging biomedical research district got its start about a decade ago with a search for space for some really big, really strong magnets—the brawn behind two sophisticated technologies—magnetic resonance imaging and magnetic resonance spectroscopy—that allow scientists to visualize the interior of the human body. In 1998, the magnets and the researchers who use them to perform groundbreaking studies in brain mapping and cancer detection moved into a new building: the Center for Magnetic Resonance Research, on the northeastern edge of the East Bank campus. A short shuttle ride from the cluster of biomedical buildings near the Mississippi River, the new site was accessible to Academic Health Center faculty, yet had plenty of growing room.

The new CMRR joined the Lions Research Building, which provides laboratory space for the Departments of Ophthalmology, Otolaryngology, and Neurosurgery and supports research in areas including immunology, optic nerve rescue, and macular degeneration.

PHOTO: SCOTT STREBLE

A research leap

As construction moved forward in this nascent research park, a building project of another sort was also under way—one that would reverberate throughout the nation's, and the University's, biomedical research community: the construction of a map of the human genome. Both the process and the product of the U.S. Human Genome Project, which was completed in 2003, opened the door to entirely new ways of answering questions. And—science being science—to entirely new ways of asking them, too.

Researchers who could make the most of the new information, techniques, and technologies that emerged were in high demand. Institutions that could

provide the sophisticated facilities these researchers needed were able to attract them. And once they did, they found it easier to attract their colleagues, too, creating clusters of experts with the potential to generate new knowledge and new approaches to preventing, treating, and curing diseases.

Know-how

With its decades-long history of pioneering biomedical research, the University of Minnesota had the know-how to be a leader in this emerging environment.

And it was motivated. World-class researchers attract top students and grants, bolstering reputation and productivity. They generate research-based businesses—the U.S. Department of Commerce estimates that 38.1 jobs are created for every $1 million in university research carried out in Minnesota. And they develop life-saving therapies and technologies for the surrounding community and region.

Using these strengths as a foundation, the University set out to develop the state-of-the-art research facilities needed to attract and retain leaders in biomedical research. And it's working, says Charles Moldow, M.D., associate dean for research in the Medical School. Leaders lured here by the new McGuire TRF, says Moldow, include Mark Schleiss, M.D., an internationally recognized expert in cytomegalovirus, and Meri Firpo, Ph.D., a renowned stem cell researcher from California working on treatments for diabetes.

"That could not have happened without space," Moldow says.

WHAT IS TRANSLATIONAL RESEARCH?

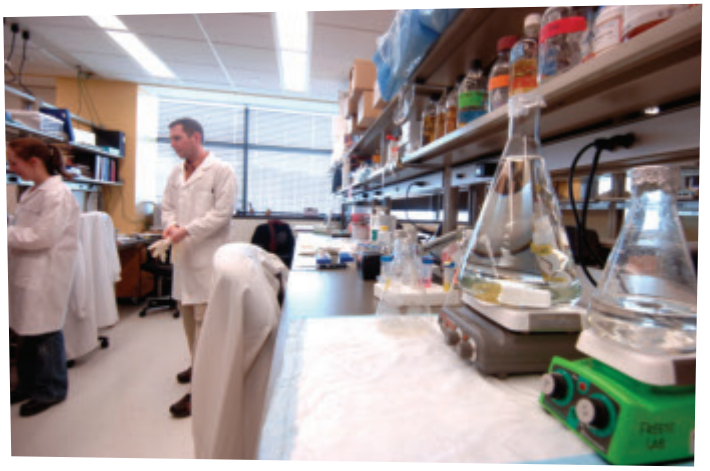
Basic research studies the fundamental mechanisms behind how things work. Clinical research applies experimental approaches to patients under controlled conditions in order to perfect new therapies. In between is translational research—the process by which understanding moves toward practical application. Translational research might include comparing cancer treatments in lab animals to determine which works best, developing techniques for delivering medication, and perfecting new vaccines or diagnostic tests.

PHOTO: TIM RUMMELHOFF

PHOTO: SCOTT STREBLE

TOP New research space in the McGuire Translational Research Facility helped attract Mark Schleiss, M.D., an internationally recognized expert in cytomegalovirus, to the University. In the McGuire TRF, Schleiss is studying the feasibility of establishing newborn screening programs for congenital CMV infection.

LEFT Renowned stem cell researcher Meri Firpo, Ph.D., came to Minnesota last year from the University of California, San Francisco. She says the opportunity for collaboration in the open lab areas (far left photo) of the McGuire building was a major draw to the University.



PHOTOS: SCOTT STREBLE

IMAGE: PERKINS + WILL

ABOVE An architectural rendering shows a cluster of buildings that would be dedicated to biomedical research.

TOP and ABOVE RIGHT Open spaces in the McGuire Translational Research facility allow for collaboration among scientists.

Need for infrastructure

When the University set its sights last year on becoming one of the top three public research universities in the world, it was clear that biomedical research would be a big part of the picture. That meant a need for even more sophisticated lab space to retain the leading researchers already here and to bring in the hundreds more needed.

"Under President Bruininks's strategic positioning initiative, we need to recruit a large number of new faculty," says Medical School Dean Deborah Powell, M.D. And that, Powell says, means investing in them. "Faculty need infrastructure—buildings and equipment and support for their lab programs—to get their programs established here."

Last spring, the Minnesota legislature got a start on meeting those needs when it approved $40 million in state funding to help pay two-thirds of the cost for a new medical biosciences building, to be constructed adjacent to the McGuire TRF. Slated to open in 2009, the facility will add some 105,000 square feet of translational research space, conference rooms, and offices for up to 40 researchers and their staff, and is expected to bring in $15 million to $20 million per year in research funding.

Need for innovation

As helpful as the new building will be, it clearly can't accommodate the 200 new faculty and 600 new research support staff needed to keep Minnesota a world player in such key research areas as cancer, neuroscience, and infectious disease. University planners estimate that an expansion of that magnitude will take at least four more buildings.

And that, says Richard Pfutzenreuter, University vice president and chief financial officer, will take innovation.

Normally, major capital projects are funded by the legislature one by one. But because of the high cost of biomedical research facilities—$60 million-plus compared with $5 million for typical bonding projects—and the need to define future infrastructure for prospective faculty, that approach doesn't work so well in this instance, Pfutzenreuter says.

"To invest in biomedical sciences, we've got to hire faculty, but you can't really begin to recruit and hire those people if you don't have a building for them to move into. It's kind of a Catch-22—you wait because you're not sure if you have a building, and then you're always behind," he says. "In considering our aspiration to be one of the top three public research universities, the question I wrestled with is, Is that going to take 25 or 30 years because of process at the Capitol? How can we think differently?"

'Come to Minnesota'

Pfutzenreuter's answer, presented by the University last year to the Minnesota legislature, was a request to create a Minnesota Biomedical Sciences Research Facilities Authority. This nine-member state authority would have been authorized to allocate $330 million in state bonding toward building five new biomedical research facilities over the next 10 years, each holding 40 faculty members and their laboratory staff.

"[This] provides us with the ability to go to important faculty around the country and say, 'Come to Minnesota. Look, we have this facility,'" Pfutzenreuter says.

The proposal received strong support, says Marty McDonough, assistant director of state relations for the University, but failed to survive the intense days at the end of the legislative session. Undaunted, the University plans to bring the proposal back to the legislature next year. The 2007 proposal asks for $279 million in state bonding for four buildings, recognizing the first building as a down payment on the facilities investment. The University would then seek another $31 million in private donations to cover the total cost of construction.

If it passes muster, Powell says, the proposal could make a huge difference in the University's ability to recruit the researchers it needs to reach its top-three goal.

