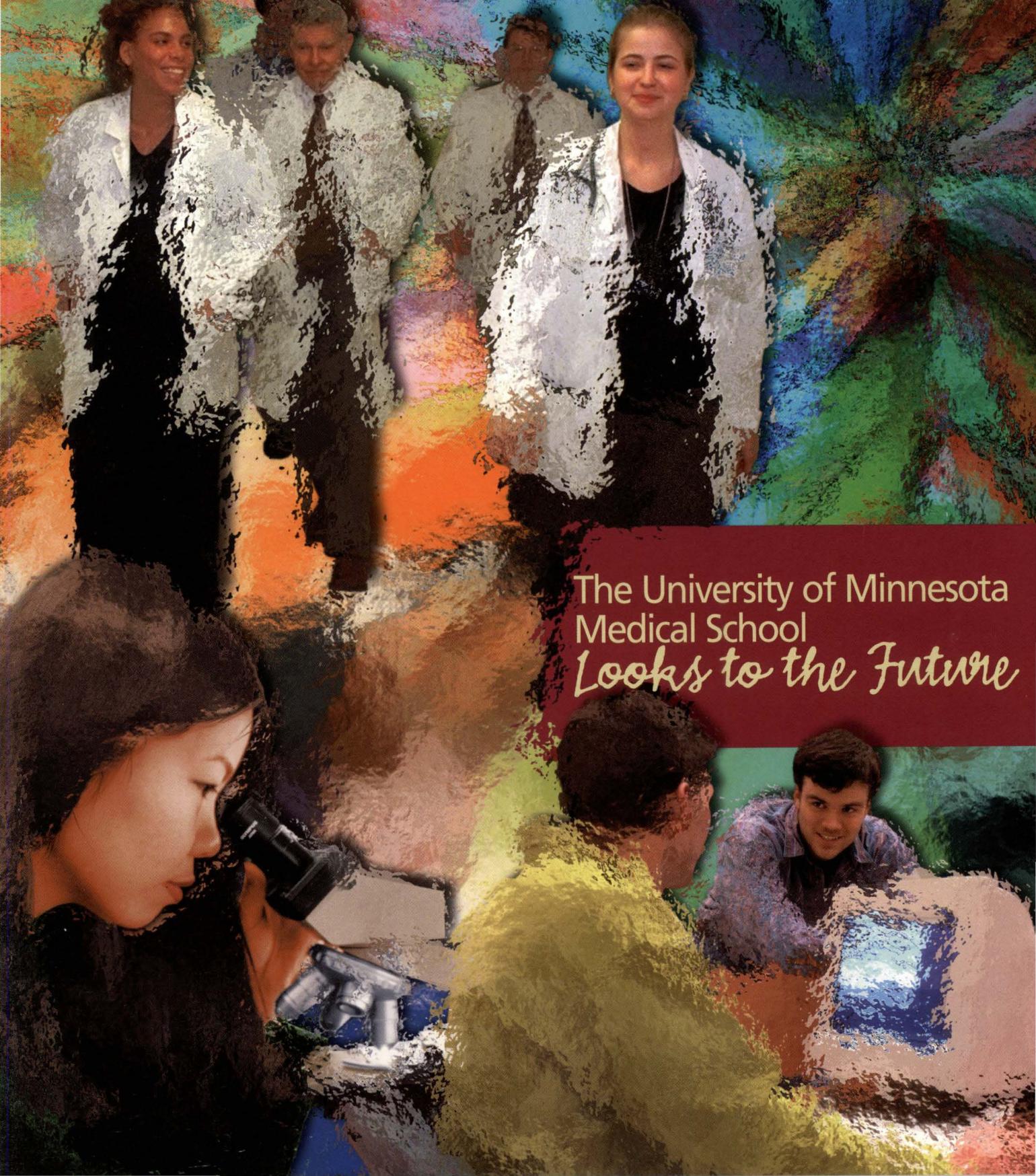


University of Minnesota

# Medical Bulletin

A PUBLICATION OF THE MINNESOTA MEDICAL FOUNDATION ■ SPRING 1998



The University of Minnesota  
Medical School  
*Looks to the Future*

**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.**

---

**MINNESOTA**

---

**MEDICAL**

---

**FOUNDATION**

---

*at the University of Minnesota*

**The Minnesota Medical Foundation** was founded in 1939 by a dedicated group of faculty members and medical alumni who saw the need for private support to build a strong future for the Medical School. A non-profit organization, the Foundation raises and disburses funds for medical education and research at the University of Minnesota Medical Schools in the Twin Cities and Duluth and the School of Public Health.

**Publishing Information**

The University of Minnesota Medical Bulletin is published by the Minnesota Medical Foundation on behalf of the University of Minnesota Medical Schools, the Medical Alumni Society, and the School of Public Health. Statements and opinions published herein are exclusively those of the authors themselves. There is no subscription fee. No advertising is accepted. Publication is made possible by contributions to the Minnesota Medical Foundation.

**For information** about the Minnesota Medical Foundation or to update your address, call or write: Minnesota Medical Foundation, Box 193, 420 Delaware Street SE, Minneapolis, Minnesota 55455-0392. Phone 612-625-1440 or 1-800-922-1MMF. Web address: [www.med.umn.edu/mmf](http://www.med.umn.edu/mmf).

**The University of Minnesota**

is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

**On the cover:**

Cover art of medical students by Penfield Design Group, Inc. Photography by Tim Rummelhoff.



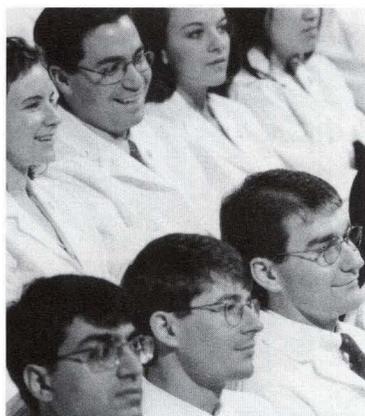
Printed on recycled paper.

MSDH  
gAlb

University of Minnesota

# Medical Bulletin

Spring 1998



page 2

## Features

### The University of Minnesota Medical School **Looks to the Future**

**2** A Curriculum of Caring  
by Jean Murray

**7** Primary Care Competencies

**10** Medical Education Turns High-Tech  
by Jodi Ohlsen Read



page 10

## Departments

Newsbriefs 14

Philanthropy 16

Alumni Connections 22



# A Curriculum of Caring

**O**n a cold January morning, University of Minnesota Medical School students from the Class of 2001 received the white coats symbolic of their chosen profession — a profession of healing that is thousands of years old but at the same time is as new and changing as the century and millennium these young physicians will enter.

The first White Coat Ceremony at the Medical School was not just a milestone for these first-year medical students — it represents a medical school that has recognized the need to change with the times, to embrace the new technologies and adjust to the changes in health care delivery, but which keeps as its top priority the need to train compassionate physicians.

**By Jean Murray**

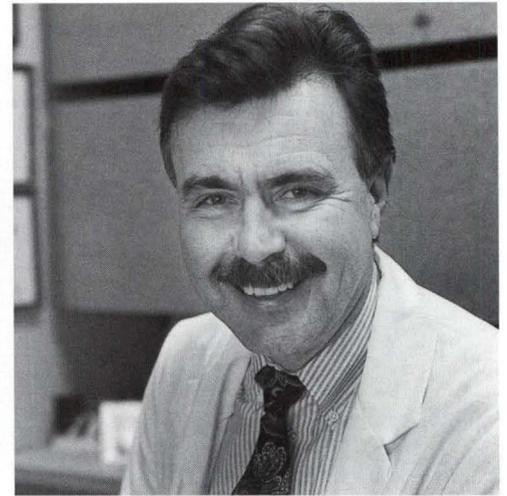
“Today we celebrate what it means to be a physician,” said Senior Associate Dean for Education Gregory M. Vercellotti. “The respect that society assigns to the physician is related to the professional values and responsibilities of this calling. The compas-



THE UNIVERSITY OF MINNESOTA  
MEDICAL SCHOOL  
*looks to the future*



Photo by Richard G. Anderson



sion, kindness, self-sacrifice, scientific expertise, ethics, humanity, and equanimity of future physicians require that these values be taught and modeled by us. Your

future roles in alleviating human pain and suffering must be firmly anchored in these values.”

### A position of trust

Another first-ever event reaffirmed the mission which has guided the Medical School for more than one hundred years, and detailed the changes and innovations needed to take it into the next century. “The

mission of this Medical

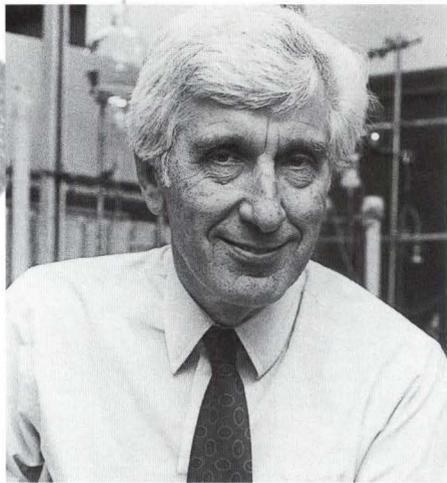
School is to be a leader in enhancing people’s health through education, biomedical research, and clinical programs,” said Dean Alfred F. Michael in his January 28 State of the Medical School address. “This mission has not changed and is not about to change. It is the golden thread that ties us together.”

