



DEAR FRIENDS,

Ten years ago, the Academic Health Center (AHC) made a bold move by selling the University's financially struggling hospital to Fairview Health Services and forging an innovative partnership with Fairview and University of Minnesota Physicians.

This month we celebrate the 10-year partnership and the now financially healthy University of Minnesota Medical Center, Fairview—the Medical School's primary teaching hospital.

In this issue of the *Medical Bulletin* you will learn how the AHC and its faculty physicians joined forces with Fairview's community health network to create an entity that is uniquely positioned to achieve medical breakthroughs and translate them into new therapies for patients.

The arrangement works because it allows each partner to focus on its areas of expertise in order to achieve the intersecting goals shared by all three: the pursuit of excellence and advancements in

biomedical research, education, and clinical care.

You will also read about exemplary medical students like Craig Eckfeldt, an M.D./Ph.D. student who has already made noteworthy research strides in the University's Stem Cell Institute and plans to practice hematology-oncology while continuing his research.

And you will discover how the Medical School's new Center for Medical Humanities and the Arts plans to nurture compassion by exposing students to poetry, dance, film, history, social science, and other arts and humanities.

These stories illustrate that the Medical School continues to educate students who are thoroughly engaged in learning, grounded in science, involved with patients, and connected to the communities they serve—in sync with the core missions of the University of Minnesota Medical Center, Fairview.

Deborah E. Powell, M.D.

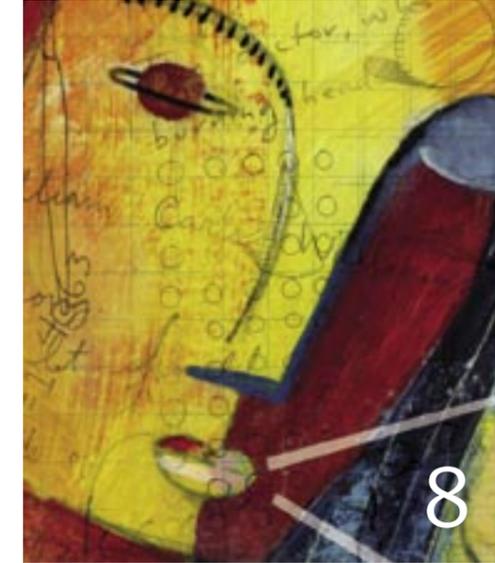
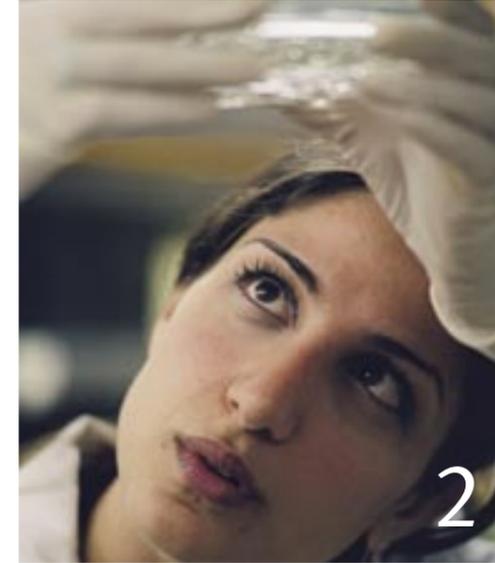
Dean, University of Minnesota Medical School
McKnight Presidential Leadership Chair

**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.

WINTER 2007 Contents



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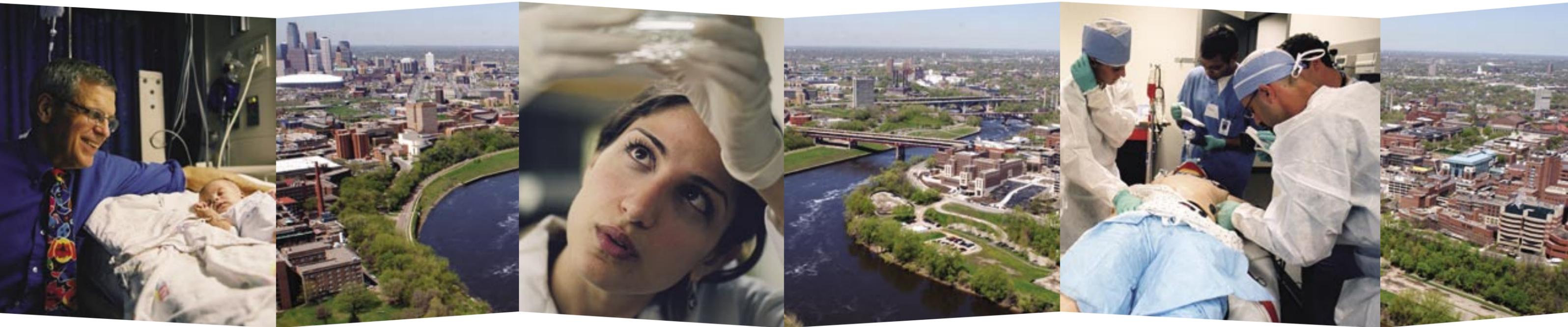
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 Find Web-exclusive content in the online version of the *Medical Bulletin*. Go to: www.mmf.umn.edu/bulletin.

COVER ILLUSTRATION: SHARON DAHL



Ten years together

Anywhere else, Gavin Nieters's chances would have been slim to none. Born June 9, 2005, with a major malfunction in his tiny heart, Gavin needed highly specialized surgery. And the only place in the world it could be done was the University of Minnesota Children's Hospital, Fairview. When Gavin was four days old, pediatric cardiothoracic surgeon John Foker, M.D., cut into his small chest and, in a 12-hour operation, corrected the deadly defect.

Gavin's lifesaving surgery might not have been possible if it hadn't been for an innovative partnership forged 10 years ago between the University of Minnesota, Fairview Health Services, and University of Minnesota Physicians. By combining a community health system with an academic

health center and its faculty physicians, the partnership created an entity specialized enough to function at—and advance—the leading edge of medicine, yet sturdy enough to survive in a highly competitive health-care environment.

After creating a new model in academic health care, three partners look back at how far they've come — and look forward to future growth.

"Our patients are truly the beneficiaries of the University-Fairview partnership," says Gordon Alexander Jr., M.D., president of University of Minnesota Medical Center, Fairview, and University of Minnesota Children's Hospital, Fairview. "Over the past 10 years, our partnership has evolved. We had to get to know each other—to learn how best to work together and harness our strengths to achieve our unified vision of world-class patient care, research, and education."

Setting the stage

For the University, the motivation behind the merger was largely economic. In the mid-1990s, the University

of Minnesota Hospital and Clinics, like many of its peers, was struggling financially as it tried to provide highly specialized health care services in an increasingly competitive managed-care environment. Its faculty physicians—then represented by 18 separate practice groups—were in the process of creating a single practice plan, University of Minnesota Physicians, which would help them thrive in the tough health-care market. But that was not going to solve the problem entirely. With the University's hospital \$140 million in debt, administrators eyed a number of options, including closing, downsizing, and partnering with an existing community health-care network.

LEFT TO RIGHT
John Foker, M.D., Ph.D.,
with Gavin Nieters
PHOTO: DAVID SHERMAN
Fourth-year medical student
and dermatology researcher
Sarah Nakib
PHOTO: RICHARD ANDERSON
Medical students work
on a patient simulator
PHOTO: RICHARD ANDERSON
An aerial view of campus
PHOTO: TOM FOLEY



LEFT TO RIGHT

Anne Taylor, M.D.,
with a patient

PHOTO: RICHARD ANDERSON

Minimally invasive surgery is
performed using the da Vinci®
robotic surgical system.

PHOTO: JERRY VINCENT

David Rothenberger, M.D.,
and fourth-year medical
student Matthew Miller

PHOTO: JOE TRELEVEN

Visionaries at Fairview Health Services saw a chance to support academic medicine while adding high-end services, such as transplants and leading-edge cancer care, to Fairview's repertoire and providing new opportunities for its Riverside medical center, located just across the Mississippi from the University. In January 1997, University Hospital and Fairview merged, bringing together the strengths of each to create what they hoped would be a new and powerful paradigm for providing exceptional teaching, research, and clinical care.

At first the road was rocky. The merger brought together very different cultures—each used to doing things in a certain way. Employees worried about jobs. Physicians on both campuses tried to figure out how they fit into the new reality.

“After high-fives and champagne corks, within six or eight months each side was saying, ‘Who are these guys? These guys are crazy—we can’t get along with them,’” recalls David R. Page, Fairview president and chief executive officer.

Gradually, however, participants began to acknowledge and appreciate their differences. What were once seen as obstacles were reframed as opportunities. Today, the medical center is financially healthy, providing innovative care to patients from the Upper Midwest and beyond—and looking forward to future growth.

“We are standing on the verge of even more opportunities than we have had in the last five years, certainly more than in the last ten,” says Roby Thompson Jr., M.D., chief executive officer for University of Minnesota Physicians.

A sturdy financial foundation

What benefits did the merger bring? Top on the list for the University: “We’re still here,” says Frank Cerra, M.D., the University’s senior vice president for health sciences.

“When we embarked on this, the future of University Hospital was in great jeopardy, both financially and competitively,” Cerra says. “We were at risk of losing our primary teaching hospital—the hospital at which we performed most of our clinical research, and the place known for high-end, technologically oriented care you can’t get in most places.”

Before the merger, the University’s hospital was projected to lose \$50–\$55 million per year by 2000. Today, says James Fox, Fairview senior vice president and chief financial officer, it’s on a trajectory to produce \$30 million in net income for the year.