With groundbreaking for the new building slated for early 2007, Powell is focused on the future: "If we get the other four there, we will have a true research complex, which will be wonderful for scientific interactions." MB

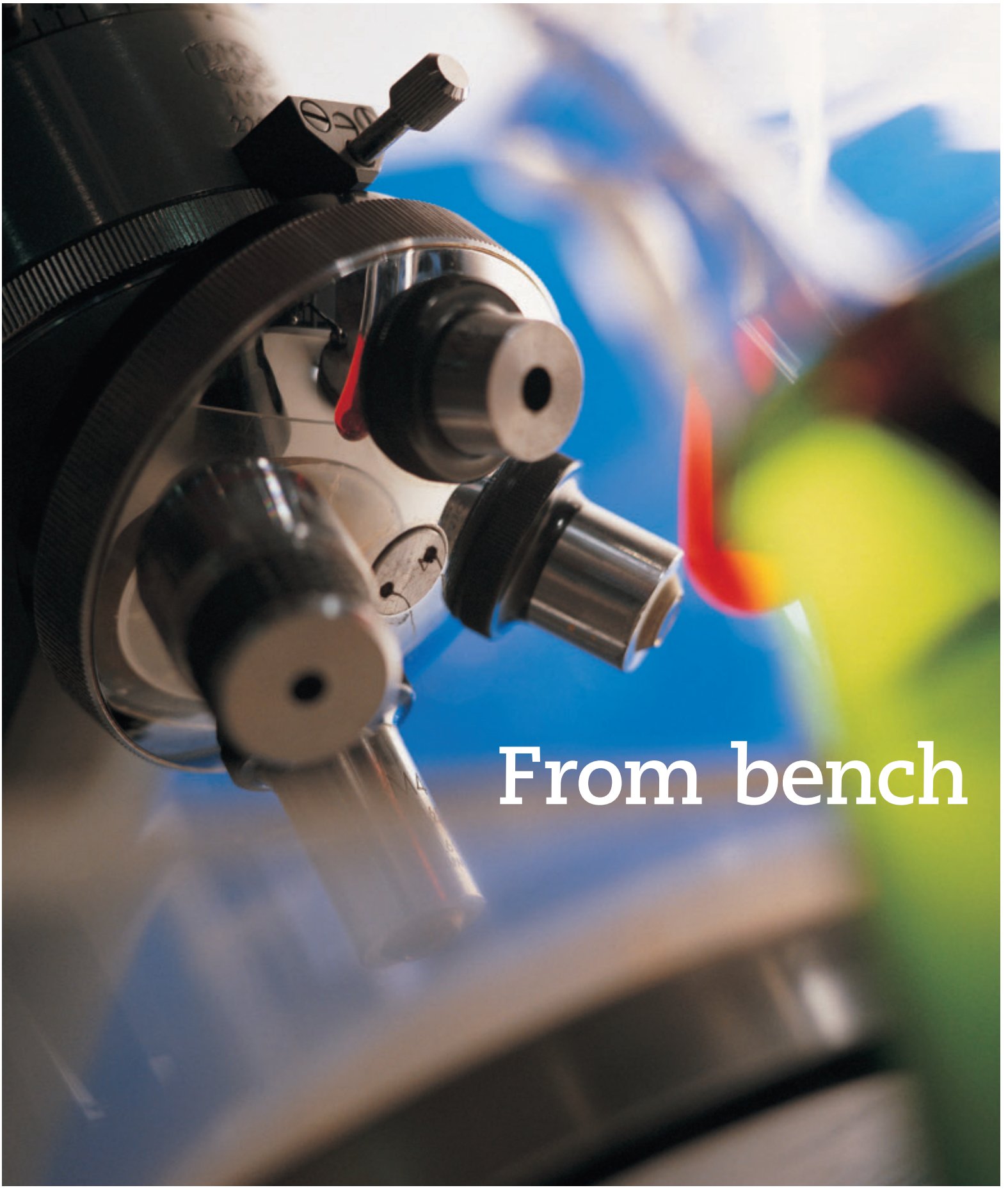
BY MARY HOFF

To invest in biomedical sciences, we've got to hire faculty, but you can't really begin to recruit and hire those people if you don't have a building for them to move into. It's kind of a Catch-22.

– Richard Pfutzenreuter, University of Minnesota vice president and chief financial officer

OTHER STATES' INVESTMENTS

Recognizing the value of a strong biomedical research industry—for everything from reputation to health care quality to economic vitality—other states are also kicking into high gear, making massive investments in infrastructure to create environments that can attract and retain top researchers. Arizona, for instance, authorized debt to fund $440 million in new research facilities. Wisconsin's governor committed $570 million to biomedical research facilities. California has committed to providing $3 billion toward stem cell research. The University of Texas very recently announced a $2.5 billion investment in science, technology, engineering, and health, most of which is dedicated to capital improvements.



From bench

PHOTO: SCOTT STREBLE

to bedside

New chair Selwyn Vickers, M.D., intends to build on the distinguished research tradition of the University's Department of Surgery.

Ask medical leaders what influenced their career paths, and you'll receive many different responses. In the case of Selwyn Vickers, M.D., who in August took over as chair of the University's Department of Surgery, his guiding influence was a surgical procedure and the mentor who pioneered it.

As a fellow and surgical resident at the Johns Hopkins University School of Medicine in the 1990s, Vickers developed a keen interest in the work of surgeon John Cameron, M.D., who refined the Whipple procedure, an intricate operation to treat pancreatic cancer. Although Cameron's refinements succeeded in reducing the procedure's mortality rate from 25 percent to only 1 percent, pancreatic cancer has remained the nation's fourth-leading cause of cancer deaths, with a five-year survival rate of only 4 percent.

"It was apparent that if surgeons alone were involved in the treatment, we wouldn't cure this cancer," Vickers says. "Dr. Cameron had a commitment not only to clinical medicine but also to research. He influenced me to define myself in a broader sense—to work as a developer of interdisciplinary teams to help patients."

An interdisciplinary approach

Vickers came to Minnesota from the University of Alabama at Birmingham, where he was chief of the gastrointestinal surgery section and the John H. Blue Chair of General Surgery. He was also a principal investigator for a $4.5 million Pancreatic Cancer Specialized Program of Research Excellence (SPORE) grant and will continue that research here. One of only three awarded nationwide, the grant provides funding for scientists and clinical investigators to work together to bring research advances to patients.

"Although research is a big part of my background," Vickers says, "I'm equally interested in people and patients. It's from that passion for patients that I gained my passion for research."

One of his first acts as surgery department chair was to recruit a new professor and vice chair for research, Ashok Saluja, Ph.D., previously professor of surgery, medicine, and cell biology at the University of Massachusetts Medical School. And he appointed David Rothenberger, M.D., deputy chair of the department. Rothenberger, a longtime surgery department faculty member, is also coleader of the University's translational research program and associate director for clinical research and programs at the Cancer Center.

Building on tradition

Vickers believes the Department of Surgery's 75-year bench-to-bedside tradition is essential to its identity and mission. "We are one of the three or four great departments of surgery in the country," he says. "We've had leadership that has made us focus on developing novel ways of changing the lives of patients."

Vickers plans to build on the spirit of innovation that thrived under longtime department chairs Owen Wangensteen, M.D., Ph.D.; John Najarian, M.D.; and David Dunn, M.D., Ph.D.

"The foundation laid by those former chairs is outstanding," Vickers says. "We're not in need of a revolution. We already have a good start for research in treatments that can be applied to a broad array of cancers: breast, pancreatic, colon, and others. Though we'll emphasize innovative research, the way we will most readily affect patients is through our vision for novel treatments and our surgical skills."

Vickers, the first chair since 1967 from outside the department, possesses the mix of qualities necessary to lead as a surgeon, administrator, and teacher, says Rothenberger, who headed the department for 14 months during the search for a new chair. "Dr. Vickers will be a great leader. He's young, energetic, and dynamic, and he has great instincts."