The mission of the Medical School

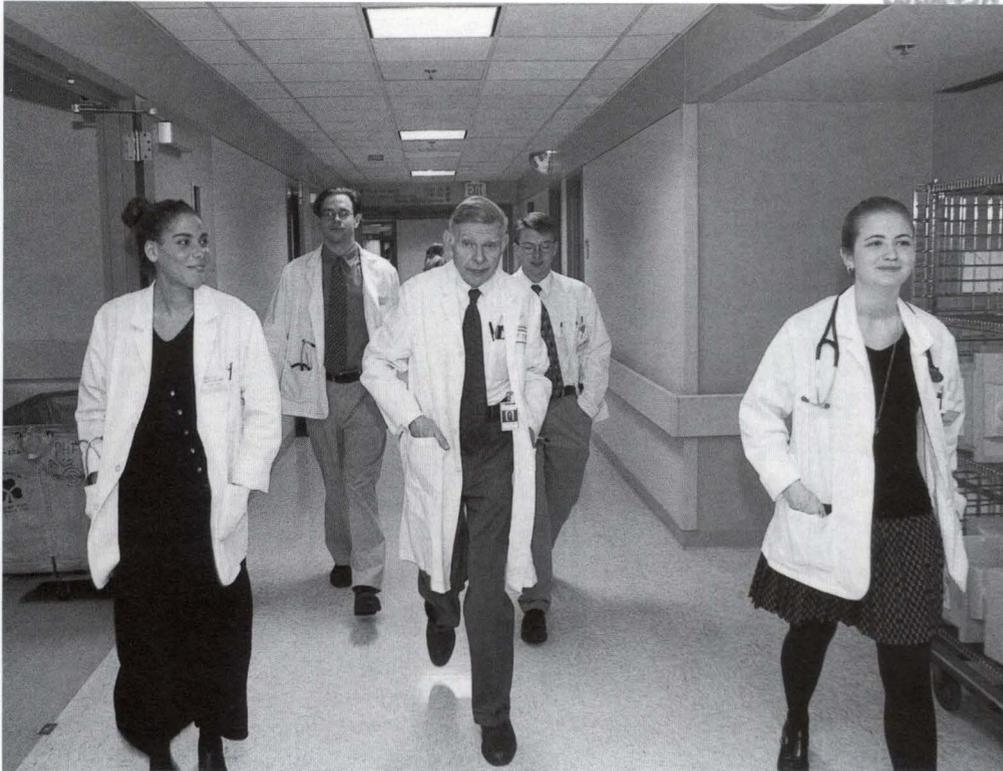
has not changed, but the road map the graduates of 2001 will follow as they prepare to become physicians is very different from that of their predecessors. They are surrounded by ever-changing technology, working within a managed care environment, and living in a global community. They must understand advances in the world of medicine and science never dreamed of by previous generations. And at the same time, they must remember the lesson learned by all those who have gone before — that the most important mission is healing and the most important person is the patient.

“With the possible exception of the ministry, medicine is the only profession in which, simply because of your white coat and M.D. name tag, you can walk into a room as a complete stranger, and within a few minutes, be admitted to the most sacred moments in life — birth, death, and all the magnificent struggles in between,” said Dr. James Reinertsen, HealthSystems Minnesota, at the White Coat Ceremony. “This is a very high honor and demands the very highest standards of professionalism. Learn those standards and practice them.”

**J**im Suel, first-year class president, echoed Reinertsen’s words. “As medical students we have been granted the opportunity to work toward becoming physicians — to one day hold a privileged position of trust in the lives of others. Professionalism as applied to medicine means an understanding and appreciation of this trust and a dedication to honoring it. We do this by



Above, Dean Alfred F. Michael; top left, Dr. Pat Schlievert lectures to students; top right, Dr. Gregory M. Vercellotti; page 5, top, students on rounds with Dr. Fred Goetz.



*"The White Coat Ceremony made the whole idea of becoming a physician a reality. The connection between medicine and the basic sciences that we spend so much time on the first year is rather hard to make. The ceremony helped make that connection for me."*

*Flora Kiswile,  
Year 1*

respecting the inherent dignity of others, by dealing with them honestly, and by treating them with compassion."

## Moving forward with excellence

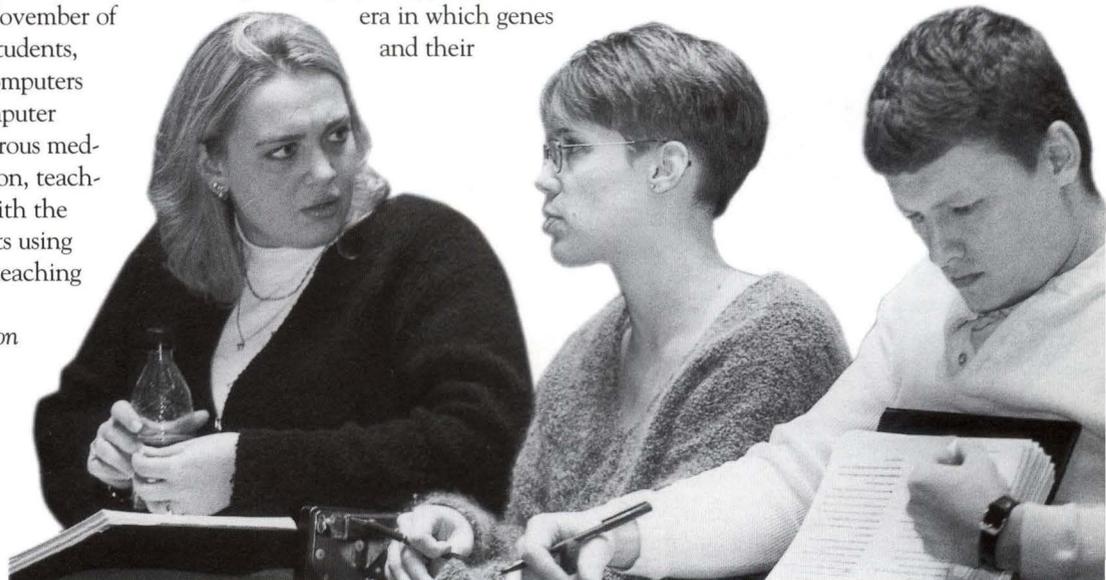
To fulfill the mission of the Medical School and to prepare it to answer the needs of the next century, Deans Michael and Vercellotti emphasize a number of areas of change and growth that affect medical education. They include:

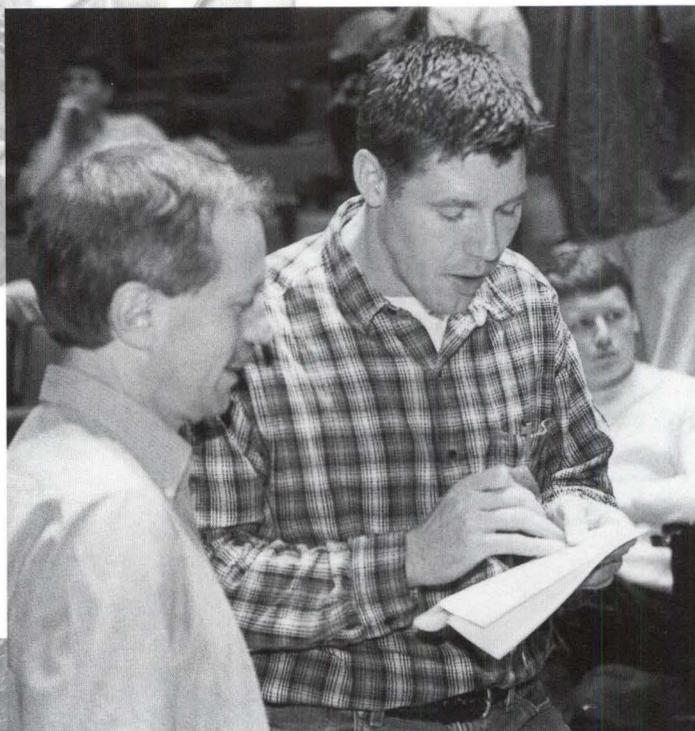
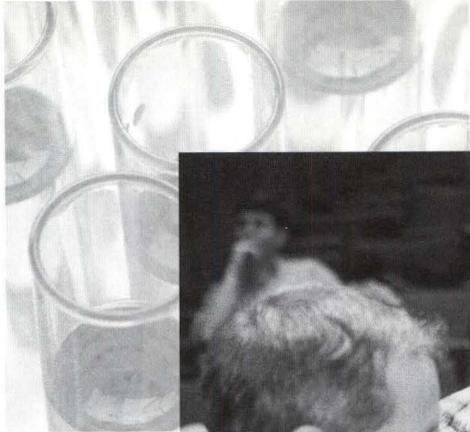
- The installation this past November of a new *computer lab* for medical students, equipped with 22 stations, 14 computers with Internet access, laptop computer access, a laser printer, and numerous medical software programs. In addition, teaching faculty are being provided with the training needed to teach students using the most current technological teaching tools.

- Promotion of a new *education center*, which will provide medical students with state-of-the-art learning facilities, including classrooms, examination rooms, and technology support. The new center will give University medical stu-

dents a sense of identity and enhance opportunities for collaboration and study.

- *Basic science reorganization*, which involves creating one department from the biochemistry departments of the Medical School and the College of Biological Sciences; creation of a Department of Genetics and Developmental and Cell Biology; bringing together the strengths of the neurosciences to focus on the scientific and medical achievements projected for the 21st century; and keeping the discipline of physiology a priority in an era in which genes and their





mutations are linked to organ and body functions.

- The proposed establishment of an *Institute for Molecular and Cell Biology*. Biology at the molecular and cellular levels pertains to every discipline from the clinical to the basic sciences; new faculty will join existing teams to serve the state in cancer, neuroscience, genetics, aging, vascular disease, emerging infectious diseases, and other areas.

- *Clinical science reorganization*, including the formation last year of Fairview-University Medical Center, providing an important community relationship and patient base for University medicine, and the merger of 19 separate clinical departments into one practice organization, the University of Minnesota Physicians.

- The establishment of a close partnership with the *biomedical industry* in our state, sharing and exchanging knowledge with Minnesota's Medical Alley, as well as the improving of *community relationships*, establishing programs that will make the Medical School an increasingly accessible resource.

- The establishment of a new *Education Council* that will ensure the curriculum reflects the changing needs of the communities in which the students live, practice medicine, and do research, and of a *Curriculum Council* which will have ongoing input into what students learn and the educational options available to them.



Medical students divide their time between lectures, basic science labs, clinical rounds, and study.

## The art and science of medicine

Not lost sight of in the new centers, programs, and long-range plans is the primary purpose of the Medical School. "Our reason for being is to train medical students to become physicians," says Michael. "We're looking at a technology revolution and a scientific revolution. But despite all

the changes, we're still teaching students to be physicians. How to talk to people, how to gain a patient's confidence — that is the art of medicine."

Vercellotti agrees. Within the infor-



mation age, there is still a need for the personal relationship between a physician and a patient, and a need for medical students to understand this relationship.

“We want all our students to be skilled in primary care,” says Vercellotti. “We are moving into the information age, and we want our future physicians to know how to access information, and then use it help their patients. We are preparing students for an explosion in scientific information that needs to be translated to the bedside. And we want to help our faculty develop skills in information technology and use those skills to teach our students.”