Premier patient care

That solid fiscal foundation is not just good business. It also allows the medical center to provide premier care to patients. Since the merger, Fairview has invested some \$250 million in facilities and equipment, from creating a kid-friendly imaging and sedation center in the children’s hospital to adding a sophisticated da Vinci® robotic surgical system for performing minimally invasive surgeries.

Steven Johnson, a retired Minnesota National Guard recruiter from Olivia, Minnesota, has been driving to the University five days a week to receive radiation treatment for prostate cancer. His oncologist, Chinsoo Cho, M.D.,

says the hospital’s TomoTherapy HI-ART System—the first in Minnesota—provides a distinct advantage over conventional therapies for treating Johnson’s condition. The \$2.6 million device combines CT scanning and radiation therapy to improve the accuracy and efficiency of treatment.

And thanks to the merger, medical innovations like TomoTherapy are reaching more patients faster. With research an important part of its mission, the University has always been a valuable source of new knowledge in health care, and its hospital historically has transformed new knowledge into better patient care.

The world’s first successful open-heart surgery was performed here. So were the first successful pancreas transplant and the first successful bone marrow transplant—to name just a few of the University’s medical firsts.

By strengthening the Medical School, the merger has allowed this long tradition of innovation to continue. In 1997, the hospital became the first in the world to successfully transplant all intra-abdominal organs from both living and deceased donors. In 2003, the establishment of the Center for Minimally Invasive Surgery, the first in the region, put the medical center at the forefront of teaching, research, and clinical care in this important and fast-growing field. Medical research currently under way at the University is aimed at improving knowledge and patient care in such diverse areas as memory loss, rheumatoid arthritis, compulsive gambling, and lung disease.

We are standing on the verge of even more opportunities than we have had in the last five years, certainly more than in the last ten.

– Roby Thompson Jr., M.D., chief executive officer for University of Minnesota Physicians

Linking the University directly to Fairview's network of seven hospitals and dozens of clinics means more patients have access to the region's top adult and pediatric specialists.

Linking the University directly to Fairview's network of seven hospitals and dozens of clinics means more patients have access to the region's top adult and pediatric specialists. And it has given University of Minnesota Physicians' more than 650 doctors—most of them Medical School faculty—a more prominent place in Minnesota's health-care picture.

"Increasingly, health plans are choosing to include our medical system in their contracts because we offer patients options that no one else can offer," Thompson says. "Whether it's Blue Cross and Blue Shield or HealthPartners or Medica, they want us in their portfolios."

Rising reputation

In the first years following the merger, the Medical School went through some tough times as a number of faculty members left for other institutions. But today, recognizing and appreciating the strengths of the partnership, top scholars are joining the team, and the reputation of the hospital and the Medical School are on the rise. This year the Department of Pediatrics alone welcomed 13 new faculty members, including specialists in diabetes, emergency medicine, infectious disease, and blood cancers.

Cerra notes that the *U.S. News and World Report* "Best Hospitals 2006" edition lists the University of Minnesota Medical Center, Fairview, among the top 50 U.S. medical centers in 11 areas: kidney disease; respiratory disorders; endocrinology; gynecology;

orthopaedics; neurology and neurosurgery; cancer; ear, nose, and throat; heart and heart surgery; urology; and digestive disorders.

"That's a real sign of success," he says.

Top faculty attract superior students, says Thompson. And since most Minnesota health-care professionals are trained at the University, that's good for all of us. "Those students are Minnesota's future clinicians and care providers."

Pattern for partnership

Despite its bumpy beginnings, the University-Fairview merger is seen today as a model for other academic health centers. In a 2000 report, the Association of Academic Health Centers and University HealthSystem Consortium cited the University-Fairview merger as a national model for academic-community partnerships.

"It truly is regarded as one of the big successes in bringing academic and community-based capabilities together," Fox says.

The merger also has provided a pattern for other partnerships within the system. In May 2005, Fairview broke ground for a new ambulatory care clinic in Maple Grove—a collaboration with University of Minnesota Physicians that will bring the expertise of University doctors to the community.

"[This] is a great example of how Fairview and University of Minnesota Physicians intend to work together in the marketplace," Fox says.



Thompson anticipates more such agreements in the future. "Our academic mission acknowledges the growing need for us to have a larger presence in the community," he says.

Eye to the future

Perhaps more than anything else, the partnership has set the stage for exciting advances in the years ahead.

When the merger occurred, hospital functions were split between the University and Riverside campuses. With the dust finally settling after a decade, partners are now standing back to take a big-picture look at configurations for the next 20 years. A Clinical Sciences Campus Plan developed in 2004 calls for creating a new specialty medical center, consolidating clinical laboratories, and offering a more inviting, user-friendly setting for patients and their families.

Plans are also under way to construct a state-of-the-art replacement facility for University of Minnesota Children's Hospital, with groundbreaking scheduled to take place this year.

Thompson predicts that the link between discovery and its application will grow even stronger in the years to come. "I foresee major growth in the clinical presence on this campus as the Medical School becomes more focused on being a translational research engine that transfers basic science and education to the bedside at earlier stages," he says.

"I'm very optimistic," concurs Cerra. "We're in exciting times." 

BY MARY HOFF

LEFT TO RIGHT

Medical student Chris Vu
PHOTO: RICHARD ANDERSON

Neurosurgeon Stephen Haines, M.D., and radiation physicist Yoichi Watanabe, Ph.D., with the Gamma Knife
PHOTO: RICHARD ANDERSON

Skylie and Heather Voss with surgeon Cynthia Herrington, M.D.
PHOTO: DAVID SHERMAN

 To watch a short video about the University of Minnesota Medical Center, Fairview, go to www.mmf.umn.edu/mb/ufairview.



Body & Soul

The Medical School's new arts and humanities center aims to feed the soul of those who care for the body.

The news from poems—This fragment of a poem by William Carlos Williams would be a perfect medical school course title, says Mary Faith Marshall, Ph.D., director of the new Center for Medical Humanities and the Arts at the University of Minnesota Medical School.

It is difficult, Williams wrote, to get the news from poems/Yet men die miserably every day/for lack/ of what is found there.

That is to say, poetry may be less practical than the news, yet our spirits are diminished for want of it. Williams, who was a doctor by day and poet by night, understood the importance of ministering to both body and soul.



ABOVE Mary Faith Marshall, Ph.D., director of the Center for Medical Humanities and the Arts, hopes to one day teach medical students about depression, addiction, and grief through a course on the blues.

OPPOSITE The center's medical director, Jon Hallberg, M.D., believes the arts can deliver important messages about bioethics in a way that standard lectures can't.

Feeding the soul of those who care for the body is the new center's mission. To that end, Marshall and Jon Hallberg, M.D., the center's medical director, will forge links between the Medical School and the College of Liberal Arts, and draw on the resources of the Twin Cities' vibrant arts community. Their task is to make room for the right brain in the left brain-dominated world of medicine.

"Medicine is not just about science," says Deborah Powell, M.D., dean of the Medical School, which provides funding for the center. "Medicine is about human beings caring for the health and wellness of other human beings." The arts and humanities are key to nurturing, what Powell calls, "the humanness of medicine."

Both Marshall and Hallberg credit Powell for supporting the center, which is currently housed in the Center for Bioethics, where Marshall has a part-time appointment as a professor. "I loved the idea of this center," Powell comments. "Deans can supply resources, but it takes dedicated faculty champions to make something happen."

A new focus

Nationally, the idea of injecting a dose of humanities into the medical curriculum coincided, some 50 years ago, with a movement toward primary and patient-centered care. Over the next 30 years, more than 90 U.S. medical schools introduced the humanities into their medical curricula, according to the Association of American Medical Colleges.

Many of the early programs had a literary bent. One of the best known, the Program in Narrative Medicine at Columbia University in New York, required all second-year medical students to study literary texts as a way of learning to "read" their patients' stories. Proponents contend that honing a literary sensibility enhances one's clinical skills. In theory, a doctor who can read fiction is better prepared to listen and follow the narrative thread of a patient's story. Similarly, it has been argued that learning to view a painting can sharpen a physician's observational skills.

Minnesota's program will expand on those early ideas, says Hallberg. "Mary Faith and I are trying to break the mold. We don't want our program to be like any other."

"We want to effect a culture change—to expand our notion of health and social justice," adds Marshall, who is also a professor in the Department of Family Medicine and Community Health and associate dean for social medicine and medical humanities in the Medical School.

For starters, they plan to embrace all of the arts—music and film, as well as literature—and history and social science. Hallberg and Marshall envision a large-scale collaboration with area arts organizations, including the Weisman Art Museum, Walker Art Center, Minnesota Opera Company, Guthrie Theater (Hallberg is company physician), and perhaps even local bookstores and Minnesota Public Radio (where Hallberg regularly reports).

At the same time, the center will play muse to the artists. Currently, Hallberg is working with the American Composers Forum in St. Paul to establish a composer in residence at the Medical School, perhaps the first program of its kind in the nation. The plan is to invite a composer to take part in all aspects of the medical school experience, from patient care to end-of-life decision-making—the idea being that immersion in the medical culture will inspire a musical composition.

A strong foundation

Much of the groundwork for the center has been laid by Hallberg, who left private practice in 2001 to find a place where he could match his passion for medical humanities with his interest in education.