PHOTO: SCOTT STREBLE

We are one of the three or four great departments of surgery in the country. We've had leadership that has made us focus on developing novel ways of changing the lives of patients.

– Selwyn Vickers, M.D.

Involved in the craft

Vickers is co-investigator on a $5 million grant from the National Institutes of Health to study health disparities. In addition to providing screening and education programs for diabetes and colon cancer for minority communities, the project works with health care providers to examine and improve the effectiveness of cancer and diabetes treatment in minority patients.

"Where I lived and worked in Alabama, I saw tremendous disparities in cancer outcomes and access to health care because of financial and racial differences," Vickers says. "In Minnesota, there may be opportunities to make improvements in the Native American community and in the growing immigrant population. When you remove the differences, it becomes a better place to live for everybody."

As co-principal investigator on the SPORE grant, Vickers plans to continue his research on treatments for pancreatic cancer, and he intends to remain an active surgeon as he leads the department. "I think it's oxymoronic to try to train others and not want to continue to be involved in the craft," he says. "In this department we're teaching others how to make hard decisions to improve patients' lives. To teach that, you have to be involved in your own hard decisions.

"Just as I would feel incomplete working only as a private practitioner uninvolved in scientific investigation and the acquisition of new knowledge, I'd also miss building relationships with patients and their families if I stopped being a surgeon," Vickers says.

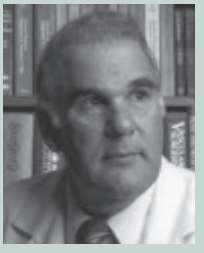
Besides, he points out, the skills one needs as a surgeon are not very different from the abilities a good depart-

Continuing the Legacy

As new chair of the Department of Surgery, Selwyn Vickers, M.D., plans to continue the legacy of its longtime visionary chairs:

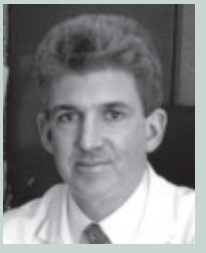
Owen Wangensteen, M.D., Ph.D.

Led the department from 1930 to 1967, made it a research powerhouse, and created an academic environment in which such breakthroughs as open-heart surgery, jejunoileal bypass surgery, and the use of the heart-lung machine could occur.



John Najarian, M.D.

Currently a clinical professor of surgery, chaired the department from 1967 to 1993 as it grew into an international leader in transplant surgery. During his tenure, Minnesota surgeons achieved firsts in kidney and pancreas transplants and oversaw other major advances.



David Dunn, M.D., Ph.D.

From 1995 to 2005, led the department's research advances in bariatric surgery, colorectal surgery, and surgical infectious disease and oversaw the opening of the Center for Minimally Invasive Surgery. He's currently vice president for health sciences at the State University of New York at Buffalo.

In this department we're teaching others how to make hard decisions to improve patients' lives. To teach that, you have to be involved in your own hard decisions. – Selwyn Vickers, M.D., on his plans to remain an active surgeon

ment chair brings to the job. In the operating room, the surgeon heads a team—an anesthesiologist, technicians, nurses, and other staff. "Running a department is building a team, too. You want balance, and you're crucial in helping others find their own roles and build their own careers."

When the discussion returns to pancreatic cancer, Vickers grows even more animated, his eyes alight with intensity. For years, he says, the number of new cases reported annually in the United States has almost exactly equaled the number of deaths. In the latest reported figures, however, there were 1,000 fewer deaths than new cases.

"That's significant, and I believe it's the direct result of science," Vickers says. "We have more targeted therapies and new resources. When you put together a multidisciplinary team to advance the process of diagnosis and treatment, the situation improves."

Under Vickers' plan, the Department of Surgery will advance as well: "We will grow by providing excellent care and having the resources to offer that care, innovate, and fulfill the research part of our mission." MB

BY JACK EL-HAI

Selwyn M. Vickers, M.D.

CURRENT POSITION

Jay Phillips Professor and Chair, Department of Surgery, University of Minnesota

EDUCATION

M.D., 1986, Johns Hopkins University School of Medicine

Chief Surgical Resident and Fellow in Surgical Oncology, 1991–94, Johns Hopkins University School of Medicine

FAMILY

Wife, Janice Vickers, a dancer with an M.F.A. from the University of North Carolina; and four children, Lauren, Adrienne, Lydia, and Benjamin John

PROFESSIONAL INVOLVEMENT

Immediate past president, Society of Black Academic Surgeons

Trustee, Society for Surgery of the Alimentary Tract

EARLY INFLUENCES

Inspired to be a physican by his parents—one a college dean and the other a schoolteacher—and by his uncle, a family practitioner

PERSONAL INTERESTS

Sports (especially football), outdoor activities, and church projects

Preserving a critical pathway

PHOTO: DAN SCHLIES

The Medical School fights to save the Center of American Indian and Minority Health

PHOTO: SCOTT STREBLE

PHOTOS: JEFF FREY unless otherwise noted

LEFT to RIGHT Arne Vainio, M.D., Class of 1994. Native Americans into Medicine program participants in action. CAIMH graduate Shannon Herrera, M.D., Class of 2005, with her grandfather. Center director Joy Dorscher, M.D., Class of 1994.

Recent federal budget cuts threaten a successful University of Minnesota program that has graduated more American Indian physicians than all but one other medical school in this country. The Center of American Indian and Minority Health (CAIMH), located on the University of Minnesota Medical School's Minneapolis and Duluth campuses (see the spring 2005 issue of the *Medical Bulletin*), lost 83 percent of its budget when its federal funding ended September 1. The Medical School is seeking support from Congress, possibly the state legislature, and private donors to replace those funds. Without that support, fewer students will be able to participate in this popular program that encourages Native Americans to go to school, stay in school, and graduate from college and medical school.

We asked Medical School Dean Deborah Powell about CAIMH's successes, what the cuts mean for its programs, and why she believes it is crucial that the center survive.

The University of Minnesota Medical School ranks second in the nation in the number of Native American medical graduates. And half of those physicians serve American Indian communities.

PHOTO: TIM RUMMELHOFF

Deborah E. Powell, M.D., dean, University of Minnesota Medical School

How well has the Medical School served Native American students?

I am proud to say that the University of Minnesota Medical School ranks second in the nation in the number of Native American medical graduates—123 over the last 30 years, or more than 7 percent of the American Indian doctors practicing in the United States. And half of those physicians serve American Indian communities. This year, 14 American Indian students entered the Medical School, for a total enrollment of 32—the highest number in the school's history.

These results are the product of visionary educators who in the early 1970s were alarmed by the mortality rates of underserved native communities, appreciated the value of diversity in our classrooms, and recruited, taught, coached, and nurtured American Indian students.

What role has CAIMH played in those achievements?

The Center of American Indian and Minority Health was created in 1989 to encourage American Indians to enter careers in health care. The center, which has offices on both the Duluth and Twin Cities campuses, is one of four Native American Centers of Excellence nationwide devoted to preparing American Indian physicians to address health disparities in American Indian communities.

CAIMH's success extends well beyond graduating physicians, however. We also see measurable improvements in high school and college achievement among American Indians who have participated in the center's programs. For example: Today, only half of Minnesota's American Indians graduate from high school, in contrast to about 90 percent of the students who attend CAIMH's SuperStars high school

program. And of those who do graduate, fewer than 30 percent attend college. Yet 74 percent of the students in CAIMH's undergraduate Native Americans into Medicine program have received a college degree or are currently enrolled in college.

What is unique about our program is the way it has closed both the cultural gaps in our classrooms and the gaps in student performance. I credit CAIMH's Indian health pathway, a series of programs that offer encouragement, mentoring, and education to young people from kindergarten through graduate school.