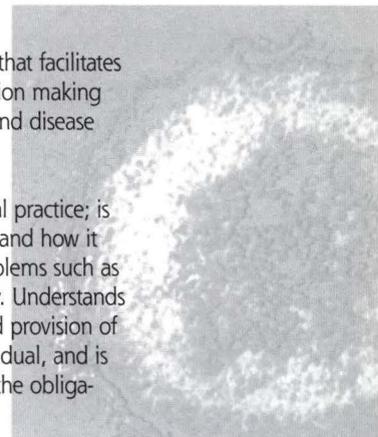
**V**ercellotti is hopeful that new technology will not only help present material more effectively but will also allow more time for faculty-student contact in small groups. “I perceive a curriculum where we use lecture less often,” he says. “I think small groups and tutoring will be the wave of the future.”

In addition to learning primary care skills, students need to learn how to function in a changing health care environment and in an increasingly diverse culture. “Minnesota has become a multi-cultural state,” says Vercellotti. “We have a wonder-

## Primary care competencies for Medical School

### The graduate of the University of Minnesota Medical School:

1. Has mastery of key concepts and principles in the sciences and disciplines that undergird current and future primary care practice. In addition to the traditional basic sciences, these include epidemiology, biostatistics, health care delivery and finance, ethics, human behavior, nutrition, and preventive medicine.
2. Understands and applies principles of screening, health promotion, and disease prevention.
3. Is able to establish a doctor-patient relationship that facilitates patients' abilities to effectively contribute to the decision making and management of their own health maintenance and disease treatment.
4. Understands ethical issues and conflicts in clinical practice; is aware of own personal philosophy of ethical practice and how it affects practice; has skills for approaching ethical problems such as end-of-life care, informed consent, and confidentiality. Understands the inherent conflict in the allocation of resources and provision of care for a population (or community) versus an individual, and is able to develop a philosophy of care consistent with the obligations to both.
5. Appreciates the benefits to the patient and to the physician of caring for the whole person over time, in the context of the patient's family and community.



## Medical School Facts and Figures

University faculty . . . . .	600
Affiliated faculty . . . . .	550
Clinical community faculty . . . . .	1,500
Graduate and health science students . . . . .	1,000
Medical residents . . . . .	1,200
Percent of Minnesota physicians University trained . . . . .	70 percent
Sponsored research grants . . . . .	\$105 million
Medical students . . . . .	865
Students from Minnesota . . . . .	800
Students from out of state . . . . .	65
Minority medical students . . . . .	55
Percent into primary care . . . . .	60 to 70 percent
Minnesota resident tuition . . . . .	\$16,205
Minnesota resident annual cost . . . . .	\$30,224

6. Understands the clinical presentation, etiology, pathophysiology, natural history, and management of *common diseases* across the range of patient problems. This includes continuous application of epidemiologic and evidence-based medicine principles to identify the “common” problems in one's practice population and the continuous adjustment and acquisition of knowledge to handle them.

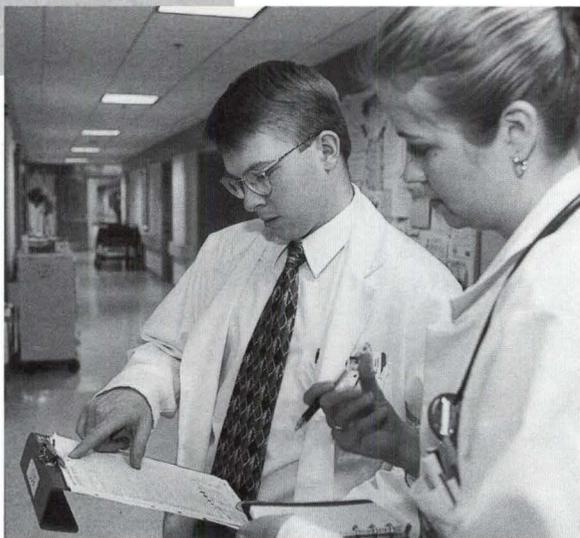
7. Is sufficiently familiar with the clinical presentation, etiology, pathophysiology, and natural history of *uncommon diseases* to be able to identify them in patients; and is able to collaborate with specialists in assessment and management, as well as to determine the limits of their own knowledge and determine the need for referral.

8. Is able to efficiently gather, organize, and place in context relevant information from the patient (e.g., history and physical) and patient's family, culture, and community (e.g., home, work, school). This includes adapting the information collection strategy based on such things as preventing complaint, prior knowledge of patient, family, community, and continuity of care.

(continued on page 9)

*"Each year, we learn things that were previously unknown, or poorly understood, in science. The challenge and excitement comes in understanding the true dynamic nature of our training, and in the agreement that we will remain life-long learners."*  
*Bob Zajac,  
 Year 2*

fully diverse community, with groups and individuals immigrating here from all over the world. This has markedly improved our community, and at the same time, has presented many health care issues we have never dealt with before in Minnesota — issues of tropical diseases, issues of language, issues of how people from other cultures



view their physician. How do you teach all this to medical students?"

The Medical School is planning to develop an international health center, both to maximize opportunities for education globally, and because Minnesota has become a global community.

Vercellotti emphasizes the need for ongoing curriculum innovations to keep up with the changing health care environment in which the students will practice. And he stresses as well the need to teach students about quality of care, and how to always strive to improve that quality of care within the various populations they will encounter. This includes communicating with individuals and communities about the need for healthy lifestyles and disease prevention.

Good communication is vital not only with diverse populations but with others in the health care industry, say Michael and

Vercellotti. "It's not enough to assume that every doctor knows how to communicate well," says Vercellotti, "not only with the patient but with other providers. We live in an era of interdisciplinary care. Physicians can't exist without interacting with nurses, pharmacists, home care specialists, emergency technicians, social workers — the entire team of health care providers."

## Focus on the future

In addition to training primary care physicians, Medical School leaders are also focusing on the importance of training future researchers. Innovative curriculum changes could enhance existing programs and provide exciting new opportunities to take advantage of ever-expanding scientific information.

The M.D.-Ph.D. program currently combines, in about seven years of study, medical school coursework, biomedical research, and clinical training resulting in both an M.D. and a Ph.D. degree. Other dual degree programs are being considered, such as an M.D. degree combined with a Master of Public Health, or an M.D.-M.B.A. partnership with the Carlson School of Management, or a combined pro-



Students exchange ideas in the hospital and the lab.

gram with the Biomedical Engineering Institute. "We have to find ways to make students aware of new opportunities in research," says Vercellotti.

He emphasizes that the curriculum of the future should produce problem solvers, not memorizers. "We want to give our students the opportunity to study many areas in depth. The approach to medicine should be scholarly, not formulaic; we want our physicians and researchers to be thinkers, which means we must challenge them with our curriculum."

**A**n important element in the future Medical School picture is the proposed Education Center — to give medical education a home and an identity. The many programs of the School — including such diverse entities as graduate medical education, continuing medical education, the M.D.-Ph.D. program, the International Health Center, and the Center for American Indian and Minority Health — would be in one location, facilitating easier access and collaboration.

"We need state-of-the-art classrooms for small groups, the latest teaching tools including computers and virtual simulation, places where students can examine patients, a place where physicians already in practice can find opportunities for re-tooling, redesigning, re-energizing their careers," says Vercellotti.

It is hoped the Medical School will not only be a community itself, but will be a resource to the greater community and the state. "We are making a concerted and ongoing effort to reach out through visits to communities, hospitals, medical societies, and business organizations throughout the state," says Michael. "We will tell them about the good things going on at our Medical School and ask how we might work together to serve their needs."

Combining the strengths of the present with ambitious plans for the future — and continuing to train students who become compassionate physicians and skilled researchers — will go a long way toward understanding and meeting those needs. [MME](#)

## Primary care competencies, continued

**9.** Is able to integrate knowledge from the basic sciences and disciplines with specific information about the patient and patient's life situation (e.g., family, culture, community, life style) to:

- Identify areas needing attention (e.g., establish differential diagnosis, identify major health problems, identify health risks).
- Determine and implement appropriate health promotion strategies.
- Determine and implement appropriate diagnostic strategies incorporating population-based and evidence-based principles.
- Determine and implement appropriate disease intervention strategies along with the patient in a cost-effective manner based on principles of evidence-based medicine.

**10.** Is comfortable and competent practicing in ambulatory and hospital settings including:

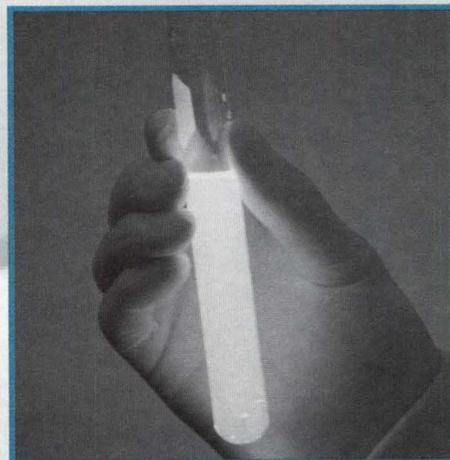
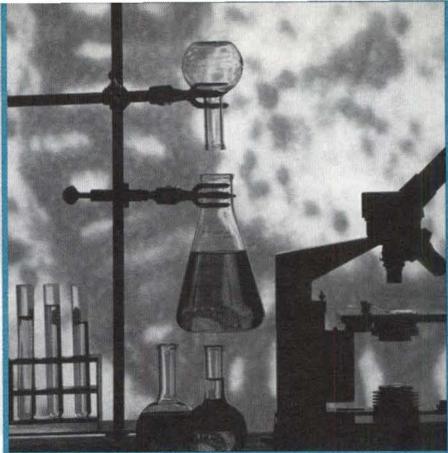
- Understanding skills of, and working effectively with, other health professionals such as physical therapists, nurses, nurse practitioners, physician assistants, psychologists, social workers, pharmacists, and public health workers.
- Coordinating patient care across a variety of facilities and agencies such as the nursing home, hospice, home care agency, school, and community services such as the Women, Infants and Children (WIC) Program and Minnesota Care.
- Familiarity with skills and treatments of other non-physician health care practitioners providing alternative or complementary care (to include, but not limited to, chiropractors and acupuncturists).