As assistant professor in the Department of Family Medicine and Community Health, Hallberg quickly put his arts and medicine plans into action by inviting Guthrie actors to perform *Miss Evers' Boys* for the Medical School's Physician and Society course, which deals with everything from bioethics to spirituality in health care. Hallberg

acknowledges that bioethics can be taught more conventionally. But he says *Miss Evers' Boys*, a play by Medical School alumnus David Feldshuh, M.D. '79, about the notorious Tuskegee syphilis experiment, delivers a message about research ethics in a way that a standard lecture can't.

At its simplest level, the Center for Medical Humanities and the Arts will serve as a clearinghouse, informing the medical community—via a Web site—about local arts happenings.

Besides publicizing events, the center will also create them, as it did last fall, when it cosponsored programs featuring Medical School alumna Joia Mukherjee, M.D., M.P.H., and Pulitzer Prize-winning author Tracy Kidder. Mukherjee is an advocate for health-care rights and medical director of

Medicine is not just about science. The arts and humanities are key to nurturing the humanness of medicine.

— Deborah Powell, M.D.,
dean of the Medical School





HARAMBEE!

Medical students celebrate the arts

HARAMBEE IS SWAHILI for *let's all pull together*. It's also the name of an arts celebration that has become a medical student tradition at the University of Minnesota.

"We were trying to find a word that encompasses culture, the arts, and the theme of unity and community," says Cuong Pham, who, along with fellow medical student Quy Ton, came up with the idea for an arts forum for medical students. "We realized a lot of medical students had talent but no chance to showcase it."

With the backing of the Student National Medical Association and the American Medical Student Association, Harambee was born five years ago. Several hundred students gathered for the first Harambee in Coffman

Memorial Union Theater for performances in operatic theater, hip-hop, piano, and the spoken word. University pediatrician Robert Fisch, M.D., displayed his artwork, as did local photographer Wing Young Huie.

Five years later, Harambee has expanded to include dance, film, and crafts. With its mission to bring diversity, reality, empowerment, and relaxation into students' lives, Harambee exemplifies the kind of program the University's new Center for Medical Humanities and the Arts wants under its umbrella, says Jon Hallberg, M.D., the center's medical director.

"Students would still lead Harambee," says Hallberg, "but the center could give it a home. It's a perfect fit."

Partners in Health (PIH), an international medical organization that leads community-based health programs around the world. Kidder's book *Mountains Beyond Mountains* is about PIH founder Paul Farmer, M.D., Ph.D.

Many of the center's aspirations were embodied in those events, which Marshall regards as its official launch. Aside from bringing together writer and physician, these human rights-focused events featured a performance by local jazz musicians and a photo exhibit by *Need*, a local magazine devoted to humanitarian efforts. It also crossed disciplines, with sponsorship by the Center for Creative Writing and the Harvard Street Forum, a joint venture of Grace University Lutheran Church, the Department of Family Medicine and Community Health, the Academic Health Center, and the Center for Medical Humanities and the Arts.

Future collaboration, especially between the College of Liberal Arts and the Medical School, is high on Marshall's agenda. At the center's prompting, a multidisciplinary faculty group has begun exploring joint research and scholarly projects. The trend among grant-givers, including the National Institutes of Health, is to encourage such cross-fertilization. "The more multidisciplinary a proposal, the stronger it is," Marshall says.

Class offerings

The center's long-range plans include the creation of instructional courses, some of which might be jointly taught. Marshall, for example, would like to teach a course on the blues—music, that is—which she says evince many

ailments physicians will encounter in clinical practice: depression, addiction, abuse, violence, dying, and grief. "It's all there in the music," she says. "It's a different way for students to understand."

At the same time, the center might offer a writing class or a course on producing audio documentaries like those aired on National Public Radio, says Hallberg, who favors an elective approach. "As passionate as I am about the humanities, I find it hard to force too much on anyone," he says, adding, "You can't create an empathetic student. But the center can create an atmosphere to nurture and foster humanistic impulses."

Students need that reinforcement, says Cuong Pham, a fourth-year medical student and cofounder of Harambee, a cultural arts celebration for medical students (see sidebar). "A lot of students love humanities and arts. They were in liberal arts before medical school and lost that along the way. It's important to keep them in touch with their own humanity."

But does it work?

Does a grounding in the arts make better doctors? Nobody knows. Marshall intends to conduct research to determine whether an interest in the arts and humanities has any effect on clinician performance. Whatever the findings, the center fills a big hole. "The center," says Pham, "is very important for medical students and an opportunity for our university to show that medicine is much more than drugs and procedures. It's also about compassion and empathy."

Thinking broadly, reading widely,
being curious about the world
and people who inhabit it,
those are all essential to
creating compassionate
and caring physicians.

Jon Hallberg, M.D.,
Center for Medical
Humanities and the Arts

 To listen to part of an audio documentary by Jon Hallberg, M.D., go to www.mmf.umn.edu/mb/arts.

 To view a short video and photographs from recent Harambee events, go to www.mmf.umn.edu/mb/harambee.

Surely, Williams, the physician-poet, would agree. 

BY MIRIAM KARMEL



Tomorrow's topflight physicians

Medical student leaders put their ideals into action

IN THE WORLD OF MEDICINE—populated by bright, dedicated people—the bar for leadership is high. Yet every year a few students at the University of Minnesota Medical School exceed that bar, capturing the attention of their teachers, mentors, and peers.

These students have not only accumulated numerous academic achievements, honors, and degrees, but perhaps more important, they each possess that immeasurable extra something—a combination of characteristics and virtues that makes for the best doctors.

Whether in research, patient care, or community initiatives, the students featured here have demonstrated

leadership in ways that matter to the future of medicine, says Medical School Dean Deborah Powell, M.D. “These four medical students stand out as leaders. They all express their own individual passion and commitment,” she says. “And they all have exemplified, at this early stage in their careers, a strong desire to improve the field of medicine.”

These future physicians instinctively understand that one cannot have optimism without realism, compassion without intellect, tenacity without flexibility. In these students, the science of medicine takes flight on the heart of it.

Tara Frerks: **Healing with compassion**

Since she was a 9th-grader helping to lead bible and sports camps on the Grand Portage Reservation in northern Minnesota, Tara Frerks has consciously made choices based on how they affect others.

She also was developing leadership traits as captain of her basketball and volleyball teams throughout high school and college at Bethel University in Arden Hills. “In sports, discipline and sacrifice are key elements to creating a team,” Frerks says. “Among teammates, there’s an interdependence, a selflessness—a recognition that each of us is part of something bigger.”

That sense of teamwork is a quality that “is sorely needed for the future of health care,” says Gwen Halaas, M.D., director of the University’s Rural Physician Associate Program (RPAP), which Frerks participated in as a third-year medical student at the University.

“Tara’s got this thing about her, a balance of qualities: her maturity, confidence, and compassionate approach to medicine,” says Halaas. “She understands the art of medicine, and more than that, she understands the heart of medicine.”

While sports taught her a lot about teamwork, it was Frerks’s hospice work, which she began as a junior in college, that started “a whole revolution” in her life. Caring for dying people and their families “confirmed that people can be healed in an emotional, relational way even when they’re dying,” says Frerks, who completed her first two years of medical school on the Duluth campus.

Frerks offers an anonymous quote to explain her revelation: “The experience of being valued is the beginning of healing.”

That message resonated with Frerks when she was asked to change a patient’s dressing as an RPAP student in a small practice in Brainerd. Upon meeting the patient and her husband, Frerks quickly recognized the couple’s mental distress. She learned that they felt disregarded—as though the patient had been passed from one doctor to another following several unexpected medical complications.

Frerks, who spent two hours with the couple, coauthored a story about the encounter that has been accepted for publication in the national journal *Family Medicine*.

“I think they felt they were finally cared for,” Frerks says of the couple. “They were listened to; their story was heard and valued.”

Gareth Forde: **Seeking solutions**

Gareth Forde is no stranger to hurdles. He cleared them when he ran for his high school and college track teams, and he helped others do the same when he coached track at Jackson State University in Mississippi. He’s doing it again with the pipeline project he and classmate Matthew Fitzpatrick launched at the Medical School.

Forde helped gather more than 50 people from the University, Mayo Clinic, other medical organizations, public schools, community groups, and local businesses and corporations. Their task: to come up with answers to the dual problem of inequitable health care and socioeconomic barriers to medical school for students from underserved populations.

◀ **TARA FRERKS**

AGE: 31

HOMETOWN:
Andover, Minnesota

CLASS YEAR: 2007

PERSONAL HERO:
Peter Morton, a man who suffered a spinal cord injury and for whom Frerks was a personal care attendant. “He is content. That’s what’s remarkable. He has tenacity. He is a true leader.”

CAREER GOALS: to be a primary care physician in a rural Midwestern town

HONORS AND AWARDS:
recipient of the Alpha Omega Alpha award for scholastic achievement; elected to and cochair of the peer-nominated Gold Humanism Honor Society

GARETH FORDE ►

AGE: 31

HOMETOWN:
Orlando, Florida

CLASS YEAR: 2008

PERSONAL HERO: Jesus.
“He gave everything and expected nothing in return.”

CAREER GOALS: to be a trauma surgeon because he likes to work with his hands

PROFESSIONAL DEGREES: Ph.D., environmental science; postdoctoral fellowship, biophysics; M.S., molecular and cellular biology. “Most of my training has been interdisciplinary. You have to learn how to solve problems in more than one discipline.”

At the end of the day there was a solution: the pipeline project, an initiative to improve the health of underserved populations by creating a more diverse health-care workforce in Minnesota. The project, supported by the University’s Medical School, the Mayo Medical School, and the Minnesota Medical Association, calls for equipping students from underserved, rural, and ethnically diverse groups with the tools they need to gain acceptance to medical school and to succeed once they’re enrolled.