If CAIMH is so successful, why did the government discontinue its funding?

The four National Centers of Excellence dedicated to American Indian education have been supported by federal Title VII dollars. According to the Health Resources Services Administration, the Government Accounting Office concluded that too few health-career graduates are providing care to underserved populations—a key program goal. As I mentioned, at the University of Minnesota, more than half of our graduating Native American physicians are serving Native American communities, a much higher result than we see in the GAO study. But in a fiercely competitive environment, in which many health sciences organizations—and other groups—are fighting for limited federal dollars, even successful programs can face cuts or elimination.

So the University of Minnesota Medical School isn't confronting this problem alone.

That's right. Many education leaders are dismayed that federal budget cuts will impede the progress that they worked so hard to achieve. Our Medical

LEFT to RIGHT High school students in CAIMH's SuperStars program check for a pulse. Medical student Kris Cunningham examines a patient. Undergraduates in the Native Americans into Medicine program. Alan Johns, M.D., Class of 1976, one of the Medical School's first recruited Native American graduates.

It's important to support youngsters' early education needs if we are going to encourage them to stay in high school, graduate, go to college, and choose a health-care career. CAIMH funding helped us do that.

School is a member of Association of American Medical Colleges (AAMC), which is mounting a campaign to attract more minorities overall into medical school. AAMC statistics show that, while one in four Americans are racial or ethnic minorities, fewer than one in eight medical school graduates are from these groups. The AAMC believes the harsh reality of racial and ethnic disparities in health care, combined with the predicted shortage of U.S. physicians, demands a call to action.

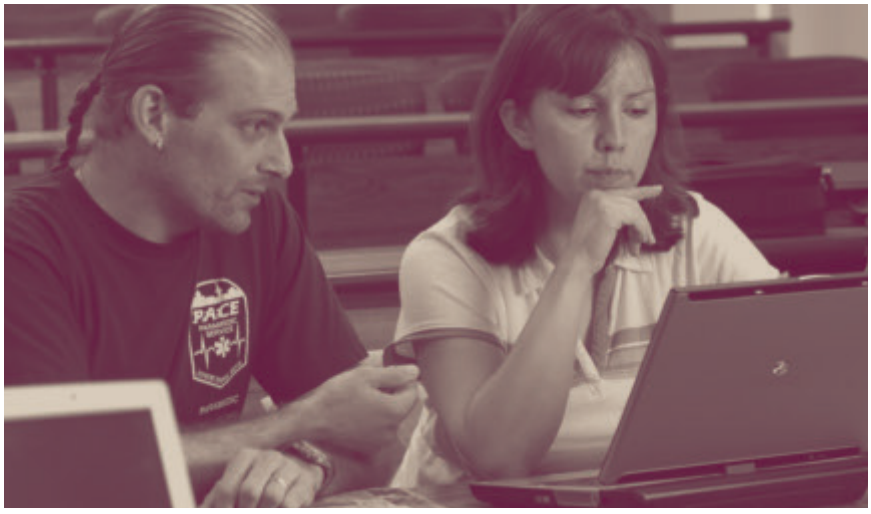
Will the University try to replace the federal dollars?

The center is losing $1.1 million in annual federal grants—83 percent of its budget. Nationally, we will continue to work with our congressional delegation to tell our story and encourage them to take action. So the door is not totally closed on federal funding.

We also will be discussing this fall whether to pursue state funding. We will have a total budget next year of $550,000; $350,000 of that will come from the Medical School, $150,000 from central administration, and $50,000 from a one-time donation by the Office of Clinical Research for clinical research activities, including medical students' research. And we are seeking outside funds through grants and donations.

How will CAIMH's programs be affected by the cut?

Center director Dr. Joy Dorscher and I are still assessing that. We will have to reduce staff. Fewer students will be served, especially in the high school and college undergraduate programs; for example, our summer program will be reduced from 25 to 15 high school students. Six-week programs will be reduced to one to two weeks; and most



significantly, less mentoring will be available to help students navigate the University's complex system. Without full funding, we can support our pioneering mission: to encourage young, already-enrolled college students to make a medical career choice and then support them in medical school. But that's all.

That means we could lose people like Katie Cannon, who was just named a Dean's Scholar. Her scholarship has allowed her to enter medical school, and her aim is to become a physician working on a reservation—and, she says, to become a role model for other young women. Katie, who's from the White Earth reservation, tells me that without CAIMH support and the scholarship, she might still be working in a vegetable-drying factory, which would be a terrible waste of her talent.

What will the larger repercussions be for Native American students?

The number of American Indians choosing health-care careers is certain to drop. Many young Native Americans will face higher hurdles without the support the program has provided. CAIMH does much more than teach these students about health care. It teaches them how to enter a large educational institution and succeed in that environment. Many of these students have come from reservations, small towns, and a narrow set of experiences. They've entered the University and have had to learn the very basics: how to register and make class choices that work for them. They've had to learn the difference between a doctor, an intern, and a resident. They've had to make basic work and life decisions that most of us take for granted.

LEFT TO RIGHT A student in the Native Americans into Medicine program works intently. Medical student Carl Starr. Medical students Chuck Branch and Katie Cannon discuss a problem. Katie Cannon entered Medical School this fall on a full scholarship through the Dean's Scholars Society.

Reyanna Hain participates in CAIMH's SuperStars program.

We also know that it's important to support youngsters' early education needs if we are going to encourage them to stay in high school, graduate, go to college, and choose a health-care career. CAIMH funding helped us do that. Our statistics show we've been very successful at blazing a trail for young high school students as well as at supporting college undergraduates and medical students.

Some people have suggested that scholarships can help bridge the gap, but we have seen too many of these students fail with scholarships alone. Scholarships do not provide the experience, advice, mentoring, and academic support these students need.

Many graduates of the program would agree. Dr. Arne Vainio, now a beloved physician on the Fond du Lac reservation in Cloquet, will tell you that he would not have even considered medical school if someone hadn't recognized his talent and pushed him through our doors. And once here, he depended on the extra support of mentors and professors to help him make class choices and navigate through our educational bureaucracy.

Why are programs like these so important?

American Indian physicians who understand American Indian health needs are critically important. In Minnesota alone the need is great. According to the Minnesota Department of Health, from 2000 through 2004, American Indians in Minnesota had the highest mortality rates in 11 of 18 causes of death, including heart disease, cancer, unintentional injury, diabetes, cirrhosis, and suicide.

To serve a diverse patient population, we need a diverse physician workforce. And American Indian students have much to teach us. If we have a diverse medical school class, then students are learning from their colleagues about different cultures, beliefs, healing practices, and customs—which will ultimately help them become better doctors.

Encouraging American Indians to become doctors also enriches medical care in a broader sense. Students overcome serious educational disparities in order to achieve their dreams of becoming health professionals. On their path, they affect health care for all communities, including American Indian populations, by offering a unique perspective on health care, ways to address health disparities, and culturally sensitive communication techniques that can be used with all patients. MB

Becky Malkerson named MMF's new president and CEO

ELIZABETH A. MALKERSON has been named president and chief executive officer by the board of trustees of the Minnesota Medical Foundation (MMF). Malkerson will work with the board to implement the foundation's strategic goals, including increasing sustained philanthropy from $55 million in fiscal year 2006 to $100 million annually within five years.

"Becky Malkerson is the right person at the right time in the foundation's history," says MMF board chair Beth Erickson. "She will help us build on our current momentum while advancing us toward the realization of our long-term strategic goals."

Medical School Dean Deborah Powell, who served on the CEO search committee, has called Malkerson "a visionary leader who understands the pivotal role medical research and education will play in advancing the University of Minnesota and in serving the state and region."