**11.** Has a basic understanding of organizational behavior and understands how physicians can relate to and work effectively in a health care organization. Is familiar with common health care systems and management practice issues such as quality improvement, cost effectiveness, and assessment of patient satisfaction. Understands issues and practices related to obtaining approval for assessment and management plans, including the use of evidence to obtain exemptions.

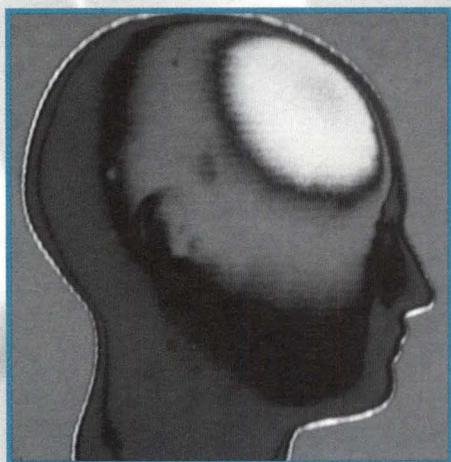
**12.** Demonstrates computer literacy and informatics competence, including use of electronic communication and data base management for patient care. Is able to use medical information systems to access information, and to organize and evaluate information for use in problem solving.

**13.** Is dedicated to, and has strategies for, being a continuous learner throughout systematic reflection of one's own practice setting and of the results of one's own practice experience, as well as through regularly locating and critically reading selected information and participating in formal continuing education experiences.

**14.** Understands the health care needs of society and has a genuine desire to contribute to society both in the medical field and in the broader context of society's needs.



# Medical Education turns High-Tech



by Jodi Ohlsen Read



You woke up nervous this morning — it's your first attempt at surgery, a shoulder arthroscopy. Now it's time, you are ready. Grasping the instrument carefully, you begin to probe into the tissue. You feel the instrument bump against a tendon, and jerk back. Wrong spot. Sweating, you take a deep breath. And freeze. Apologizing, you step away and ask to start over in a few minutes.

Fortunately, the patient doesn't mind — this surgery is being done on a simulation system that allows medical students to experience the conditions of surgery, without a real patient. This is just one of many amazing technological advances that are changing the way students learn about health care.



## Leaps and Bounds

The simple availability of computers has moved the technology of medicine, or medical informatics, dramatically forward. Now, more information is available at the click of a mouse than ever before. Through the Internet, physicians and students can research specific topics, refer to recent studies, or look up medical terminology and drug information. Logistics of daily student life can also be streamlined with computers. Students can manage their medical school courses and registration, organize notes and class materials, communicate with classmates and faculty, and easily prepare reports.

Computers are also being used as an additional way to present course materials. "Computer technology can replace a textbook as an organized place to get information," says Dr. Len Lichtblau, assistant professor, Department of Pharmacology. "It is not a replacement of teachers, it is simply a newer form of information than the static textbook. With the computer, you have an efficient way to retrieve and present data. If you use the technology in an effective way, you have a distinct advantage. The materials can be designed to be interactive, to present feedback for the students, and to encourage active learning."

## Catching Up

In an era of advancing technology, it is easy to assume that most medical students are adept at using computers. However, this is not necessarily true. Surprisingly, many students are still intimidated by and unfamiliar with basic systems and programs. One goal in integrating computers into the Medical School curriculum is to make students and faculty comfortable with the technology and improve the average skill levels.

Recently a computer lab for medical students was opened in Jackson Hall. Previously medical students had to compete with other students from all over campus for computer time at the Biomedical Library and other locations. Now they have a facility reserved specifically for medical students with student support staff available. "Those who are already using the lab are at ease with the technology. Now we need to draw in the others," says Lichtblau. "We are still

trying to reach those who are not quite comfortable with computers. Having students available to help other students is one way we hope to meet that part of the challenge."

Another challenging aspect of increasing computer use in medical education is raising faculty interest. "Faculty need to know that this is useful. The computer's purpose is not to replace the educator, but

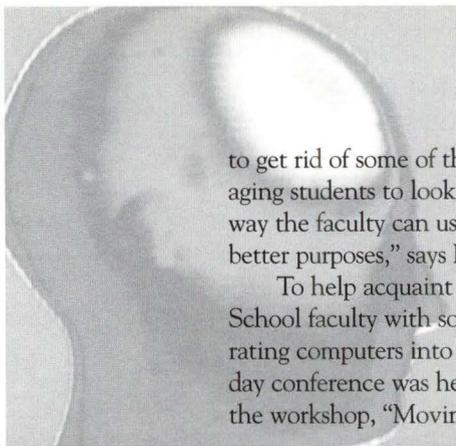


### *The Adytum: A student's refuge*

Medical students need a space specifically reserved for them — to study, eat, and relax. They can find this refuge in the Adytum, a word meaning innermost sanctuary, centrally located in the Mayo Memorial Building.

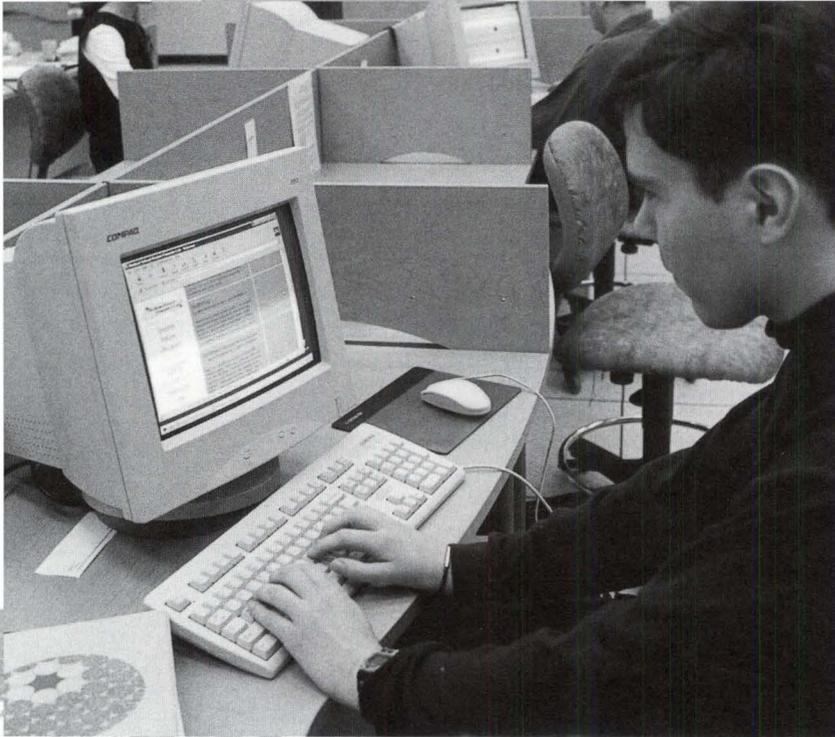
More than 30 years ago, members of the University of Minnesota Medical Alumni Society saw this need and generated the funds for the facility. Leading the effort was Dr. Virgil "Slug" Lundquist, Class of 1942. In 1964, the Adytum was dedicated and it was recently partially remodeled. Funds are still being raised to further update the space and its resources.

Many students regularly take advantage of the chance to work with fellow students, study quietly, or simply rest and restore themselves.



to get rid of some of the drudgery of encouraging students to look at information. This way the faculty can use classroom time for better purposes," says Lichtblau.

To help acquaint University Medical School faculty with some ways of incorporating computers into the classroom, an all-day conference was held in December. At the workshop, "Moving Our Curriculum



## Reaching beyond the University

Medical informatics are also becoming an increasingly important part of teaching and practicing medicine outside the physical University. Telemedicine, the electronic transmission of information relating to an individual's or group's health, is now being used by the University to promote rural-urban collaboration in providing specialty patient care and to educate health professionals.

**S**tudents in the Rural Physician Associate Program and the Pharmacy Program can use the system to connect with faculty.

Health care professionals also use it to connect to the University for case reviews, grand rounds, and continuing education programs. This encourages physicians and students from rural areas to utilize the University as an interactive resource.

Not only are physicians beginning to integrate the computer as a source of information, they are also using it as a health care tool. For example, the University schedules monthly teleconferencing clinics for dermatology and psychiatry specialists to confer with patients. Primary care physicians may also request a special consultation where the patient, primary care physician, and a specialist can meet through teleconferencing.

Currently several sites participate in the system: Wadena, Hibbing, Red Wing, Moose Lake, and Henning, Minnesota. It is also possible to connect to sites outside the University network. Using commercial long-distance carriers, all network sites can connect to other telemedicine sites throughout the world. As the University telemedicine program and others like it expand, so will the scope of resources available to students, patients, and health professionals.

## Looking ahead

Trying to accurately visualize educational technology of the future results in vague guesses at best. "Setting a timeline for changes is difficult," says Lichtblau. "Look how far one technological leap can bring us. And how quickly things can move forward."

Yet there are arenas of change that can

into the Information Age," attendees learned about judiciously adding computer-based material to the curriculum with the emphasis on integrating computers, not simply adding them to the requirements. Faculty were shown ways to present traditional content with multimedia courseware and to encourage communication and collaboration in non-centralized learning environments. They also explored the use of simulated clinical systems, testing Minnesota Virtual Simulations' new product, the Virtual Shoulder Arthroscopy.

The Virtual Shoulder surgery apparatus is not the life-like mannequin some may imagine. Instead, two metallic rods with grip-like handles protrude from a black cloth. One grip operates the surgical drill and the other operates a camera. Movements within the "shoulder joint" can be viewed on the nearby computer screen. The realistic view on screen is much like that seen during the actual operation.