“Gareth presented evidence from the literature on the characteristics of the pipeline program that would work,” says Kathleen Watson, M.D., associate dean for students and student learning at the Medical School. “He’s a natural collaborator, a natural convener, but he’s also very scholarly. He uses those skills not just for medicine but to research socioeconomic policies.”

Forde, who is married and has two young children, says his family helps him to find balance and keep his work in perspective. “In every decision, I really have to think about the consequences it has on my family,” says Forde, who plans to become a trauma surgeon.

That path will offer challenges very different from the socioeconomic ones he’s tackling with the pipeline project, but Forde says life’s challenges all have something in common: They demand flexibility and problem-solving—and the courage to step into the unknown.

“I see a problem, I start working on a solution,” says Forde. “Studying the problem is not enough. You can over-study; you can paralyze yourself. You have to take off—test your wings.”

Matthew Fitzpatrick: Making connections

Copilot on the pipeline project, Matthew Fitzpatrick was identified by Forde as the ideal person to help him realize the initiative when they were first-year medical students.

“He got it,” says Forde. “He wanted to do it for the right reasons.”

Those reasons are evident in the choices Fitzpatrick has made in life. While his degrees in psychology, public health, and theology might suggest a young man in search of direction, each course of study has helped to shape Fitzpatrick’s character—and his approach to medicine.

“Matt has a sense of quiet outrage, a sense of gentleness,” says Watson. “And this may be the best quality of a leader: He is tenacious. When something doesn’t work, he explores other possibilities. He is convinced that medicine can—and should—be provided judiciously and fairly to everyone.”

Fitzpatrick didn’t decide to go to medical school until he was 29. By then, he’d already done a lot of living—and studying. After getting his master’s degree in theology from Notre Dame and “realizing there wasn’t much of a market for religious studies,” he worked for two years in the Middle East’s West Bank and Gaza Strip, writing grants and working on educational publications for health-care clinics throughout the region.

“[That experience] exposed me to different worldviews and opinions, and to how people have made sense of suffering in their lives and of their place in the world,” Fitzpatrick says.

PHOTO: SCOTT STREBLE



It also compelled him to return to the United States to pursue a master’s degree in public health from Johns Hopkins. “Public health is a way of helping more people in a broader but no less important way,” he explains.

Five years ago, Fitzpatrick came to Minnesota, where he could be closer to his tight-knit family (he and his five siblings all ran together in the Twin Cities Marathon last year) and prepare for medical school.

Now, in his third year, doing clinical rotations, Fitzpatrick says it’s all coming together. Psychology, theology, and public health provide him with a personal, spiritual, and political way of understanding health care’s shortcomings as well as its promise.

“Medicine will stimulate me on all levels,” says Fitzpatrick. “It will allow me to be with others in the most joyous and challenging periods in their lives. I couldn’t ask for more in a career.”

Craig Eckfeldt: Blending intellect and passion

Those who knew Craig Eckfeldt shortly after college, when he worked for six months in “the oil business” (changing oil for Jiffy Lube) and as a “builder” (working as a carpenter’s assistant), might be surprised that he ended up in the University of Minnesota’s M.D./Ph.D. program. They’d be equally surprised to learn that he quickly distinguished himself among his highly talented peers with groundbreaking hematopoietic stem cell research at the University’s Stem Cell Institute.

And their surprise would likely please Eckfeldt, whose regular-guy charm easily belies his sharp intellect and passion for science.

It is precisely this balance that makes him the ideal physician-scientist, according to Tucker LeBien, Ph.D., director of the University’s Medical

◀ MATTHEW FITZPATRICK

AGE: 34

HOMETOWN:
Chicago, Illinois

CLASS YEAR: 2008

PERSONAL HEROES: His parents. “My dad has more integrity than any person I’ve met—he has core values. My mom, because anyone who can raise six kids and have as much joy in life as she does, is a hero.”

CAREER GOALS: to practice emergency medicine or primary care, providing frontline medicine in countries that need it

PROFESSIONAL DEGREES: M.A., theology; M.P.H. with an international health concentration



PHOTO: SCOTT STREBLE

in the lab—vital progress in the search for cancer treatments and cures. The results have been published in *PLoS Biology* and in *Nature Reviews Molecular Cell Biology*.

“Research on developing new practical therapies is fascinating,” says Eckfeldt, who is currently doing clinical rotations and begins his internal medicine residency in June. “But I need something to keep the fire going, and that’s the clinical aspect—trying to draw on that experience to figure out what questions to ask in the lab.

“My greatest source of satisfaction and motivation,” he adds, “is the realization that it doesn’t require a revolutionary new scientific discovery to work with patients and their families to improve their quality of life.” ^[MIB]

BY SUSAN GAINES

▲ **CRAIG ECKFELDT**

AGE: 31

HOMETOWN:

Roseville, Minnesota

CLASS YEAR: 2007

PERSONAL HERO: His wife, Meghan Rothenberger, a third-year resident in internal medicine. “She’s an excellent physician, and she has strong interests in global health.”

CAREER GOALS: to continue stem cell research in a university setting while maintaining a clinical hematology-oncology practice

HONORS: member of the International Society for Experimental Hematology Emerging Leaders Task Force, which fosters the development of young investigators

Scientist Training Program. “Craig is very genuine, very smart. He’s got the personal and professional skill set that predicts success,” says LeBien, who is also deputy director of the Cancer Center. “He is committed to both the practice of medicine and the conduct of research.”

The self-effacing Eckfeldt says he’s somewhat mystified by his success. “It was a series of serendipitous events,” he says. “A lot of it has to do with recognizing opportunity, not trying to paddle upstream. In some ways, it’s better to be lucky than good.”

In truth, Eckfeldt should claim more credit. For his Ph.D., he identified what he describes as “a handful of candidate genes that may ultimately be important to the process of stem cell regeneration.” In other words, his research brought science a step or two closer to figuring out how to make stem cells

Discovery paves way for new drugs to halt retroviruses, including HIV

A DISCOVERY BY University researchers provides a target for developing new types of drugs to stop retroviruses, including HIV, from infecting cells and spreading through the body.

The research team, led by Nikunj Somia, Ph.D., assistant professor of genetics, cell biology, and development, identified a cell line that is resistant to three types of retroviruses, including human immunodeficiency virus type 1.

Because HIV does not have enough proteins of its own to complete its life cycle, it must use proteins in the cells it infects in order to survive. Currently, the

drugs available to fight HIV act on proteins that the virus itself produces.

“The downfall of existing HIV drugs is that since the virus is constantly changing, the drugs eventually stop working, and the virus becomes drug-resistant,” Somia says. “We hypothesized that if we could find the proteins within the cells that HIV uses to make more copies of itself, we would find a potential new and more effective way to fight HIV.”

To search for these proteins, the researchers chemically induced random mutations in the DNA of certain cell lines. Then they infected the mutated cell lines

with HIV to which they had added a protein that immediately kills cells.

In the HIV-infected cell lines that lived, the virus was able to get into the cell, but it was attacked by the cell’s protein-destroying proteasome, which prevented the virus from making more copies of itself.

“Finding the switch that activates cells to seek and destroy the virus could be a powerful therapeutic agent in the fight against HIV and in controlling AIDS,” Somia says. ^[MIB]

BMT program forms partnership with hospital in India

The University’s internationally acclaimed blood and marrow transplantation (BMT) program has established a research and clinical care partnership with Manipal Hospital in Bangalore, India—the first arrangement of its kind for the University’s physician practice plan, University of Minnesota Physicians.

Led by Daniel Weisdorf, M.D., professor of medicine and chair of the University’s adult BMT program, the partnership aims to increase scientific collaboration and training opportunities for students and physicians from Minnesota and India and to provide state-of-the-art cancer care for patients in Bangalore.

“This is a great opportunity for global collaboration at a very high level,” says Weisdorf. “We’re pleased to have our partners at Manipal join in providing high-quality transplantation therapy for their patients.”

University of Minnesota Physicians helped Manipal Hospital develop transplant protocols and provided training in Minnesota for the program’s physicians and in Bangalore for the nursing staff. Weisdorf also meets regularly with Manipal’s BMT physicians via teleconference.

Frank Cerra, M.D., senior vice president for health sciences, and Jonathan Ravdin, M.D., head of the Department of Medicine, attended the ceremonial opening of the new BMT program in Bangalore in October. They were among a delegation of leaders from the Medical School and School of Public Health who visited India last fall to facilitate research and clinical partnerships with a number of the country’s medical and health-care institutions. ^[MIB]



TOP Twelve-year-old Anusha was cured of aplastic anemia.



BOTTOM Dr. Amit Rauthan, head of oncology Dr. Poonam Patil, and Dr. Ashish Dixit staff Manipal Hospital’s blood and marrow transplantation program. The two men trained with the University of Minnesota’s BMT experts.

University cardiologist honored for heart disease interventions

University of Minnesota cardiologist Jay N. Cohn, M.D., received the Heart Failure Society of America's first annual lifetime achievement award for his contributions to heart disease detection and prevention.

Professor in the Division of Cardiology and director of the Rasmussen Center for Cardiovascular Disease Prevention at the Medical School, Cohn is internationally recognized for his contributions to the understanding of cardiovascular disease and for his leadership in designing and carrying out clinical trials to evaluate new interventions for heart failure.



Jay N. Cohn, M.D.