Malkerson most recently served as senior vice president for corporate marketing and communications at Allianz Life Insurance Company of North America, a primary company of Munich-based Allianz AG, one of the largest global insurance and financial services organizations in the world. In her four years there, she doubled the size of the Allianz corporate giving and community programs.

Before joining Allianz Life, Malkerson was vice president for worldwide corporate communications at the world's largest biotechnology company, Amgen, Inc. She has also held leadership positions at UnitedHealth Group and U.S. Bancorp.

Becky Malkerson became the Minnesota Medical Foundation's new leader in August.

A native Minnesotan, Malkerson serves on three University boards: University of Minnesota Physicians Clinical Practice, University of Minnesota Physicians Assurance Company, Ltd., and University of Minnesota Carlson School of Management. She is also vice chair of the board of directors of the Public Affairs Council in Washington, D.C., and will become its president in 2007.

"Becky Malkerson clearly understands the importance of community involvement and private support," says Frank Cerra, senior vice president for health sciences at the University of Minnesota. "She has provided outstanding service to the University community. I look forward to working with her over the next several years to increase private support for the University's health-related research, education, and service." MB

University hospital again ranks among nation's best

The University of Minnesota Medical Center, Fairview, ranks among the country's top 50 hospitals in 11 specialties, according to the "Best Hospitals 2006" issue of *U.S. News & World Report*.

This record-breaking performance is up from 10 specialties in 2005 and 7 specialties in 2004.

"It's terrific news for our patients, and it's well-deserved," says hospital president Gordon Alexander, M.D. "The fact that we continue to be recognized in more and more areas of expertise is a reflection of our talented staff and our clinical partners at the University of Minnesota, who bring the best in research to the bedside."

The 11 specialties are cancer; digestive disorders; ear, nose, and throat; endocrinology; gynecology; heart/heart diseases; kidney diseases; neurology/neurosurgery; orthopaedics; respiratory disorders; and urology.

More than 5,000 hospitals were evaluated in the report, but only 176 were ranked in at least one of 16 specialties. MB

Medical School–Duluth department head named 'Rural Health Hero'

GARY DAVIS, Ph.D., was recently named a "Rural Health Hero" by his peers at the Minnesota Rural Health Conference in Duluth for his leadership in serving rural communities with mental health consultations via telemedicine.

Davis is the head of the Department of Behavioral Sciences at the Medical School–Duluth and associate director of the Center for Rural Mental Health Studies (CRMHS). Since 2002, Davis and his colleagues have treated about 70 patients from rural areas using virtual communication via video conferencing.

"These services would simply not be available to our rural and small communities if it were not for the continuing efforts of Dr. Davis," says Richard Ziegler, Ph.D., dean of the Medical School–Duluth.

An outstanding individual or team in the field of rural health is honored each year at the conference, which is co-sponsored by the Minnesota Department of Health's Office of Rural Health and Primary Care, the Minnesota Rural Health Association, and the Rural Health Resource Center's Minnesota Center for Rural Health. MB

Gary Davis, Ph.D.

University researcher honored for contributions to Alzheimer's breakthroughs

In her quest to prevent memory loss associated with Alzheimer's disease, neurology professor Karen Hsiao Ashe, M.D., Ph.D., has achieved a number of research firsts. And in recognition of her work, Ashe was recently chosen by her peers in Alzheimer's research as having 3 of the 18 most influential papers on the disease.

The journal *Nature Medicine* polled respected Alzheimer's disease researchers, asking which papers have most contributed to the field since 2003. Receiving the most mentions was Ashe's most recent paper, published in the March 2006 issue of the journal *Nature*, which identified a protein complex that causes memory loss in mice. This discovery paves the way for drug development that would target this complex, offering hope for new treatments for the disease.

Karen Hsiao Ashe, M.D., Ph.D.

Ranked third on the list was Ashe's paper, published in the July 2005 issue of *Science*, that documented for the first time the reversal of memory loss in mice with significant brain degeneration. This discovery holds out hope that doctors may one day be able to reverse the effects of memory loss in humans.

Ashe also was recognized for her paper published in the January 2005 issue of *Nature Neuroscience* that found a more generalized group of memory-robbing molecules, which led to the March 2006 discovery.

Ashe's fellow researchers aren't alone in lauding her work. Earlier this year, Ashe was given the MetLife Foundation Award for Medical Research in Alzheimer's Disease and the Potamkin Prize for Research in Pick's, Alzheimer's, and Related Diseases by the American Academy of Neurology.

Ashe holds the Edmund Wallace Tulloch and Anne Marie Tulloch Chairs in Neurology and Neuroscience. MB

Smoking studies examine quitting rates in African Americans

No one said quitting would be easy, but it may be more difficult for African Americans than for Caucasians, according to research at the University of Minnesota.

In a study led by Kolawole Okuyemi, M.D., M.P.H., African American smokers showed greater brain responses to smoking cues, such as images of individuals smoking, than did Caucasian smokers.

Researchers measured increased activity in the areas of the brain associated with emotion and reward, which may explain why African American smokers are less successful than Caucasians at quitting.

"Cigarette craving is an important challenge that smokers face when trying to quit smoking, and those with more intense cravings are more likely to relapse back to smoking," says Okuyemi, director of the Medical School's Program on Health Disparities Research.

The study was published in the June issue of the journal *Addiction Biology*.

In a separate study of African American light smokers (those smoking 10 or fewer cigarettes a day), researchers

found that health education was more effective than nicotine gum in helping subjects quit.

Jasjit Ahluwalia, M.D., M.P.H., executive director of the University's Office of Clinical Research, led the study, which was published in the June issue of the journal *Addiction*.

"Our results highlight the positive impact that directed health education and advice-oriented counseling has on helping African American light smokers quit," Ahluwalia says. "We hope our study provides impetus for more studies that assess other intervention methods that may be successfully used to improve quit rates among African American smokers." MB

Medical School gets new director of admissions

Paul T. White, J.D., has joined the Medical School administration as director of admissions.

White brings more than 20 years of admissions experience to the University of Minnesota. For the last dozen years, he served at Johns Hopkins University, first as director of undergraduate admissions and most recently as assistant dean for admissions and financial aid for the Johns Hopkins School of Medicine.

"Mr. White is a dynamic and thoughtful leader," says University of Minnesota Medical School Dean Deborah E. Powell, M.D. "He shares our vision for MED 2010 — learner-centered education for patient-centered care — that is transforming how we will educate the next generation of physicians. As head of admissions, he will be an important member of the MED 2010 team." MB

Researchers find new compounds to help shrink tumors

There's good news on the way for people with cancerous tumors: Researchers at the University of Minnesota have developed novel anti-cancer drugs to treat solid tumors. The new compounds effectively reduce blood flow to tumors, thereby inhibiting their growth.

In studies on mice, the compounds inhibited tumor growth by up to 80 percent. In combination with chemotherapy, they essentially eliminated the tumors.

There is currently an FDA-approved protein anti-angiogenic agent on the market, but these new tumor-targeting compounds are smaller, synthetic forms of the proteins. Because of that, they could possibly be taken in pill form and could be less costly to produce.

"This is a novel class of drugs that increases the potential for good, effective treatment for cancer patients with tumors," says principal investigator Kevin Mayo, Ph.D., professor of biochemistry, molecular biology, and biophysics at the Medical School. The next step is an FDA-approved human clinical trial, he says.

The findings appeared in the July 5 issue of the *Journal of the National Cancer Institute*.

Although the compounds have proven effective in mice only against solid tumors, researchers believe they have the potential to treat liquid tumors found in leukemia and other blood cancers as well. MB

Medical student receives presidential award

When David Jewison signed up for the University of Minnesota Medical Reserve Corps (MRC), he hoped he'd be able to serve people in a time of need. He never dreamed that his service would be honored by the president of the United States.