**The University of Minnesota, Duluth, School of Medicine has opened a new multimedia education center. Look for more information on the UMD School of Medicine in the Summer 1998 issue of the Medical Bulletin.**



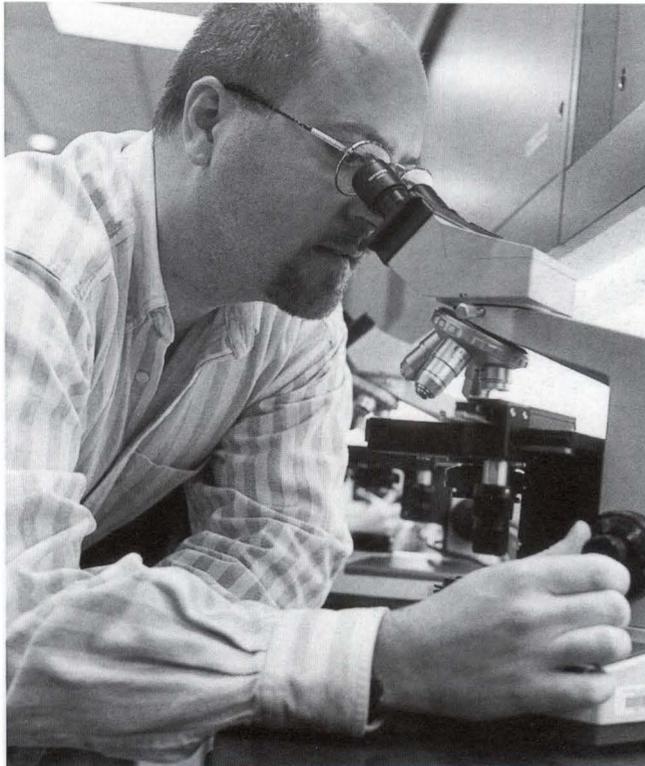
be anticipated. All students may soon have computers and bring them along to class. Instead of labs full of quickly outdated computers, there may be only docking stations for laptop computers with access to networks and software. Computers will help connect students, patients, physicians, and resources from remote distances. And, first clinical exam experiences may very well take place with virtual simulation instruments instead of with live patients.

**W**ithin the next year, University medical students and faculty may be testing such simulation tools through Minnesota Virtual

Simulations (MVS). MVS is a joint venture between the University of Minnesota Academic Health Center and a Swedish simulation software company, Prosolvia, to develop state-of-the-art simulation tools. The simulation and training products will be used for teaching, learning, visualization, and planning existing and proposed medical procedures and processes.

"Our computer lab may be a perfect spot to try this," says Lichtblau. "We have a whole generation who have grown up with Nintendo and this experience is better than the very best Nintendo. Seriously, this is an opportunity to use our lab in a new way and find out from the surgeons if yes, this is how surgery feels. It could be an excellent opportunity for the students and the faculty."

MVS, the Telemedicine Program, the interactive pharmacy education web page, the new computer lab, and the evolving curriculum are only a few examples of the University's efforts to maintain its role as a leader. Keeping pace with the rapidly changing technology and using it effectively in education will require continued dedication and effort from medical school faculty, administrators, and students. [MMF](#)



*"I am most excited about how medicine is continually 'coming together' through the use of technology-assisted collaboration and outreach — bringing health care professionals closer together, and bridging some traditional gaps in healthcare-recipient relationships."*  
*Bob Zajac,  
Year 2*

## *Wander the Web*

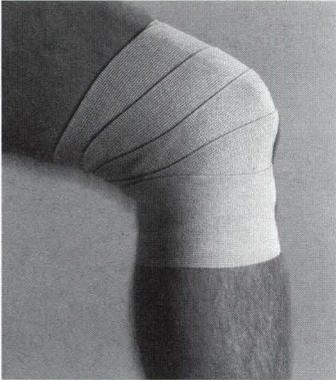
For a small sample of health-related information on the Internet, take a stroll through some of the following web sites:

- **Internet Self-Assessment in Pharmacology**  
[www.med.umn.edu/isap](http://www.med.umn.edu/isap)  
Web-based integrated pharmacology curriculum with interactive questions, flashcards, and text.
- **Medicine Net**  
[www.medicinenet.com](http://www.medicinenet.com)  
Provides quality medical information including drug and disease indexes, news stories, and "Ask the Expert" forum.
- **Telemedicine**  
[www.peds.umn.edu/telemed](http://www.peds.umn.edu/telemed)  
Access to video conference, CME, and other telemedicine resources.
- **Health Explorer**  
[www.healthexplorer.com](http://www.healthexplorer.com)  
Database of 3,000+ health-related web sites.
- **University of Minnesota Medical Student Homepage**  
[www.student.med.umn.edu](http://www.student.med.umn.edu)  
Student resources such as study materials, class information, and a virtual tour of the Medical School.
- **MedScape**  
[www.medscape.com](http://www.medscape.com)  
Links to the latest medical headlines and journal articles.
- **The Interactive Patient**  
[www.medicus.marshall.edu/medicus](http://www.medicus.marshall.edu/medicus)  
Teaching tool: allows user to simulate an actual patient encounter.

## University home to Minnesota's first knee-cartilage implant

**D**r. Robert LaPrade, assistant professor of orthopaedic surgery, is the first surgeon in Minnesota to implant laboratory-grown cartilage inside the knee joint. A participant in a nationwide study to determine if the procedure effectively repairs damaged knee cartilage, LaPrade is one of six Minnesota surgeons trained in the technique.

Replacing damaged knee cartilage with cells cultivated from the patient's own tissue is the first long-term solution for the chronic pain of articular arthritis. The operation, called an autogenous cartilage implant, is designed to return patients to a normal lifestyle. Candidates for the surgery are usually between 15 and 45 years old and suffer from isolated cartilage defects such as torn ligaments. Usually, the chronic pain is relieved in 80 to 90 percent of patients.



The surgery involves removing a small portion of the periosteum — the covering of the shin bone — and sewing it over a tiny hole made in the knee cartilage. Previously grown cells are then injected under the patch of periosteum. The entire area is sutured closed and reinforced with a layer of fibrin glue made from a unit of blood donated by the patient. The implanted cells multiply and produce normal cartilage components. Because the patient's own cells are used, there is no chance of rejection or viral infection. Disadvantages of the surgery include a large incision into the knee joint, a six-month recovery period, and a \$25,000 price tag.

The process of cultivating cells was developed and patented by the Genzyme Corporation of Cambridge, Massachusetts, and received FDA approval in August. Other medical centers, primarily in Europe, are investigating the results of the surgery on other areas, such as the kneecap, ankle, and shoulder.

## New valve developed for open-heart surgery

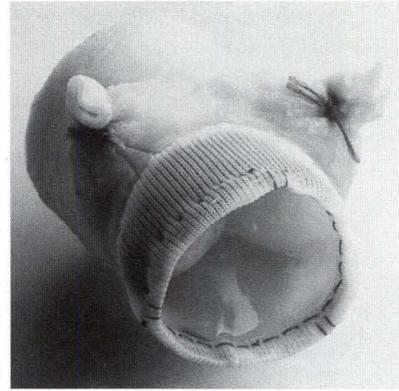
**A** new type of valve implant may help restore normal heart function, according to University surgeon **Dr. R. Morton (Chip) Bolman**, professor, Department of Surgery. In December, University surgeons implanted this valve into three women in their 70s, the first patients in Minnesota to receive the new treatment.

The valves are made from pig tissue, and don't contain stents — frames which allow the valve to hold its shape. Without stents, the valves are better able to conform to the

openings from the heart to the aorta, maximizing the amount of blood pumped from the heart.

The absence of a frame means less wear on surrounding tissue, so the new valves are expected to last longer than stented valves. Also, recipients of the new valves won't need to take blood thinning drugs for the rest of their lives.

The new valves will be used primarily for patients in their 60s and 70s until further studies of the mechanism's life expectancy are completed. Another possible group of recipients are younger women who might want to become pregnant in the future and must therefore avoid blood thinners. The valves, which received FDA approval for sale in the United States in November, are especially effective in women, whose aortas are often too small to house a stented pig valve easily.



*Unstented valves help restore normal heart function.*

## First-year medical student publishes study in prestigious journal

**L**ow-intensity walking affects both longevity and cause of death, according to a study done by first-year medical student **Amy Hakim**. Her study, published in January's *New England Journal of Medicine*, is one of relatively few articles authored by medical students to appear in a medical journal.

Hakim studied 12 years of data from an ongoing research project called the Honolulu Heart Program, which began in 1965 in Hawaii. The project tracks 8,006 men of Japanese ancestry in order to learn more about cardiovascular disease and causes of death. In her statistical analysis, Hakim focused on a group of 707 retired, nonsmoking men in the program who said they walked for exercise. During the 12-year period studied, 208 of the men died: 33 from coronary heart disease, 19 from stroke, 68 from cancer, and 88 from other causes.

She found that walking increased longevity and affected cause of death. Forty-three percent of the men who walked less than a mile a day died during the 12-year period, compared to only 21.5 percent of those who walked more than two miles in a day. Only 5.3 percent of those who walked two-plus miles a day died of cancer. In the group of men who walked less than a mile a day, 13.4 percent developed the disease.

## University researcher develops gene therapy technique

A new gene developed by **Dr. Catherine Verfaillie**, associate professor of medicine, could give patients with chronic myelogenous leukemia (CML) a safer alternative to bone marrow transplants. CML is a lethal leukemia which can be cured with chemotherapy and by transplanting normal stem cells from a donor. If a donor can't be located, the patient's own stem cells can be used. However, the leukemia is likely to recur after this type of autologous transplant.

Verfaillie's lab has constructed a new gene that may prevent relapse after autologous transplantation. The gene will be placed in the patient's normal stem cells before they are transplanted back into the patient. The stem cells, now resistant to chemotherapy, will make it possible to prevent a relapse by continuing treatment with chemotherapy after the transplant. The new gene also contains a component that can turn off the Philadelphia chromosome, which is responsible for the development of CML.

So far, the treatment has only been tested in mice. Infusion of 10,000 untreated leukemic cells leads to death in almost all of the mice. However, infusion of up to 10 million gene-treated leukemic cells does not cause the disease, and all of the mice survive. This preclinical research was published December 15 in the journal *Blood*. Clinical human trials of this new gene therapy will take place later this year.

## Alcohol use linked to breast cancer risk

University researchers contributed to a Harvard study that found women who consume two to five alcoholic drinks a day have a 41 percent higher risk of developing breast cancer than women who don't consume alcohol. Comparatively, women who only have three-fourths to one drink a day have a 9 percent higher risk.

**Dr. Aaron Folsom**, professor of epidemiology, said many researchers believe the increased cancer risk is linked to the higher levels of estrogen caused by alcohol. The study, which analyzed data gathered from 322,647 women from four nations, confirms findings from many smaller studies that a link between alcohol and breast cancer exists.

The new study was able to focus specifically on alcohol consumption by statistically eliminating other risk factors, such as obesity. While the study proved that risk steadily increases with each drink up to five a day, Folsom said the risk beyond that amount is currently unknown.

## Long-time associate dean to retire in June

**Dr. Donald Robertson**, associate dean for admissions in the Medical School, will retire in June after 33 years of teaching. An associate professor in the Departments of Cell Biology and Neuroanatomy and Otolaryngology, Roberts estimates that he taught approximately 7,000 students, not including residents.