In recent years his work has focused on early detection of cardiovascular disease in order to initiate therapy before organ system disease develops. A screening method he developed at the University to diagnose stiffening of the small arteries is now marketed worldwide.

Cofounder of the Heart Failure Society and its first president, Cohn also started the *Journal of Cardiac Failure*, the first journal of its kind, and served as editor in chief. [MIB](#)

University receives NIH grants

\$7.9 million to expand neuroscience imaging research

The Center for Magnetic Resonance Research (CMRR) received a \$7.9 million National Institutes of Health (NIH) award that will open the center's powerful imaging technology to more University neuroscience researchers.

The University was one of four institutions nationwide to receive the NIH Blueprint Grant for Neuroscience Research, and its application received the highest score of the 40 institutions that applied for the grant.

"This grant is a result of all our work on brain sciences at the CMRR," says Kamil Ugurbil, Ph.D., director of the CMRR and McKnight Presidential Endowed Chair in the Medical School. "Now we will be able to expand this work even further."

\$1.5 million to research stem cell treatments for heart disease

The University is one of five institutions across the country to receive \$1.5 million from the National Institutes of Health (NIH) to research stem cell treatments for heart disease.

The grant will allow the University to collaborate with several other local medical institutions to create the Minnesota Cardiovascular Cell Therapy Clinical Research Network. MnCTN and the four other NIH-designated centers will form a national network to conduct clinical trials of new cell therapies for treating such conditions as heart attack and heart failure.

"Through this grant we will have the opportunity to conduct groundbreaking research that will influence research both nationally and internationally," says Doris Taylor, Ph.D., professor of physiology and

CMRR, an interdisciplinary research laboratory, houses state-of-the-art magnetic resonance imaging and magnetic resonance spectroscopy equipment for use in probing brain structure, chemistry, and function. The \$7.9 million award (approximately \$1.5 million each year for five years) will enable more University researchers to have access to CMRR's highly specialized equipment and methodologies. [MIB](#)



Kamil Ugurbil, Ph.D.

medicine, the Bakken Chair in Cardiovascular Repair, and director of the Medical School's Center for Cardiovascular Repair—a partner in MnCTN partner.

Also participating in MnCTN are the University's Division of Cardiology and the Molecular and Cellular Therapeutics Lab, the Minneapolis Heart Institute Foundation at Abbott Northwestern Hospital, Hennepin County Medical Center, and the Veterans Administration Medical Center.

MnCTN has proposed researching the use of bone marrow-derived cells to initiate cardiac repair after a heart attack and treating patients who have experienced heart failure with stem cells from their own bodies rather than from donated adult stem cells. [MIB](#)

Cancer researchers find that radiation treatment in children raises risk of brain tumors later

University researchers found that children who received radiation treatment for cancer face a greater risk for tumors of the brain and spinal column later in life.

The study, published in the November 1, 2006, issue of the *Journal of the National Cancer Institute*, showed that radiation treatment for childhood cancer was linked to a higher risk for later developing both malignant and benign brain tumors.

The researchers found that the risk of a second tumor increased as the dose of radiation used to treat the original cancer increased, and that the children who were youngest when they

underwent radiation had the highest risk of developing another central nervous system cancer.

"Secondary tumors of the central nervous system can have particularly devastating consequences and have been linked to earlier treatments for childhood leukemia and brain tumors," says the study's lead author, Joseph Neglia, M.D., pediatric oncologist and researcher with the Medical School and Cancer Center.

Neglia and colleagues reviewed information from the 14,361 five-year survivors of childhood cancer participating in the University's Childhood Cancer Survivor Study.

Medical School News

Treatment with radiation was associated with a greater than sixfold increased risk of subsequent gliomas and a nearly tenfold increased risk of subsequent meningiomas.

Despite these risks, the researchers conclude that the use of radiation is justified in these cases "because 60 percent of deaths among survivors of childhood cancer who are five years or older at treatment result from recurrence or progression of their original disease."

They urged long-term medical follow-up of all childhood cancer survivors, particularly those exposed to radiation. [MIB](#)

Adult neurodegenerative disease linked to quality of early brain development



Harry Orr, Ph.D.

Researchers in the University's Institute for Human Genetics have shown for the first time that the severity of an adult neurodegenerative disease is tied to how well the brain develops shortly after birth.

The researchers used a mouse model for spinocerebellar ataxia type 1 (SCA 1), a fatal neurodegenerative disease associated with a loss of coordination that affects such actions as walking, speaking, and swallowing. Currently, there is no treatment for the disease.

Harry Orr, Ph.D., professor of genetics, cell biology, and development, and his

group compared two groups of mice: In one group they turned off the gene for SCA 1 for two weeks early in the mice's development. In the second group, they left the gene on.

Twelve weeks later, they found that mice in the group with the inactivated gene appeared normal, while those in the other group had difficulty standing and walking.

Those results may one day help doctors target treatment to coincide with critical times in development, reducing the effects of a disease in which symptoms take years to develop, says Orr.

The research appeared in the November 17, 2006, issue of the journal *Cell*. [MIB](#)

University of Minnesota–Rochester to bolster state's health care resources

The designation of Rochester as the University's fifth official campus will benefit health care statewide, President Robert Bruininks told the Rochester Area Higher Education Committee in November.

The University of Minnesota–Rochester will be a major hub of a new statewide Center for Allied Health Programs, will have a core of full-time faculty in Rochester, and is establishing a center for bioinformatics and quantitative studies in the life sciences, said Bruininks. "UMR has great potential to benefit not only southeast Minnesota but also the state—particularly its health-care infrastructure and resources." [MIB](#)

Insulin resistance in early teens may predict adult onset of diabetes and heart disease

Insulin resistance in the early teenage years may portend cardiovascular disease and diabetes in adulthood, according to University researchers.

A study by Alan Sinaiko, M.D., professor of pediatrics in the Medical School, and colleagues tracked insulin resistance in 224 Minneapolis public school students at ages 13, 15, and 19. Results indicate that the prevalence of cardiovascular disease risk factors and type 2 diabetes are related to the body's



Alan Sinaiko, M.D.

decreased response to insulin, independent of obesity.

"This is the first study to show that insulin resistance by itself is a significant predictor of cardiovascular disease beginning in childhood," says Sinaiko. "Insulin resistance at age 13 predicted high systolic blood pressure, which is associated with risk of stroke and high triglycerides, at age 19." MIB

University researchers turn cord blood into lung cells

IN RESEARCH LIKELY to improve understanding of lung development and disease, University researchers have coaxed umbilical cord blood stem cells to differentiate into a type of lung cell.

These lung cells, called type II alveolar cells, secrete surfactant, a substance that allows air sacs in the lungs to stay open so air can flow in and out. They also help to repair injuries to the airway.

"In the future, we may be able to examine cord blood from babies with lung diseases, such as cystic fibrosis, to do research on how these diseases evolve as well as to develop better medical treatments," says David McKenna, M.D., assistant professor of lab medicine and pathology and medical director of the Clinical Cell Therapy Lab at the University of Minnesota Medical Center, Fairview.

McKenna and his team first isolated the Multi-Lineage Progenitor Cell™ (MLPC™) from umbilical cord blood. This stem cell can be expanded in culture, then differentiated into the three types of embryonic tissue—endoderm, mesoderm, and ectoderm. McKenna's group cultured the MLPC™ and differentiated it into the lung cells, an endoderm-type cell, which exhibited key markers present in type II alveolar cells.

Their research paper appeared in the November 7, 2006, issue of the journal *Cytotherapy*. MIB



David McKenna, M.D.

Center for Bioethics receives grant to study living-donor lung transplantation

Center for Bioethics faculty member Maryam Valapour, M.D., hopes to improve living-donor lung transplantation for both donors and recipients with a \$750,000 grant from the National Institutes of Health to study barriers to the procedure.

Valapour, who is also an assistant professor of medicine in pulmonary and critical care, will be comparing policies and practices of living-donor kidney transplantation with living-donor lung transplantation at a group of institutions that perform or have performed both types.

Fewer than 2 percent of all lung transplants are from living donors, but there is little research on what barriers have prevented living-donor lung transplants from becoming more widely available. MIB



Maryam Valapour, M.D.

President's Column

Alumni Connections

Be an advocate for the 'U'

DEAR ALUMNI AND FRIENDS of the MEDICAL SCHOOL:

NEARLY TWO YEARS AGO, the University of Minnesota set an ambitious goal to become one of the top three public research universities in the world.

Our Medical School will play a major role in achieving that vision. Medical School innovations have made a difference in thousands of people's lives—in Minnesota and around the world. And the Medical School researchers who generate that new knowledge bring in about one-third of the research dollars that come to the University.

The state legislature's support also is vital to reaching the University's top-three goal. The University's 2007 request to the legislature includes funding for research facilities (see related story on page 27), classroom technologies, the Center of American Indian and Minority Health, and programs in medical devices, nanotechnology, neuroscience, and engineering.

As Medical School alumni, we can support the University's vision and advocate for our school by:

- **Attending a district meeting.** These meetings bring University of Minnesota supporters together to discuss key issues affecting the University. Meeting schedules can be found at www.umn.edu/groots/district.php.
- **Contacting your legislators.** Let them know you support the University and its funding requests. To identify your elected officials, go to www.leg.state.mn.us/leg/Districtfinder.asp.

A strong University is essential to a strong Medical School. Given that nearly two-thirds of the state's health professionals are educated at the University, it's critical for our state to give today's students access to an exceptional education.