Jewison, now a fourth-year medical student at the University, received the President's Volunteer Service Award during President George W. Bush's visit to Minnesota on August 22.

David Jewison

Following Hurricanes Katrina and Rita, health professionals and students from the University of Minnesota, Mayo Clinic, and College of St. Catherine banded together to provide medical care to displaced families near the Gulf Coast in a relief effort called Operation Minnesota Lifeline. MRC volunteers treated patients with a wide range of needs, from prenatal care to minor surgery.

Jewison spent nearly three weeks assisting physicians in Lafayette, Louisiana, and surrounding communities. He also conducted clinics to update volunteers on proper techniques for administering vaccinations.

President Bush has honored more than 500 volunteers across the country since March 2002. MB

Minimally invasive techniques show success in cardiac repair with stem cells

UNIVERSITY OF MINNESOTA researchers are testing a safer way to repair the heart.

Using minimally invasive robotic surgery equipment, researchers have successfully repaired damaged heart tissue in pigs with injections of stem cells. The cells were successfully transplanted in six of seven cases. Subsequent studies showed that the cells took hold in the heart and function improved.

The research team, co-led by Doris Taylor, Ph.D., professor of physiology and holder of the Medtronic Bakken Chair in Cardiovascular Repair, used a combination of skeletal myoblasts—or cells that give rise to muscle—and bone marrow–derived cells. Both cell types have been shown to improve the development of new blood vessels and to improve function of injured heart muscle.

The research was published in the July issue of the *Journal of Thoracic and Cardiovascular Surgery*.

The use of minimally invasive techniques to repair the heart could offer great benefits for people in heart failure, Taylor says, because the heart can be repaired while it is still beating and the surgery requires less time under anesthesia. The techniques also give surgeons a magnified view of the heart, allowing them to target the infusion of stem cells more precisely. MB

Doris Taylor, Ph.D.

Quadruple the impact

TODAY'S MEDICAL STUDENTS face skyrocketing tuition bills, averaging a debt load of more than $120,000 by the time they receive their M.D.'s.

If you'd like to make a difference for University of Minnesota medical students, now's a good time to act. Every dollar you donate to the Albert Sullivan Scholarship Fund will be worth *four* dollars thanks to two matching programs.

In gratitude to former associate dean of student affairs W. Albert Sullivan Jr., M.D., an anonymous Medical School alumnus has agreed to match each dollar—up to $106,500—that's donated to the Sullivan scholarship fund. The fund's payout will then be matched by the University-wide President's Scholarship Match, quadrupling the value of your original gift.

Many of you may remember Sullivan, or "Sully" to friends, as the friendly face in the dean's office. After completing a surgical internship at the Medical School and holding a faculty position in the Department of Surgery, he served as a member of the dean's staff from 1968 to 1990. In that role he helped many medical students through trying times in their personal and academic lives. Sullivan died in 1990, at age 66, from complications of a brain tumor.

The Sullivan fund provides scholarships to University of Minnesota medical students, with preference given to undergraduates with majors outside the sciences. This year the fund is awarding one scholarship of $7,900.

Increase the impact of your contribution and help today's medical students by considering a gift to the Albert Sullivan Scholarship Fund. MB

A scholarship fund set up in Albert Sullivan's name honors his legacy of helping students through difficult times.

TO MAKE A GIFT

or for more information, please visit www.mmf.umn.edu. You may also contact Cindy Adams Ellis at the Minnesota Medical Foundation at 612-625-5976 or cae@mmf.umn.edu. Checks made out to the Minnesota Medical Foundation, with "Albert Sullivan Scholarship Fund" in the memo line, may be sent to:

Minnesota Medical Foundation
McNamara Alumni Center
University of Minnesota
200 Oak Street SE, Suite 300
Minneapolis, MN 55455-2030

Help shape the future of medicine by serving as a mentor

If you are a physician in the Twin Cities area, you're invited to help strengthen the connection between the community and today's medical students by taking part in the Connections Physician-Student Mentoring Program.

The program—offered cooperatively by the Medical School, Medical Alumni Society, Minnesota Medical Foundation, and Hennepin and Ramsey Medical Societies—pairs about 100 medical students with community physicians each fall. This gives students the opportunity to learn from someone who has made the transition from student to doctor, and mentors often learn from the students as well.

Relationships can be as casual or as involved as the mentors and students want them to be. In many cases, lifelong friendships have resulted.

The registration deadline has been extended to Friday, October 13. Mentors and students will have a chance to meet at the Connections program kickoff breakfast on Friday, November 3.

To sign up to be a mentor or to learn more, visit www.mmf.umn.edu/goto/mentor. You may also contact Emily Heagle at 612-624-9161 or e.heagle@mmf.umn.edu. MB

Alumni Spotlight | Stuart Bloom

Former actor and comedian finds place for humor in career as oncologist

IT WASN'T EXACTLY the traditional path to medical school.

Before thoughts of anatomy lab and pathology textbooks even crossed his mind, Stuart Bloom, M.D., Class of 1995, was cracking one-liners onstage in New York City. He wrote and performed songs as a regular at the Improv Comedy Club and did a lot of musical theater. "I was usually the funny guy in musicals," Bloom says. "The funny guy usually doesn't have to sing as well."

Bloom spent most of the 1980s acting in New York, playing his biggest role in a nationally touring Broadway show. Although he enjoyed the work—when he could get it—Bloom knew he didn't want to act for the rest of his life.

Then in 1988, three things changed: Bloom "finally" finished his undergraduate degree in acting at New York University, he turned 30 and realized he wasn't rich and famous, and his father was diagnosed with stomach cancer.

After a little soul-searching and hours spent watching a truly caring relationship develop between his father and his doctor, Bloom told his wife he had made a decision: He wanted to be an oncologist.

"She then committed me to the insane asylum for three years," he jokes. "No, it was really a bolt out of the blue. I really heard a gong."

So at age 33, Bloom entered medical school at the University of Minnesota. Today, at age 48, he's a hematologist and oncologist at the Humphrey Cancer Center at North Memorial Outpatient Center in Robbinsdale.

Bloom may have changed careers, but he hasn't changed his philosophy on life. "You need humor in medicine," he says. "Humor is a part of life."

As an oncologist, Bloom takes care of people during a very intense, often terrible time in their lives. There have definitely been very sad and serious moments in his office, he says, especially when he has had to deliver bad news. "There have also been times when I can't stop laughing and patients can't stop laughing."

Those who have worked closely with Bloom have witnessed the wide range of emotions he experiences with his patients. Katie Rau, a second-year medical student who spent three weeks in Bloom's office this summer for a preceptorship, says Bloom's patients have appreciated his sense of humor.

"It's an incredibly difficult job, but he seems to strike [the right balance]," Rau says.

Bloom's nurse, Annette Rivard, R.N., says his attitude puts people at ease. "He has a unique gift that he's able to share with his patients," she says. "They feel better just seeing him."

And for Bloom, it's all in a day's work. Maybe laughter is the best medicine.

"Just because people have serious, life-threatening diseases, it doesn't mean they can't have fun," he says. "After all, you're alive until you're dead." MB

Just because people have serious, life-threatening diseases, it doesn't mean they can't have fun. – Stuart Bloom, M.D.

PHOTOS: TIM RUMMELHOFF

STUART BLOOM, M.D.

FAMILY: Wife, Carolyn; daughters, Molly, 23, and Delia, 13; son, Mickey, 18

HOBBIES: hanging out with the family, playing piano, working out, following the Minnesota Twins

VOLUNTEER WORK: preceptor, mentor, third-term Medical Alumni Society board member, speaker at breast cancer events

FAVORITE COMIC STRIPS: *Zits, Opus, Doonesbury*

FUNNIEST-LOOKING MEDICAL INSTRUMENT: gloved hand

FAVORITE DOCTOR JOKE: A guy walks into his doctor's office and the doctor says, "I'm sorry, sir, you're dying." The patient says he wants a second opinion, so the doctor says, "Okay, you're ugly, too."