"That's the thing I'm going to miss — the contact with the students," Robertson says of his upcoming retirement. "I hope that I have imparted to them a little bit of the feeling that this is a human profession — they have to remember that first and foremost."

Today's medical students are similar to the ones in 1966, he says. "Certainly they are still very curious, and very aggressive from a standpoint of wanting to be of service. I really can't say they've changed very much."

Robertson received the Medical School's Distinguished Teaching Award every year from 1984 to 1989. "I enjoyed teaching thoroughly," he says. "It was fun."



*Dr. Donald Robertson (right) hugs Dr. Richard Beck, a member of Dr. Robertson's first anatomy class, at a surprise farewell reception on February 5.*

## Artificial liver helps transplant patients

An artificial liver developed by University of Minnesota researchers will provide temporary support for patients with severe liver failure while they wait for a liver transplant or recover from liver injury. The bioartificial liver will perform the same essential functions as a real liver — detoxifying blood and regulating the amount of glucose, protein, fat, and other substances that enter the bloodstream.

The device uses living pig liver cells to destroy the toxins that accumulate in the bloodstream after the liver fails. Patients are connected to the bioartificial liver, which resembles a kidney dialysis machine in design and application. Blood is circulated through the pig cells, which are suspended in hollow fibers filled with collagen gel. The fiber membranes allow toxins to filter into the gel, where they are destroyed by the pig cells. The patient's blood cells, which are too big to pass through the membrane, never come into contact with the pig cells. The purified blood is then returned to the patient.

The project, headed by **Dr. Frank Cerra**, vice president for health sciences and professor of surgery, and **Dr. Wei-Shou Hu**, professor of chemical engineering and materials science, has been approved for clinical trial in humans by the FDA.

# Philanthropy

## Benefactors

### Generous benefactors show commitment to the future

Many thanks to the following people who have made significant commitments of \$50,000 or more to the future progress of health-related education, research, and service at the University of Minnesota (gifts received July 1, 1997, through January 31, 1998).

A gift from the **Dr. Raynold N. (Class of 1928) and Margaret H. Berke Estate** has been given in honor of Dr. Raynold N. and Margaret H. Berke to support the University of Minnesota Medical School.

**Nancy Mills Boyce**, Minneapolis, made a gift in memory of Walter Mills to support I CARE (International Center for Antiviral Research and Epidemiology) and to support research on AIDS and other viral diseases.

**James H. and Jayne M. Bradshaw**, Stillwater, Minnesota, have designated their estate plans to the Department of Ophthalmology for eye research and education. James Bradshaw is the past president of the Vision Foundation and president of the Bradshaw Family of Funeral Homes.

Gifts from the **Esther H. Charlson Estate** have been designated for cancer research and heart disease research.

A gift from the **John C. and Ruth Cornelius Estate** was given to reestablish the John C. Cornelius Lectureship in the Department of Medicine.

A gift from the **Dr. Albert D. Corniea Estate**, Class of 1913, has been designated to establish a challenge fund to create a Medical School endowed chair and to establish a conference room in Dr. Corniea's name in the Minnesota Medical Foundation's new Gateway Center suite.

Gifts from the **Dorothy N. East Estate** have been given to the Stroke Research Fund in the Department of Neurosurgery, and also to Fairview-University Medical Center and the Variety Children's Association.

**William J. Feyder**, an engineer from St. Paul, has given a gift to the Ophthalmology Teaching and Research Development Fund in the Department of Ophthalmology in honor of the North Maplewood Lions Club and Dr. George T. Tani, a long-time professor of ophthalmology.

**Dr. Joyce L. Funke**, Class of 1950, Roseville, Minnesota, has made a gift to establish the Joyce L. Funke Scholarship for Women Medical Students. She has also made gifts to the Vision Foundation, the Division of Hematology, Oncology, and Transplantation, and the Division of Cardiology.

**Dr. William (Class of 1939) and Elizabeth Gjerde**, Lake City, Minnesota, have contributed gifts to establish the Gjerde Priority Fund to support emerging priorities of the Medical School.

A gift from **Dr. Franz Halberg**, St. Paul, supports the Halberg Chronobiology Archives and Applications Fund which provides information for the international chromosome endeavor. The gift honors all who have contributed to the project, in particular those that continue the work of Dr. Halberg, and to assist with the publication of follow-up research. Dr. Halberg, a faculty member at the University of Minnesota, is an international authority on the effects of circadian rhythms on medical treatment.

A gift from the **Martin C. and Jean M. Mata Estate** has been given to the Martin C. and Jean M. Mata Endowed Scholarship Fund to provide assistance to medical students.

A gift from **Murlan J. Murphy, Sr.**, Shaker Heights, Ohio, will provide research support for Dr. Henry Buchwald.

A gift from the **Dr. Harry N. Simmonds Estate**, Class of 1943, was given to honor Dr. Nellie Barsness, the late aunt of Dr. Simmonds. The gift will be used to establish a permanent endowed scholarship for women medical students at the University of Minnesota Medical School.

A gift from **Dr. Werner Simon**, Minneapolis, will support the Center for Spirituality and Healing.

A gift from the **Virginia G. Sohre Estate** has been given to the Walter O. and Virginia G. Sohre Scholarship Fund to assist ambitious, needy, and dedicated students specializing in geriatrics.

**Dr. Frederick M. Stark**, Class of 1940, Sioux City, Iowa, has given a gift to the Frederick M. Stark, M.D., Graduate Neuroscience Research Fund to provide grants to University of Minnesota Medical School graduate students engaged in basic neuroscience research.

A gift from the **Myrtle W. Swanson Estate** has been given to support the Heart Disease Research Fund, Cancer Research Fund, and the Myrtle Swanson Ophthalmology Research Fund.

A gift from **Dr. George T. (Class of 1950) and Yoshi Tani**, St. Paul, provides financial assistance in the form of scholarships and grants for financially needy medical students. Dr. Tani is a clinical professor emeritus in the Department of Ophthalmology at the University of Minnesota. The Dr. George T. and Yoshi Tani Endowed Fund was established as a tribute to the value of education.

**Dr. Alvin D. and Ruth D. Wert**, Portland, Oregon, have designated a life income gift through the Dr. Alvin D. and Ruth D. Wert Endowed Scholarship to provide ongoing support for medical students. This gift will provide them with income during their lives and will establish the scholarship fund after their lives.

# Philanthropy

## Giving Clubs

### Welcome new major giving club members!

The following people have recently become members of the University of Minnesota major giving clubs thanks to their generous support of the Medical School, School of Public Health, or other areas supported by the Minnesota Medical Foundation. These are cumulative gifts, made between January 1, 1997, and December 31, 1997, which include those new members who have designated all or part of their gift for the Minnesota Medical Foundation.

#### Builders for the Future

The University of Minnesota Builders for the Future recognizes donors who have committed \$1 million or more.

+Martin C. and +Jean M. Mata  
+Dr. Harry N. Simmonds, '43  
+Myrtle W. Swanson

#### Trustees Society

The University of Minnesota Trustees Society recognizes donors who have committed \$100,000 or more.

Frederick J. Bollum, Ph.D.  
+Esther H. Charlson  
+John C. and +Ruth S. Cornelius  
Carol Jean and Dr. David M. Craig, '39  
+Dorothy N. East  
+Beth Belle Loveall  
+Marie A. Martin  
Thelma H. and Dr. Wallace A. Merritt, '32  
Murlan J. Murphy, Sr.  
Patrick G. and Ann B. Ryan  
+Walter O. and +Virginia G. Sohre  
Yoshi and Dr. George T. Tani, '50  
Dr. Alvin D. and Ruth D. Wert  
+Muriel Whiteside

#### Presidents Club

The University of Minnesota Presidents Club recognizes donors who have committed \$10,000 or more.

Charles Antell  
Dr. Kathleen S. Bohanon, '77  
Dennis W. and Elaine Boom  
Nancy Mills Boyce  
+William M. and Margaret A. Bracken  
Gisela M. and +Dr. Arlen G. Brodin, '66

Penny and Toby Cohn  
Dolores V. DeFore  
Arnold and Rae Divine  
Joanne E. and Dr. Paul J. Dorsher, '76  
James A. and Calla M. Fullmer  
Dr. Joyce L. Funke, '50  
Drs. Karen A. and Michael P. Heck, '81  
+Florence and +Dr. Charles N. Hensel, '08  
Denise E. Higgins  
+Eivind O. and Kathy C. Hoff  
Dr. John R. and Carol J. Isaacson  
+Gladys L. Jackman  
+Nellie A. Johnson  
Karen T. and Dr. H. Irving Katz, '61  
+Dr. Paul J. and +Mary Irene Keith  
Dr. Christopher C. Kuni  
+Helen R.M. Larson  
+Ralph and +Jennie J. Larson  
Donald and Margaret Longlet  
Jan Lunden  
Patricia Evans and Dr. Sheldon L. Mandel, '46  
Frances H. McGiffert  
Rose P. and +Dr. Sidney H. Medof, '35  
Margaret Ogden and Dr. Paul R. Nelson, '43  
Dr. E. Harvey O'Phelan, '44  
+Louise M. and +Dr. Samuel J. Ravitch, '26  
Mary M. and Henry B. Roberts  
Carrie J. and Dr. Darrel J. Rosen, '74  
Dennis L. and Barbara J. Senneseth  
Mildred and Dr. Bernhoff R. Skogmo, '40  
Georgia Stratte Smith  
Patricia R. and Dr. John M. Streitz, Sr., '51  
Wahli and Dr. Neal R. Vanstrom, '64  
+Catherine E. Vavra  
Dr. Robert L. and Karen A. Veninga  
Joel and Sharon Waller  
Sheldon Z. and Jean M. Wert  
+Dewey W. and Lorraine C. Westley  
Kathryn M. and Dr. Michael R. Wilcox, '72  
Drs. Carolyn L. and James N. Williams  
Cleo A. and Dr. John B. Young, Jr., '71

#### Heritage Society

Heritage Society members have committed future gifts such as wills, trusts, life income, or life insurance.