As always, I welcome your ideas and suggestions. I can be reached through the Medical Alumni Society at MAS@mmf.umn.edu. I hope 2007 brings you good health and much happiness.

Sincerely,

Martin J. Stillman, M.D., J.D., F.C.L.M.
Class of 1997
President, Medical Alumni Society

- **Joining the University of Minnesota Alumni Association's Legislative Network.** This University-wide volunteer group helps inform elected officials and the community about why the University is so important to Minnesota. The Medical Alumni Society partners with UMAA to lobby for the Medical School's interests. To learn more about getting involved with the Legislative Network, visit www.supporttheu.umn.edu.



PHOTO: RICHARD ANDERSON

Alumni Spotlight

Three alumni help rehabilitate soldiers in VA's polytrauma unit

FOR THREE UNIVERSITY of Minnesota Medical School alumni, news headlines drive home their daily reality: Fewer soldiers are dying in Iraq and Afghanistan, but more are coming home severely injured.

Barbara Sigford, M.D. '87, Ph.D., Michael Armstrong, M.D. '01, and Larisa Kusar, M.D., a resident alumna, treat injured soldiers at the Minneapolis Veterans Affairs Medical Center (VAMC). They are part of a specialized rehabilitation team at the VAMC's Polytrauma Center, one of four in the nation.

Polytrauma means injuries to two or more body systems. At the Minneapolis VAMC's Polytrauma Center, it usually refers to a traumatic brain injury (TBI)

combined with another serious health problem, such as amputation, vision loss, hearing loss, complex fractures, infections, seizures, and posttraumatic stress disorder (PTSD).

Kusar directs inpatient care at the center, Armstrong oversees outpatient care, and Sigford is the VA's national program director for physical medicine and rehabilitation.

There are many reasons for this shift to fewer deaths and more injuries, says Armstrong. Body armor and Kevlar helmets are protecting vital organs. Evacuation processes are quicker. Military medics are using better techniques to keep soldiers alive.

But the warfare in Iraq and Afghanistan is also different from that of other wars. Improvised explosive devices and land mines — not bullets — do much of the damage.

"In Iraq, no one is ever safe," says Sigford. "In Vietnam, you could at least get away from the front lines. In Iraq, it's constant stress."

"I've heard it described as, 'Every time I got into a Humvee, I knew I was going to die,'" Armstrong says.

Despite the improved protective gear soldiers wear, a blast can still cause severe injuries to the head and other parts of the body. Some soldiers have suffered TBIs without even knowing it, Sigford says.

The Minneapolis Polytrauma Center team continues to see soldiers with head injuries and PTSD from combat stress. "One of the legacies of this war is the combination of the two," says Sigford.

"Military units are now getting better at recognizing this combination and are sending their soldiers here for consults while they're on leave," says Armstrong. "Most soldiers come here with the intention of going back to active duty, but we have had to intervene in some cases."

Because a TBI can influence all other aspects of rehabilitation, the three alumni work with an extensive group — including psychologists, nurses, social workers, physical therapists, occupational therapists, speech therapists, and recreational therapists — to ensure that their patients can achieve the best results possible.

Because a traumatic brain injury can influence all other aspects of rehabilitation, the three alumni work with an extensive group — including psychologists, nurses, social workers, physical therapists, occupational therapists, speech therapists, and recreational therapists — to ensure that their patients can achieve the best results possible.

"It's definitely a team process," says Kusar, residency Class of 2003.

The Minneapolis Polytrauma Center has seen about 60 inpatients since the beginning of the war, many of them referred to the center from Walter Reed Army Hospital and Bethesda Naval Medical Center. Its team is also following almost 200 outpatients who have experienced brain injuries and polytrauma.

Clinically, Kusar and Armstrong, who describe Sigford as their mentor, often collaborate on patient care: Some of the patients Kusar cares for as inpatients later transition to outpatient care with Armstrong.

The three alumni also are working together to further develop their rehabilitation program — now a pressing issue, as about 2,700 members of the National Guard are scheduled to return to Minnesota in March.

"A lot of the people who are coming back have had multiple exposures [to explosions] that could cause brain injuries that don't take them off the battlefield," says Sigford. Many of them have suffered mild TBIs, such as concussions, combined with PTSD and have a hard time integrating back into their communities because of it, she says.

That's where the Polytrauma Center's expertise comes into play.

"When injured soldiers return from duty, their mission becomes recovery and rehabilitation," Armstrong says. "For some, the goal may be communicating with a loved one, walking on a prosthetic limb, or living independently. For others, it may be returning to work, school, or military duty. Whatever their goal, our team helps injured service members complete this mission in the face of disabling combat injuries." ^[MIB]



Medical School alumni Michael Armstrong, M.D., Barbara Sigford, M.D., Ph.D., and Larisa Kusar, M.D., collaborate on rehabilitation plans for soldiers with multiple injuries in the Polytrauma Center at the Minneapolis Veterans Affairs Medical Center.

Alumni Connections

Help us recognize outstanding achievements

If you know someone affiliated with the University of Minnesota Medical School who deserves recognition for his or her exceptional accomplishments, the Medical Alumni Society wants to hear from you. Nominations are now being accepted for three major awards, which will be presented September 28 during the 2007 Alumni Reunion Weekend:

- The **Harold S. Diehl Award** honors individuals who have made outstanding professional contributions to the Medical School, University, and community throughout their careers.
- The **Distinguished Alumni Award**, formerly known as the Alumni Recognition Award, honors Medical School alumni who have made outstanding contributions to their local, regional, or national community through the practice of medicine, teaching, research, or other humanitarian activities.
- The **Early Distinguished Career Award** honors physicians for exceptional achievements within 15 years of medical school graduation.

Nominations must be received by April 6, 2007. For complete information on these awards and to see a list of past winners, please visit www.mmf.umn.edu/alumni and click on Awards Program. ^[MIB]

Our list of achievements is 2,200 feet long

THE UNIVERSITY OF MINNESOTA is celebrating its scholars by putting their accomplishments on display.

Dedicated in September, the University's Scholars Walk prominently and permanently recognizes the intellectual successes of faculty, students, and alumni whose academic and professional endeavors have changed the world.

Scholars Walk is made up of three parts: the walk itself, a 2,200-foot-long pathway on the East Bank campus featuring the names of University community members who have won prestigious awards; the Wall of Discovery, a 253-foot-long artistic tribute to the process that leads to great moments of discovery; and the Regents Plaza, a monument recognizing University Regents and recipients of the Regents Award.

The Wall of Discovery, designed to look like a blackboard, features reproductions of original sketches, drawings, letters, and other handwritten notes from more than 90 illustrious faculty and alumni. Highlights from the Medical School include:

- An early version of the Minnesota Multiphasic Personality Inventory, codeveloped by former professor of neurology J. Charnley McKinley, M.D. '19, Ph.D. '21, which has been widely used to test for signs of mental illness
- A sketch of a stomach pump by Owen H. Wangensteen, M.D. '22, Ph.D. '25, known as the "Wangensteen tube" and credited with saving many thousands of lives
- Minute-by-minute operating room notes of heart surgery pioneer F. John Lewis, M.D. '42, Ph.D. '50, from the world's first open-heart surgery under direct vision



PHOTOS: PATRICK O'LEARY

The new Wall of Discovery features reproductions of original sketches, lab notes, and other handwritten documents from more than 90 illustrious University of Minnesota faculty and alumni, including several from the Medical School.

- A manuscript by Robert Good, M.D. '47, Ph.D. '47, on the history of the world's first and second bone marrow transplants, which were performed at the University by Good and his team in 1968
- A page from the lab book of neurology and neuroscience professor Karen Hsiao Ashe, M.D., Ph.D., who created a transgenic mouse model used to study Alzheimer's disease.

Scholars Walk and the nearby Alumni Wall of Honor—which recognizes winners of the Outstanding Achievement Award, the University's highest honor for alumni—were constructed with private dollars from individual donors and the Gateway Corporation, whose members include the Minnesota Medical Foundation, University of Minnesota Foundation, and University of Minnesota Alumni Association. [\[MIB\]](#)



Monuments along Scholars Walk recognize other intellectual successes of alumni, faculty, and students.

Alumnus's book on prisoner abuse draws international attention

A book written by Medical School alumnus and faculty member Steven H. Miles, M.D., on the medical mistreatment of prisoners in U.S. military prisons continues to draw international attention.

Published last year by Random House, *Oath Betrayed: Torture, Medical Complicity, and the War on Terror*, on the role of medical professionals in the abuse and neglect of prisoners held in Iraq, Afghanistan, and Guantánamo Bay, was reviewed last fall by the *New England Journal of Medicine*, the *Lancet*, and the *British Medical Journal*.

"It is a shocking story, even for readers who think they have learned all they need to know from the media about torture in U.S. military prisons," wrote reviewers in the October 12, 2006, issue of the *New England Journal of Medicine*.

Miles believes the book has had an impact on the medical and military communities that confront these issues. "Policies are getting stronger and more clearly articulated. But the U.S. medical community has still not come to grips with the need for accountability and an independent investigation of these abuses," says Miles, a professor of medicine in the Medical School, a faculty member in the University's Center for Bioethics, and a practicing physician.

This is not Miles's first venture in addressing human rights and medical ethics. The Class of 1976 alumnus has worked with the American Refugee Committee and the Minneapolis-based Center for Victims of Torture. [\[MIB\]](#)



Help us make your Reunion Weekend a success

We need your help! The Medical Alumni Society is looking for volunteers from each celebrating class to call their classmates and encourage them to attend their upcoming reunions.