Making memories at Alumni Reunion Weekend 2006

MORE THAN 400 University of Minnesota Medical School alumni and their guests returned to campus last spring to reconnect with classmates.

Reunion Weekend 2006 began on May 19 for eight celebrating classes between 1946 and 1996 with updates on medical education and research at the University. Alumni also toured the cutting-edge McGuire Translational Research Facility and attended the Alumni Recognition Banquet, which honored distinguished members of the University community.

To wrap up the weekend, each reunion class met for an individual class dinner on May 20.

"Everything was great—the impressive facilities, the wonderful food, and especially the socializing with fellow graduates and their spouses," says John E. Quast, M.D., Class of 1956. "It was a perfect way to celebrate our special 50th reunion." MB

PHOTOS: TIM RUMMELHOFF

TOP Maureen Reed, M.D., Class of 1979, and Greg Vercellotti, M.D., share a smile.

BOTTOM Charles Marvin Jr., M.D., Class of 1981, and Reimert Ravenholt, M.D., Class of 1951, chat before their class dinners.

Reunion Weekend moves to September

Reunion Weekend is moving from May to September. Beginning with the classes scheduled to reunite in 2007—Medical School graduating classes of 1947, 1952, 1957, 1967, 1972, 1977, 1982, and 1997—Reunion Weekend will move to the fall to better accommodate busy summer schedules.

With many people's May calendars already packed with commencement ceremonies and weddings, some alumni who would have liked to attend their reunions haven't been able to make it, says Emily Heagle, assistant vice president of alumni and donor relations at the Minnesota Medical Foundation.

A September reunion also will allow alumni to take full advantage of campus activities and experience the excitement of students returning to campus once again, Heagle says.

Mark your calendars for September 28 and 29, 2007. Invitations will be sent to members of reunion classes as the date approaches.

If you'd like to help plan your reunion, please call the alumni office at 612-624-9161 or toll-free at 800-922-1663. MB

In Memoriam

JON H. BAYER, M.D., Class of 1966, Redding, California, died February 24 at age 64. He specialized in ophthalmology.

RONALD E. CRANFORD, M.D., Bloomington, died May 31 at age 65. After working for the air force as a flight surgeon during the Vietnam War, Dr. Cranford returned to the States to complete his residency in neurology at the University of Minnesota. He became a member of the University's neurology faculty and practiced as a neurologist and clinical teacher at the Hennepin County Medical Center from 1971 until his retirement in 2005. An expert on brain injury and coma, Dr. Cranford was also one of the nation's leading medical ethicists. He is survived by his wife, Candace, four children, and two grandchildren.

SIDNEY ESENSTEN, M.D., Class of 1946, Edina, died February 7 at age 83. Dr. Esensten served in the army from 1947 to 1953. He went on to practice medicine in the Fairview hospital system for half a century. He is survived by his wife, Gloria, three sons, and four grandchildren.

ROBERT J. FINK, M.D., Class of 1948, Edina, died April 15 at age 80. Dr. Fink earned his medical degree and completed his ophthalmology residency and internship at the University of Minnesota. He also served as professor of ophthalmology at the University and practiced at Fairview Southdale Hospital. Dr. Fink is survived by his wife, Peggy, six children, and seven grandchildren.

ELBERT J. GAMBLE, M.D., Class of 1952, Roseville, died in December, 2005, at age 83. His medical specialty was anesthesiology. He is survived by his wife, Doree.

JOHN R. HASERICK, M.D., Class of 1940, Southern Pines, North Carolina, died May 1 at age 90. After serving overseas in the army's dermatology service during World War II, Dr. Haserick returned to the States and completed his residency in dermatology at the University of Minnesota. In 1948, he became head of the Cleveland Clinic's dermatology department. There, he became an authority on systemic lupus erythematosus. In 1999, he received the Dermatology Foundation's Discovery Award in recognition of his pioneering work. Dr. Haserick is survived by his wife, Jane, two children, and two grandchildren.

ROY G. HOLLY, M.D., Class of 1943, Waupaca, Wisconsin, died November 4, 2005, at age 86. Dr. Holly chaired the Department of Obstetrics and Gynecology at the University of Wisconsin Mt. Sinai Campus. He was also medical director of Planned Parenthood of Wisconsin. He is survived by his wife, Cynthia, four children, nine grandchildren, and five great-grandchildren.

DAVID M. HOLTH, M.D., Class of 1976, Coon Rapids, Minnesota, died July 10 at age 56. Dr. Holth was a family practitioner for 27 years, most recently at the Blaine Medical Center. He is survived by his wife, Janice, and three children.

MILDRED A. INDRITZ, M.D., Minneapolis, died March 6 at age 93. Dr. Indritz completed her master's degree in pediatrics at the University of Minnesota in 1948. She was the first director of Minnesota's former Crippled Children's Services and received the Distinguished Service Award of the American Academy of Pediatrics for her pioneering work. She was also a member of the Minnesota Medical Association for more than 50 years. Dr. Indritz was preceded in death by her husband, Professor Jack Indritz. She is survived by her two sons and four grandchildren.

LOREN J. JACOBSON, M.D., Class of 1948, Scottsdale, Arizona, died July 28 at age 82. Dr. Jacobson practiced obstetrics and gynecology at three hospitals in the Minneapolis area and was a senior partner in Minneapolis OB/GYN Associates. He is survived by his wife, Anna, four children, three stepchildren, two grandchildren, and nine step-grandchildren.

HERBERT W. JOHNSON, M.D., Class of 1945, St. Paul, died March 21 at age 84. An internal medicine specialist, Dr. Johnson served as an army physician in World War II. He went on to work as a clinical professor of medicine at the University of Minnesota and ran his own practice in St. Paul from 1951 until his retirement in 1985. He also served as president of the Minnesota Association of Internists and as an officer in the Ramsey County Medical Society. Dr. Johnson was preceded in death by his daughter, Laurel. He is survived by his wife, Betty, four remaining children, and seven grandchildren.

JANET B. MCMULLEN, M.D., Class of 1939, Bartow, Florida, died April 14 at age 90. Dr. McMullen specialized in family medicine and interned at Minneapolis General Hospital.

CHARLOTTE T. MERRICK, M.D., Class of 1943, North Oaks, died June 15 at age 92. In addition to earning her medical degree from the University of Minnesota, Dr. Merrick also graduated from the University's medical technology program. She was preceded in death by her husband, Robert, and is survived by her two sons.

GILBERT T. MIDBOE, M.D., Class of 1952, Gainesville, Florida, died June 8 at age 81. Dr. Midboe practiced medicine in Minnesota and Florida. He is survived by his wife, Joan.

VINCENT J. PACIOTTI, M.D., Class of 1947, Hibbing, died May 22 at age 81. After completing his residency in radiology at the University of Minnesota, Dr. Paciotti moved to Hibbing, where he became chief radiologist at the Hibbing General Hospital. He also practiced in hospitals and clinics in the nearby towns of Chisholm, Grand Rapids, Eleveth, and Virginia. In addition, he was an active member of the hospital board that planned and built the University of Minnesota Medical Center. Dr. Paciotti was preceded in death by his wife, Jean. He is survived by his two children and seven grandchildren.

DAVID P. POND, M.D., Class of 2004, Minneapolis, died June 13 at age 38. Dr. Pond was completing his residency in ophthalmology at the University of Minnesota. He is survived by his wife, Ausra.