Drs. Dorothy M. and +Irving C. Bernstein, '42

Dr. F.N. Freund Borgen  
Dr. Luther W. Brady

Beverly and Dr. Roger W. Brockaway, '52  
Douglas H. Brown  
Martha and +Dr. Albert S. Brussell, '33  
Jacqueline and Dr. William J. Buggy, '47  
+Myrtle and Dr. John I. Coe, '44  
Dr. Raymond C. and Velmabelle Cornford  
Dr. Raul A. Cuestas, '72  
Charles Ford Currier II  
Marion E. and Dr. Frank J. Dixon, Jr., '43  
Dr. Joyce L. Funke, '50  
Elizabeth and +Dr. Benjamin R. Geurs, '42  
Dr. Margaret L. Grunnet, '62  
Barbara S. and Dr. Mark C.L. Hanson, '44  
Dr. Marjorie Hartig, '39  
Dr. Wayne L. Hoseth, '47  
G. Anne and Dr. John W. LaBree, '40  
Dr. Winston R. Lindberg, '46  
David J. Madson  
Dr. Robert H. and Paula L. Maisel  
Jean W. and Dr. Robert D. Mussey, '42  
Dr. William C. and Ruth Anne Nelson  
Shirley J. and Dr. John A. Nilsen, '57  
Dorothy W. and Ferdinand R. Ohnsorg  
Dr. Ben P. Owens, '47  
Dr. Mary H. Pennington, '43  
Jeannette C. and Dr. Oliver H. Peterson, Jr., '46  
Vicki A. and Dr. Paul H. Pobor, '57  
Betty F. Prince  
Barbara and Dr. John D. Rice, '66  
Dr. Robert H. and Anne Richardson  
Dr. Leon S. and Nancy A. Robertson  
Kathleen A. and Dr. Stephen J. Schultenover, '72  
Estate of Dr. Peter J. Schultz, '31  
Dr. Stanley J. and Celia B. Shanoski  
Nilla and Dr. Richard L. Stennes, '69  
Mary Louise and +Dr. Bernard Street, '37  
Mary Susan and Dr. Peter H. Ullrich, '62  
Helen J. and +Dr. Mathew J. Weir, '47  
Dr. Alvin D. and Ruth D. Wert  
Dr. John R. Ylwisaker, '47

# Philanthropy Grants

## Foundation approves grants

At their winter meetings, the Minnesota Medical Foundation Research and Special Grants Committees approved awards totaling \$175,281 — \$64,151 for research projects and \$111,130 for equipment purchases.

### WINTER FACULTY

RESEARCH GRANTS include: **Brenda L. Wilcox Abraham, M.D., M.S.**, Department of Family Practice and Community Health, Cross-Cultural Health; **John P. Delaney,**

**M.D., Ph.D.**, Department of Surgery, Cancer; **S. Hossein Fatemi, M.D.**, Department of Psychiatry, Schizophrenia; **Dale S. Gregerson, Ph.D.**, Department of Ophthalmology, Autoimmune Disease; **Theodore R. Oegema, Jr., Ph.D.**, Department of Orthopaedic Surgery, Arthritis; **Jose V. Pardo, M.D., Ph.D.**, Department of Psychiatry, Mental Illness; and **Effie C. Tsilibary, M.D., Ph.D.**, Department of Laboratory Medicine and Pathology, Diabetes.

WINTER FACULTY EQUIPMENT GRANTS include: **Eric D.**

**Eccleston, Jr., Ph.D.**, Institute of Human Genetics, DNA Sequencer; **Imad Y. Haddad, M.D.**, Department of Pediatrics, Microplate Reader; **Robert Kratzke, M.D.**, Department of Medicine, Incubators; **Paul Letourneau, Ph.D.**, Department of Cell Biology and Neuroanatomy, Upright Microscope for Multiphoton Fluorescence Microscopy; **Steven M. Santilli, M.D., Ph.D.**, Department of Surgery, Intensive Care System; **George J. Trachte, Ph.D.**, Department of Pharmacology, Digital Microscopy Workstation; and **Timothy F. Walseth, Ph.D.**, Department of Pharmacology, HPLC Data Acquisition System.

Recipients of the newly established grants for School of Public Health researchers are **Dianne Neumark-Sztainer, Ph.D., M.P.H., R.D.**, and **DeAnn Lazovich, Ph.D.** (see profiles).

## Minnesota Medical Foundation grant recipient: DeAnn Lazovich, Ph.D.

When a woman with breast cancer needs surgery, a mastectomy may not be the only option. For many, breast conserving surgery (BCS) followed by radiation therapy may be just as effective in managing the cancer. Yet so far more women are choosing mastectomy over BCS.

Is this because women are not aware of the options? To better understand

women's preferences for breast cancer surgery, **DeAnn Lazovich, Ph.D.**, Division of Epidemiology, School of Public Health, has begun a study funded by a \$25,000 Minnesota Medical Foundation grant.

"We are doing something a bit unusual. We are going to ask women who don't have breast cancer about their knowledge of breast cancer surgery," says Lazovich. "The object is to find out what women know about the available options before they make such a decision."

Investigators will survey women without breast cancer and compare the reported preferences with the rate of breast conserving surgery recorded by the Minnesota Cancer Surveillance System.

Although this will not directly measure the women's preferences at diagnosis, it will give important information about the knowledge and preferences women bring to the treatment decision.

"For example, if the majority say they prefer BCS but less than the majority actually undergo that procedure, we can try to identify what happens to influence that decision," explains Lazovich. "If we can identify how women view breast cancer surgery overall, we can develop interventions that might help them with their decision making. Also, we may be able to suggest interventions for physicians helping women make those decisions."

Depending on information gained from this investigation, another study may be conducted in other locations to evaluate differences in geographic areas.



Dr. DeAnn Lazovich



Former Minnesota Vikings **Joey Browner**, left, and **Matt Blair**, right, support the IHF Celebrity Golf Classic. IHF Executive Director **Treva Paparella** is in the center.

## International Hearing Foundation Celebrity Golf Classic scheduled

The Celebrity Golf Classic will be held June 22 at the Burl Oaks Country Club in Mound. Last year's event helped raise over \$50,000 for the Senegal Africa Project, which sends physicians and supplies to Senegal; the Carreon School for the Deaf in Santiago, Chile; and for free medical care and hearing aids for needy children and the elderly. For more information about the Celebrity Golf Classic, call Treva Paparella at 612-339-2120 or Matt Blair at 612-895-5594.

# Philanthropy

## Grants & Scholarships

### Minnesota Medical Foundation grant recipient: **Dianne Neumark-Sztainer, Ph.D., M.P.H., R.D.**

**A**t ages that should be carefree, many young girls are already afraid of becoming fat. With the current media and cultural emphasis on physical beauty, often with extremely thin women portrayed as the ideal, this may be no surprise. A significant number of adolescent girls and college-age women follow unhealthy dieting patterns and show increasing dissatisfaction with

their bodies. In one study 30 percent of 9-year-old girls were worried about being too fat or becoming too fat while in another study 55 percent of 7- to 12-year-olds wanted to be thinner.

In spite of this, there are few programs designed to help prevent poor dieting behaviors or disordered eating. To help fill this gap, **Dianne Neumark-Sztainer, Ph.D., M.P.H., R.D.**, Division of Epidemiology, School of Public Health, is conducting a study to evaluate a program for preadolescent girls, run within the Girl Scout framework. Neumark-



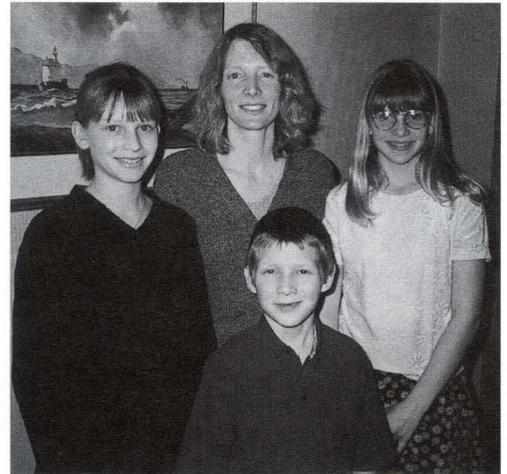
**Dr. Dianne Neumark-Sztainer**

Sztainer received a \$25,000 grant from the Minnesota Medical Foundation to support the program, which is aimed at preventing unhealthy dieting and excessive weight preoccupation.

"Our goal is to work with girls at an early age to help them feel better about their bodies, understand the role the media plays in being dissatisfied with their bodies, and to teach them better eating and exercise patterns," says Neumark-Sztainer. Through the program the girls will learn to eat healthier snack foods, decrease excessive and potentially harmful dieting, and try out and adopt new physical activities, and parents will participate in take-home activities with the daughters.

Neumark-Sztainer oversaw a previous program which was implemented with Joan Bulfer, Bloomington Health Department, and formed the basis for Tanya Harris's Masters in Public Health thesis. "The pilot program was very well received by the Girl Scouts and the troop leaders. Now, with this grant, we can improve the original program and expand the audience to be reached," says Neumark-Sztainer. "The grant is greatly appreciated — it allows us to get this phase of the project started."

This study could provide information that would justify funding for implementing a larger scale investigation. "Hopefully, this is only part of the study and a larger study can help the curriculum be integrated permanently into the Girl Scout program," she says. Wider implementation of this program, with 2.5 million Girl Scouts nationwide, could reach a large number of girls and their families, helping convey the important public messages about healthy eating and living.



*Amanda, Sue, Becky, and David Mount.*

### **New scholarship established at UMD**

**S**ue Mount is not a traditional medical student. A single mother of three, her path to medical school has not been easy. But the Willis E. and Emma E. O'Connor Scholarship has made the financial burden of medical school a little lighter.

Mount is grateful for the O'Connors' support. After a shaky start at the University of Maryland in 1980, Mount attended the University of Minnesota, Morris, and received a B.A., graduating with a 3.8 GPA. Despite raising three children, she still found time to participate in the pre-med activities offered by the University. She is now in her first year at the University of Minnesota, Duluth, School of Medicine.

Established for UMD medical students through the Willis E. and Emma E. O'Connor Charitable Foundation by Emma O'Connor, the new scholarship honors Emma and her late husband, Willis. Long-time residents of Duluth, the O'Connors have strong ties to Northeastern Minnesota. The O'Connor Foundation was established to illustrate their support of the small, isolated communities in that region.

# Philanthropy

## Thanks for Giving

### Tom and Patty Cartier

**C**ory Cartier was only 10 years old when he was diagnosed with diabetes, a disease that affects the lives of millions of Americans and their families. Cory is 16 now, and his daily routine involves blood sugar monitoring, insulin injections, and diet modification.