Callers will be provided with a phone list, supporting materials, and updates on the progress of this year's reunion plans.

Phone calls from you to your classmates will generate more interest in Reunion Weekend than will communications from the alumni office. Plus, you'll get a chance to catch up with your fellow alumni in anticipation of the big celebration.

To volunteer or for more information about reunion weekend, please call Sue Clark in the alumni office at 612-626-0619 or toll-free at 800-922-1663, or visit www.mmf.umn.edu/alumni/reunions. [\[MIB\]](#)

Reminder: Alumni Reunion Weekend is moving to the fall this year to better accommodate the schedules of Medical School alumni. Reunions for the graduating classes of 1947, 1952, 1957, 1967, 1972, 1977, 1982, and 1997 will be held on September 28 and 29, 2007. Invitations will be sent in July.

Alumni Connections

Alumni: Contact your legislators

The 2007 state legislature will consider a significant investment in Minnesota's future. It will be asked to authorize \$310 million in bonds—\$279 million in state general obligation debt and \$31 million from the University—to create a new state organization, the Minnesota Biomedical Sciences Research Facilities Authority.

This new authority would fund the construction of up to four state-of-the-art biomedical research facilities at the University of Minnesota over the next decade. Each building would house 40 faculty researchers and 120 research assistants, who are expected to attract \$20 million in new research dollars each year.

Biomedical research discoveries not only elevate the stature of the University and its Medical School, they also improve Minnesotans' health and contribute significantly to the state's economy. For example, University discoveries have helped make Minnesota a world leader in the medical device industry. Maintaining that position will require an investment in state-of-the-art facilities to help the University attract and retain the best doctors and scientists.

How can you help? Let your legislators know that you support the proposed Biomedical Sciences Research Facilities Authority. To learn more—or to find your representative—go to the University's Legislative Network Web page at www.umn.edu/groots. [\[MIB\]](#)

In Memoriam

DONALD S. AMATUZIO, M.D., Class of 1944, Minneapolis, died August 13 at age 88. After earning his medical degree, Dr. Amatuzio served as a navy physician caring for wounded soldiers during the Korean War. In 1954, he returned to Minnesota, where he was an associate professor of medicine at the University of Minnesota Medical School. He also practiced internal medicine in Minneapolis until his retirement in 1986. He is survived by his wife, Verda, and three children.

ARTHUR H. BEARON, M.D., Class of 1965, Golden Valley, died July 28 at age 66. In addition to earning his medical degree, Dr. Bearon completed his residency in gynecology and obstetrics and his fellowship in gynecologic oncology at the University of Minnesota. He also served on the University's clinical faculty. In 1969, he began a two-year tour with the army, serving as captain of the army medical corps and chair of the

obstetrics and gynecology department at Valley Forge General Hospital in Phoenixville, Pennsylvania. Dr. Bearon returned to Minnesota in 1973, when he joined the John Haugen Associates Obstetrics and Gynecology Group. He is survived by his wife, Carole, two children, and one grandson.

JOHN M. DOUGLAS, M.D., Charlotte, North Carolina, died April 14 at age 91. Dr. Douglas specialized in internal medicine and completed his master of science degree in 1948 at the University of Minnesota. Following his training, he practiced in Charlotte, North Carolina, holding appointments and leadership positions at Presbyterian Hospital, Mercy Hospital, and the University of North Carolina at Charlotte Memorial Hospital. He also served as a diplomat of the American Board of Internal Medicine and president of the Mecklenburg County Heart Association. He was preceded in death by

his first wife, Marjorie Lutz Douglas. He is survived by his second wife, Eleanor Hayes Barnhardt, three children, two stepchildren, and six grandchildren.

ERIC J. EISENKLAM, M.D., Class of 1963, Old Orchard Beach, Maine, died October 26 at age 69. In addition to earning his medical degree, Dr. Eisenklam completed his residency and internship in pediatrics at the University of Minnesota.

NEWELL W. HOWE, M.D., Class of 1941, Medina, Ohio, died October 31 at age 89. Dr. Howe practiced medicine in West St. Paul, Minnesota. He is survived by his daughter.

DOROTHYBELLE M. KAUFMAN, M.D., Class of 1935, Green Valley, Arizona, died October 6 at age 96. She is survived by her husband, Ed, three children, six grandchildren, and three great-grandchildren.

RODNEY N. LANGSETH, M.D., Class of 1958, Lake Nebagamon, Wisconsin, died November 13 at age 73. Dr. Langseth received a Bronze Star for his service as a physician in the Vietnam War. He practiced family medicine at the Duluth Clinic, Lakeside, and was an assistant professor at the University of Minnesota Medical School–Duluth Campus. He is survived by his wife, Joan, three children, and seven grandchildren.

RAYMOND A. LAWN, M.D., Class of 1935, Wichita, Kansas, died April 27 at age 96. Dr. Lawn spent 27 years in the army and air force as a flight surgeon, serving at military bases in both the United States and Europe. He also worked for Boeing as an aerospace medicine physician. He is survived by his son and four grandchildren.

PETER J. MCKENNA, M.D., Class of 1973, Essex Junction, Vermont, died March 21 at age 58. In addition to earning his bachelor's and medical degrees, Dr. McKenna completed his residency in psychiatry at the University of Minnesota. He went on to serve as director of the air force's mental health clinics in Maine, Mississippi, and Germany, and as commander of the Air National Guard Clinic in Burlington, Vermont. In addition, he was medical director of the Howard Center for Human Services and worked for Northeast Kingdom Mental Health, both in Vermont. Dr. McKenna is survived by his wife, Linda, and two children.

RUSSELL H. MITCHELL, M.D., Class of 1951, Leesburg, Virginia, died May 17 at age 80. After completing his residency and postgraduate work in dermatology, Dr. Mitchell served in the navy for 25 years. He was preceded in death by his wife, Judith.

ELMER C. PAULSON, M.D., Class of 1937, St. Paul, died October 17 at age 94. After earning his medical degree, Dr. Paulson served in the army medical corps during World War II. He returned to the University of Minnesota to complete his fellowship in radi-

JANE E. HODGSON, M.D., Class of 1939, Rochester, Minnesota, died October 23 at age 91. After earning her medical degree from the University of Minnesota and completing her training at the Mayo Clinic, Dr. Hodgson practiced obstetrics and gynecology in St. Paul and was a member of the University of Minnesota's clinical faculty.

Regarded as a pioneer in her field and an advocate for women's reproductive rights, Dr. Hodgson captured national attention in 1970 when she was arrested after performing an illegal abortion in Minnesota. Her conviction was overturned following the 1973 *Roe v. Wade* Supreme Court decision, which legalized abortion.

Dr. Hodgson established several free-standing abortion and reproductive care clinics throughout Minnesota. She led a number of research projects, one of which resulted in the

ology and nuclear medicine and eventually joined the Medical School faculty. He was Worthington's first radiologist and, in 1953, joined the St. Paul Radiology group. He is survived by his wife, Ethel, four children, and eight grandchildren.

MARLIN K. ROSIN, M.D., Class of 1967, St. Paul, died December 22, 2005, at age 67. Dr. Rosin was a family practitioner. He is survived by his wife, Paula, two children, and four grandchildren.

DAVID H. SIMMONS, M.D., Ph.D., Agoura Hills, California, died June 19 at age 86. Dr. Simmons completed his residency and received his postdoctoral degree in internal medicine at the University of Minnesota. He was preceded in death by his wife, Ethelyn. He is survived by his children.

RAPHAEL J. WEISBERG, M.D., Class of 1940, Minnetonka, Minnesota, died October 12 at age 92. Dr. Weisberg specialized in internal medicine. He is survived by his wife, Lois, three children, and six grandchildren.

Alumni Connections

development of a new pregnancy test. In addition, she founded the American College of Obstetrics and Gynecology and served as president of the Minnesota Society of Obstetricians and Gynecologists. In 2001, she was inaugurated into the International Women in Medicine Hall of Fame of the American Medical Women's Association. She also received the Association's National Reproductive Health Award in 1994.

Dr. Hodgson was preceded in death by her husband, Dr. Frank Quattlebaum, a heart surgeon and former chief of staff of Ramsey (now Regions) Hospital. She is survived by her two children and three grandchildren.



NEIL K. WHITE, M.D., Class of 1940, Redwood City, California, died May 17 at age 89. Dr. White earned his medical degree and completed his internal medicine residency at the University of Minnesota. He was preceded in death by his wife, Nancy.

PAUL A. WILLIAMS, M.D., Class of 1953, Blaine, Minnesota, died October 18 at age 78. Dr. Williams completed his general practice residency in the air force and later served as a flight surgeon during the Korean War. After returning to Minnesota, he practiced at Silver Lake Clinic until his retirement in 1989. Dr. Williams appeared on the television show *60 Minutes* as one of the last doctors to do house calls. He is survived by his wife, Arlene, three children, and five grandchildren.

DONALD D. WOODKE, M.D., Class of 1961, Colbert, Washington, died January 9 at age 75.

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Building partnerships

Rick Ziegler's eight years as dean in Duluth revolved around relationships

Not many students can say they've been sailing with the dean of their medical school. But Sonia Karimi can. So can Dann Bowman. □ "It was amazing, definitely one of the highlights of my time here," says Karimi, a second-year medical student at the Duluth campus.

"I can't imagine another medical school in the country that has a dean who volunteers to take students sailing," adds Bowman, also a second-year Duluth student.