FRED B. RIEGEL, M.D., Class of 1944, St. Croix Falls, Wisconsin, died February 19 at age 85. Dr. Riegel specialized in family medicine and practiced at the St. Croix Falls Clinic for more than 40 years. He is survived by his wife, Dolores, three children, two stepchildren, five grandchildren, and one great-grandchild.

WINFIELD T. WILLIAMS, M.D., Class of 1951, Alamo, California, died April 23 at age 84. Dr. Williams served as a bombardier instructor during World War II and practiced medicine for 21 years at the Kaiser Permanente Hospital in Walnut Creek, California. He was preceded in death by his first wife, Mary; second wife, Vicky; and two sons. He is survived by his three remaining children.

DONALD E. WOHLRABE, M.D., Class of 1951, Morris, died June 23 at age 78. Dr. Wohlrabe practiced surgery and family medicine and was a member of the Minnesota Academy of Family Physicians. He is survived by his wife, Fayelyn.

NANDA YUEH, M.D., Class of 1984, Plymouth, died May 31 at age 57. Dr. Yueh specialized in diagnostic radiology and practiced at Abbott Northwestern Hospital. He is survived by his wife, Silvia, and two children.

EDWARD W. CIRIACY, M.D., Lino Lakes, died June 21 at age 82. Dr. Ciriacy was a member of the University of Minnesota Department of Family Medicine and Community Health's faculty for 27 years (1971–98), 24 of which he served as department head.

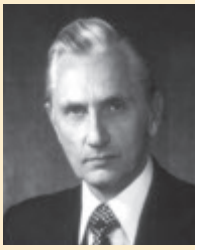
Under his leadership, the department's residency program became one of the largest of its kind in the country. In addition, the department established UCare Minnesota, an HMO that now provides health coverage plans to more than 140,000 Minnesotans.

Dr. Ciriacy chaired UCare's board of directors for 10 years. He also served as president of the Minnesota Academy of Family Physicians and the Society of Teachers of Family Medicine.

He is survived by his second wife, Norma, and first wife, Adele, and their five children and eight grandchildren.

EUGENE GEDGAUDAS, M.D., North Oaks, died July 25 at age 81. Dr. Gedgaudas completed part of his surgical residency at the University of Minnesota in 1957. He returned to the University in 1963 as an assistant professor of radiology and, in 1969, was promoted to chair of the Department of Radiology—a position he held until his retirement in 1986.

During his tenure, Dr. Gedgaudas was highly regarded for the quality of education he provided to both current and aspiring surgeons and helped establish the renowned annual Minnesota Refresher Course. A generous donor, Dr. Gedgaudas also helped establish the Vilhelmina and Eugene Gedgaudas Chair in the Department of Radiology.

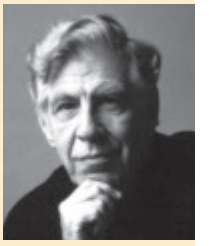


Dr. Gedgaudas was an emeritus fellow of the American College of Radiology, an honorary fellow of the Royal Society of Medicine and the Hungarian Radiological Society, and a fellow of the International College of Surgeons. He received the Minnesota Radiological Society's President's Award in 1986.

Dr. Gedgaudas is survived by his wife, Vilhelmina, three daughters, and two granddaughters.

ROBERT J. GORLIN, M.S., D.D.S., Golden Valley, died August 29 at age 83. An internationally renowned expert on oral and maxillofacial pathology, Dr. Gorlin named more than 100 syndromes caused by genetic defects. He was on the University of Minnesota School of Dentistry's faculty for 37 years (1956–93) and remained active in the school long after his retirement.

During his tenure, he chaired the Divisions of Oral Histology and Oral Pathology and held appointments in the Medical School's Departments of Pediatrics; Obstetrics, Gynecology, and Women's Health; Dermatology; Laboratory Medicine and Pathology; and Otolaryngology. He mentored more than 20 postdoctoral fellows and helped create the Lasby Visiting Professorship program, which has attracted distinguished scholars from around the world to the School of Dentistry. In 1978, he was named a Regents Professor and, in 2002, received the Doctor of Science Award, one of the University's highest honors.



Dr. Gorlin received five honorary doctorate degrees, as well as prestigious awards from the Italian Medical Genetics Society, Harvard University, American Dental Association, and American Society of Human Genetics.

He is survived by his wife, Marilyn, two children, and five grandchildren.

Walking history

One woman's heart condition is repaired with two very different procedures—63 years apart

Merrilyn Dawson doesn't need to see the list of "firsts" in heart surgery to know that the University of Minnesota is a leader in the field. Instead, she is living proof of the University's innovations—and has the newspaper clippings to prove it.

Dawson's 1943 surgery was one of the first of its kind in the country. Performed by legendary surgeon Owen Wangensteen, M.D., Ph.D.—years before the first successful open-heart surgery—the procedure was considered highly experimental.

In 1943, when she was just five years old, Dawson made medical history when she underwent an experimental surgery at the former University of Minnesota Hospital to tie off a leaking blood vessel that led to her heart. "I remembered being very cold and lots of bright lights, and above there was a gallery full of people," says Dawson.

About six decades later, Dawson's doctors informed her that the artery was leaking again due to the same condition: patent ductus arteriosus (PDA). The sutures from the original surgery had probably come loose, though doctors weren't sure when. They just knew the artery needed to be fixed. And soon.

Dawson came back to the University of Minnesota Medical Center, Fairview last April for another procedure. But this time—63 years later—the leaky artery was repaired using now-standard, much less painful heart catheterization. Through a leg catheter, doctors put a tiny device in Dawson's blood vessel to close the hole, and just a few hours later, she was ready to go home.

The tiny device that mended Dawson's heart is the Amplatzer® septal occluder, which was invented by Kurt Amplatz, M.D., a retired professor of radiology, and was tested in clinical trials at the University of Minnesota in the late 1990s.

"It's a miracle that this was invented and that I was alive to benefit from it," Dawson says.

The differences between the two procedures couldn't be greater. Dawson's 1943 surgery was one of the first of its kind in the country. Performed by legendary surgeon Owen Wangensteen, M.D., Ph.D.—years before the first successful open-heart surgery—the procedure was considered highly experimental.

After many hours in surgery, Wangensteen ran down the hallway toward Dawson's mother. "He was waving his arms, saying, 'It's a success! It's a success,'" says Dawson. And when her mother started to thank him, he said, "Don't thank me. Thank God."

After that surgery, Dawson stayed in the hospital for a week under the supervision of two full-time nurses. In those days, surgeons went into the body

through the ribs and physically tied off the leak, leaving behind a large chest scar, says John Bass, M.D., the University pediatric cardiologist who performed Dawson's second procedure. (Most heart lesions, such as PDAs, are now repaired during a child's first years of life.)

"When she went through this 63 years ago, it was very difficult," Bass says. "I don't think she understood how easy this [second procedure] was going to be until it was over. And that's understandable considering what she went through the first time."

But easy it was. Dawson was under conscious sedation throughout the 2.5-hour heart catheterization, so she could hear Bass tell his team when the Amplatzer® device had fixed the leak. "That was a wonderful feeling," she says.

Dawson didn't even need stitches, just pressure on her leg where the catheter was inserted to stop the bleeding. Because this is now considered an outpatient procedure, after a few hours of observation, Dawson was on her way home.

And for the big difference this simple procedure has made in her life, she is grateful. "If it weren't for medical research, these things wouldn't happen," Dawson says. "I set a goal when my grandson was born eight years ago that I wanted to see him grow into a man, and now I probably will." MB

PHOTO: TIM RUMMELHOFF

At age five, Merrilyn Dawson underwent an experimental surgery to repair her heart condition. And 63 years later, doctors repaired the same condition with a much less painful procedure.

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