Rick Ziegler, Ph.D., who completed his tenure as dean of the University of Minnesota Medical School–Duluth Campus at the end of the calendar year, has bonded with many students as they've sailed Lake Superior together. He believes it's important to foster the "extended family" atmosphere for which the Duluth campus is known.

In fact, during his eight-year tenure as dean, Ziegler took time to meet all of the medical students in Duluth — six each week — over breakfast, where students told him what was going right for them and what wasn't. "Just talking to Dr. Z, it's doesn't take long to realize that he is a true advocate for students' needs in medical education," Bowman says.

Ziegler also developed close working relationships with many others — Medical School faculty, community physicians, and hospital administrators among them.

Though Ziegler has stepped down as dean, he'll remain a familiar face around campus, continuing his 35-year tenure on the faculty.

Becoming a leader

Even before the doors to the Medical School's Duluth campus opened to students in 1972, Ziegler was there as a young faculty member.

"I was the only microbiologist here at the time, so I put together the microbiology curriculum," he recalls.

After conducting research and teaching for a few more years, Ziegler moved into administration in 1989. He served as assistant dean for admissions, associate dean for academic affairs and curriculum, executive dean, and interim dean before taking the school's top job in 1998.

"It's hard for someone who's been on the school's faculty since its inception to come in and be a leader," says Lillian Repesh, Ph.D., associate dean for admissions and student affairs in Duluth and one of Ziegler's close friends. "But I think Rick has done that very effectively."

Rick's leadership is creative, supportive, and visionary. He is very aware of continuously evolving rural policy and delivery systems and has labored to position his campus to meet the changing needs of rural medicine.

— Raymond Christensen, M.D., assistant dean for rural health, Medical School–Duluth Campus

Creating opportunities

As dean, Ziegler sought to shift the school's focus from rural family medicine to rural primary care and to further develop the school's rural emphasis. His leadership led to creation of a rural mental health initiative and a rural health scholars program, as well as a series of rural health competencies and advanced medicine courses being developed as part of the Medical School's MED 2010 initiative.

"I have found Rick's leadership to be creative, supportive, and visionary," says Raymond Christensen, M.D., assistant dean for rural health in Duluth. "He is very aware of continuously evolving rural policy and delivery systems and has labored to position his campus to meet the changing needs of rural medicine."

Ziegler has worked with University of Minnesota–Duluth chancellor Kathryn Martin to promote collaboration on scientific endeavors and student recruitment. His relationships with leaders of Duluth hospitals and clinic systems have been especially fruitful. Connections he forged with St. Mary's Medical Center and St. Luke's Hospital, for example, have led to more clinical clerkship opportunities for students in Duluth.

PHOTO: JEFFREY



During his tenure as dean of the Medical School–Duluth Campus, Rick Ziegler, Ph.D., emphasized the importance of building relationships, including those with students. (Above right) Ziegler as a faculty member in 1972 and (below) more than 30 years later.

Now students may complete 26 of 56 required rotations in the Duluth area.

And recognizing the need to supplement erratic state support with philanthropic donations, Ziegler played a guiding role in hiring a development officer to raise money specifically for the University of Minnesota Medical School–Duluth Campus. A \$1.2 million gift from the St. Mary's Duluth Clinic Health System that now supports a chair in molecular medicine is one of several large gifts the school has received under Ziegler's leadership.

Quick to share credit for these successes, Ziegler says, "The atmosphere and culture here are created by a partnership between administrators, faculty, and students."

Commitment to the school

Because the University's two Medical School campuses became jointly accredited in 2004, the school is searching for a senior associate dean to lead the Duluth program. (In the interim, Gary Davis, Ph.D., longtime head of the Department of Behavioral Health in Duluth, is filling that role.)

"Rick has contributed greatly to this Medical School and to the mission of educating physicians for rural areas," says Medical School Dean Deborah Powell, M.D. "I very much appreciate his dedication and service."

Ziegler's commitment is apparent even in his sabbatical plans: For the next year, he will work on an infectious-disease computer program for students, revise a



review book on medical microbiology, conduct neurovirology research, and continue teaching virology.

"Well, it's a semi-sabbatical," he admits. "It's a sabbatical while working at the Medical School."

Students and colleagues alike say they'll be glad to have him around.

"Humble, modest, kind — I can just keep rattling off nice adjectives, and they would all describe Rick," says James Boulger, Ph.D., professor at the Medical School's Duluth campus and a colleague of Ziegler's for more than three decades. "He's a good guy with a good sense of humor and a good sense of perspective. I believe he has always done what is best for the school." MIB

New officers, members join MMF board of trustees

The board of trustees of the Minnesota Medical Foundation welcomed two new officers and six new members at its October annual meeting.

John M. Murphy Jr. was elected chair. Murphy, who has more than 40 years' experience in financial services, joined the board in 2001 and served as vice chair from 2004 to 2006. Through his generosity, the Judith H. and John M. Murphy Professorship in Advanced Lung Disease was established at the University in 2002.

Elected as vice chair, Susan B. Plimpton is retired vice president of marketing services for the former American Express Financial Advisors. She joined the MMF board in 2003 and chaired its Marketing and Communications Committee from 2004 to 2006.

The board of trustees also elected six new members to serve four-year terms.

Wendy Dayton is vice president of the Meadowood Foundation and has held leadership positions on the boards of several organizations, including the University Children's Foundation.

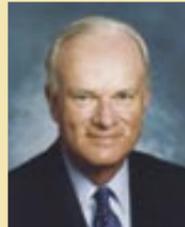
Alison B. Good has developed education programs in a broad range of settings—hospitals, research universities, high schools, industry, and professional medical and community organizations.

Susan Gunderson is chief executive officer of LifeSource, a nonprofit organization that manages all aspects of organ and tissue donation in Minnesota, the Dakotas, and portions of western Wisconsin.

Richard E. Kuntz, M.D., M.Sc., is corporate senior vice president and president, Medtronic Neurological sector. Previously, he was associate professor of medicine, Harvard Medical School, and an interventional cardiologist at Brigham and Women's Hospital in Boston.

Philip W. Ordway, who serves on the boards of several local and national organizations, is president of Bain Companies, Inc., a commercial real estate investment company he founded in 1988.

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James P. Steiner is managing principal of Lowry Hill, which provides investment management and financial services for families and foundations. He currently sits on the board of the Amherst H. Wilder Foundation in St. Paul.

For a complete roster, please see the following page. [MB](#)

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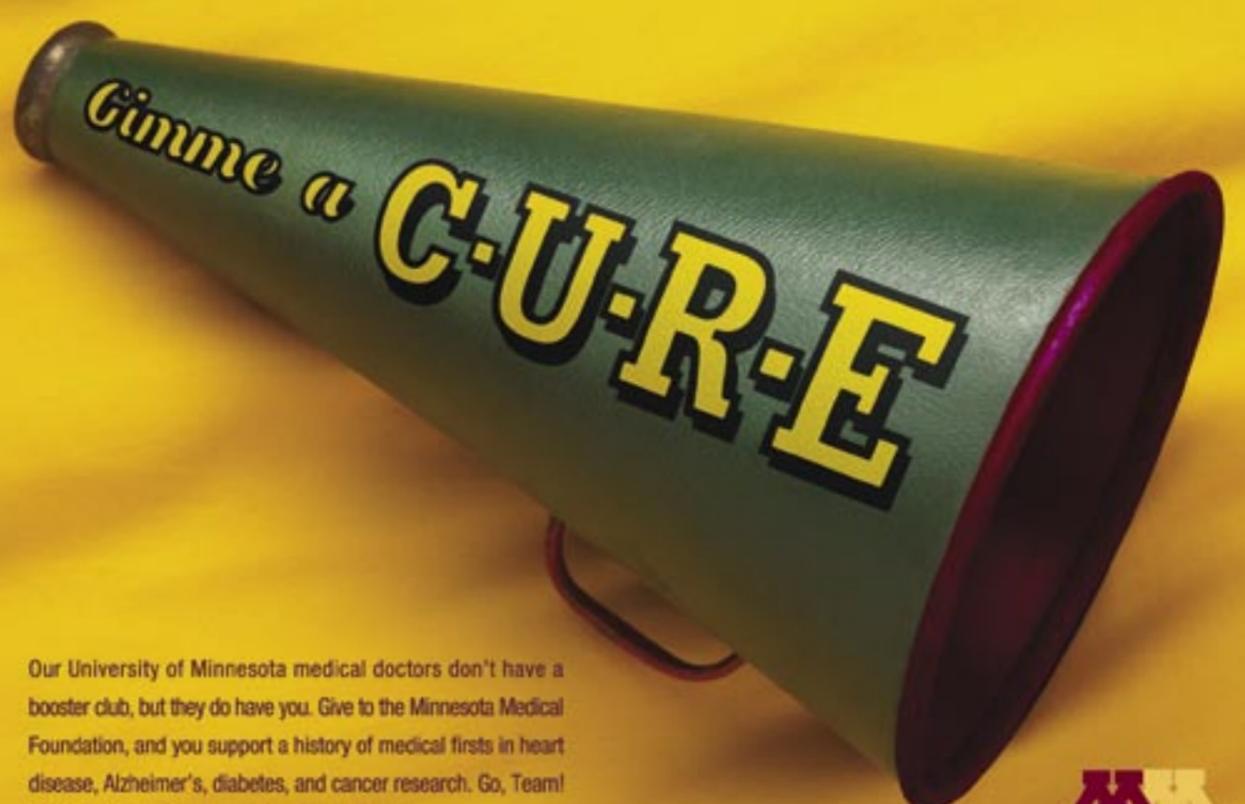
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