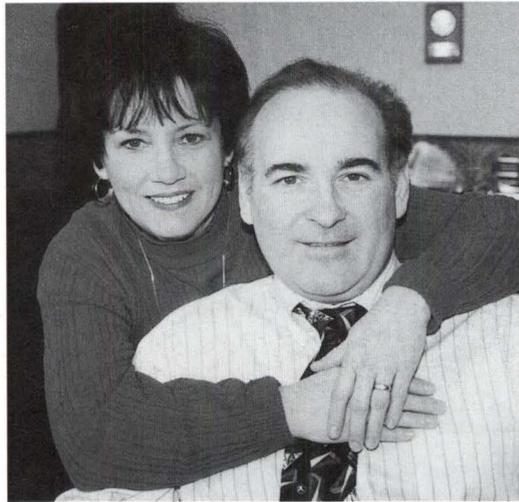
"We were told you just have to learn to live with it," says Cory's father, Tom Cartier, of Duluth. "But when I read an article in the *University of Minnesota Medical Bulletin* (Summer 1995) about the research being done at the Diabetes Institute at the University, I knew there was hope for Cory and others who have to live with this disease."

Tom and Patty Cartier were not content to simply wait for a miracle. They came to the Twin Cities to learn more about the Institute, meeting with director Dr. David Sutherland and Gary Bartlett of the Minnesota Medical Foundation.

Tom Cartier is founder and president of Cartier Agency, Inc., Duluth's largest insurance company, which he started from scratch in 1979. He is involved with many volunteer organizations, and is a firm believer in giving back to the community.

In 1996, Cartier combined his community involvement with his personal quest to find a cure for diabetes by founding the Cartier Challenge for Diabetes. The day-long golf and educational event also features fishing boats on Lake Superior, tennis, croquet, and a banquet and program. Last year's guest of honor was Dr. Bernard Hering, world expert on islet transplantation, from the University's Diabetes Institute for Immunology and Transplantation.

The Cartier Agency has committed \$75,000 to the Diabetes Institute from the Cartier Challenge. The 1998



*Patty and Tom Cartier*

Challenge will be held June 29 at Northland Country Club in Duluth. The Cartiers also help sponsor the Minnesota Medical Foundation's annual Golf Classic, and are members of the Diabetes Institute's Founders Circle and the Minnesota Medical Foundation's Heritage Society.

"The Diabetes Institute has given us hope for a better quality of life and a cure," says Cartier. But he knows there is a long way to go. Cory's grandfather also has diabetes, and, says Cartier, "Cory watches his grandfather suffer from heart problems and possible amputation of his foot due to complications from diabetes. At the clinic, he sees people who are blind because of the disease. Every day, he struggles with controlling high and low blood sugars that affect him in school, sports, sleep, and many other daily activities we take for granted."

But Cory has a great attitude, and has become a role model for other kids, says his father. "We all learn from him. He's one of the top scorers in the region in hockey, and he shows his friends you can do whatever you want to do." What Tom and Patty Cartier want to do is help find a cure for diabetes. Their dedication and generosity are going a long way to bring that day closer.

#### Hutterian Brethren give \$10,000 for diabetes research

**T**he Diabetes Institute for Immunology and Transplantation received a \$10,000 gift from the Hutterian Brethren, a religious sect with colonies in Minnesota and the Great Plains region of North America, thanks to Tom Cartier's friendship with the Hutterites. Mike Tschetter, president of the Hutterian Brethren Church Fund, presented the check to Dr. Bernhard Hering, associate director of the Diabetes Institute. In the past, the Hutterites have donated pigs to the Diabetes Institute for its research in islet isolation and transplantation. They have also expressed interest in building a pig farm for the Institute.

For more information on research, fund raising, or volunteer opportunities at the Diabetes Institute for Immunology and Transplantation, please call 612-626-2101.



# Philanthropy

## Helping Others

### Variety Children's Association presents Ruben-Bentson Chair

The Variety Children's Association presented the Ruben-Bentson Chair in Pediatric Community Health to Dr. Amos Deinard on April 15. The chair, funded by Larry and Nancy Bentson, Evelyn and Eddie Ruben, and the Variety Children's Association, provides support for research in pediatrics and enhances the clinical care of children.

Deinard, a long-time champion of health care for underprivileged children, is an associate professor of pediatrics and director of the Community-University Health Care Center/Variety Children's Clinic (CUHCC/VCC). CUHCC/VCC provides comprehensive health care for the Phillips neighborhood in Minneapolis.

For more information on the Variety Children's Association, call 612-624-6128.

### Department of Medicine receives endowment

The Department of Medicine, Office of Education, has received a substantial endowment from the estate of John C. Cornelius, retired head of the Minneapolis office of BBD&O Advertising. The endowment will annually provide a Leadership Scholarship to a faculty member and a Visiting Professorship to conduct Grand Rounds in the Department of Medicine.

The Leadership Scholarship will enable a faculty member to travel to other institutions, enhancing faculty development and ensuring high quality Medical School student education. The Visiting Professorship will bring an educational leader to the Department of Medicine to work with faculty and students and to review and critique developing educational programs.

For more information, call 612-626-3379.

### Vision Foundation establishes Rathbun Lectureship

The Vision Foundation has established the William B. Rathbun Lectureship for the purpose of furthering research in ophthalmology through invited guest lecturers. Dr. Rathbun, former associate professor of ophthalmology at the University of Minnesota, died in 1997. He left a 30-year research legacy in the area of slowing or preventing cataract formation. Memorial gifts can be mailed to: Vision Foundation, Box 493 UMHC, Minneapolis, MN 55455.

### University Children's Foundation announces WineFest

The third annual WineFest and Auction will be held May 14-16 at several Twin Cities locations. The celebration allows guests to sample the best in food and wine, while contributing to the support of medical research in the Department of Pediatrics. For ticket information, call 612-625-1471.

## Thanks for Asking

**Q:** Can I increase my personal income through a gift annuity?



Susan Dunlop

**A:** Yes!

By making a gift of cash or securities to establish a charitable gift annuity, you may actually boost your income. Your annual payments are set at the time of gift, based on your age. The older you are, the higher your income would be. For example, a 65-year-old would receive a guaranteed, annual return of 7.2 percent for life. A 75-year-old would receive 8.4 percent; an 85-year-old, 10.5 percent. And a substantial portion of your annuity income may be tax-free, depending on the circumstances of your gift.

Thus, you increase your income by:

- Securing a higher payout rate when funding the gift annuity with low-yielding, highly appreciated stock or cash invested in a "CD" (certificate of deposit) or money market fund.
- Avoiding capital-gains tax. No capital gains tax is owed when appreciated stock is given, and yet the value of your gift annuity is based on the stock's full fair market value.
- Obtaining a current charitable income tax deduction.

After your lifetime, your annuity can create a permanent fund to benefit medical research, scholarships, or some other purpose. The fund can be established in your own name or be named in memory of an important person in your life.

I would be happy to provide you with a personalized gift annuity report so that you could see what your income and income tax deduction would be. Please call me at 612-625-6169 or 1-800-922-1663. Or send a note, including your birth date, to:

Susan Dunlop  
Minnesota Medical Foundation  
Box 193 UMHC  
420 Delaware St SE  
Minneapolis, MN 55455-0392  
e-mail: s.dunlop@main.mmf.umn.edu

# alumni connections

## MEDICAL ALUMNI SOCIETY

### What's Inside?

- New MAS board members
- Student board reps
- University of Minnesota Alumni Association
- Alumni profile
- Mentoring program
- MAS award
- Reunions planned
- Class notes
- In memoriam

### Alumni feedback

The Medical Alumni Society board welcomes feedback on alumni programming and other issues related to the Medical Alumni Society and the Medical Schools. Board members can be reached via e-mail at [MAS@main.mmf.umn.edu](mailto:MAS@main.mmf.umn.edu). By phone, they can be reached through Julie Crews Barger, director of alumni relations, at 612-624-9161 or 800-922-1663. For written correspondence, the address is: Medical Alumni Society, Minnesota Medical Foundation, 420 Delaware St. SE, Box 193, Minneapolis, MN 55455-0392. Submitted topics will be featured in future issues of *Alumni Connections*. Thank you for your time and effort.

## MAS President's Report

**G**reetings from the Medical Alumni Society.

It is a pleasure to report to you on the efforts of your Medical Alumni Society. Our last meeting, February 3, was a great example of the strength and forward direction of the Alumni Society board. On that night we welcomed several new board members, including medical students, and also welcomed Dr. Gene Ollila as my successor as president next year.

As I have previously reported, one of our major goals this year is to establish a system for alumni to give direct feedback to their alumni board and all of its members, including Medical School Dean Al Michael. Our board meeting showed just how this process works, with a spirited discussion with Dr. Michael of concerns



Wayne Liebhard, M.D., '83

raised both by board members and alumni. Please send e-mail to [MAS@main.mmf.umn.edu](mailto:MAS@main.mmf.umn.edu), or contact Julie Crews Barger, director of alumni relations, at 612-

624-9161 or 800-922-1663, so we may also address your concerns.

Our other job as the Medical Alumni Society is to continue to support our medical students. I met with Dr. Greg Vercellotti, senior associate dean for education, to discuss those areas of aid. Many of you may know of the inaugural White Coat Ceremony for first-year students that Dr. Vercellotti and the dean's office arranged recently. It showed tremendous dedication to new students and outlined the dignity and values inherent in our profession.

This is an exciting time, and we are all looking forward to the changes we can make together. Also, please don't forget to mark your calendar for Alumni Reunion Weekend June 4-6.

**Wayne Liebhard, M.D., '83**  
President, Medical Alumni Society

# Alumni Connections

## New board members

The Medical Alumni Society board is pleased to announce the addition of eight new members. These alumni and students have already made outstanding contributions to the board's efforts, including its participation as an advisory organization to the dean of the Twin Cities Medical School, Dr. Al Michael.

The Medical Alumni Society board proudly welcomes:

Edward M. Beadle, M.D., '78  
James R. Breitenbucher, M.D., '71  
Nicole K. Groves, 3rd-year medical student  
Lisa K. Higginbotham, M.D., '95  
Thuan V. Ly, 2nd-year medical student  
Rodney D. McFadden, M.D., '93  
Arthur L. Ney, M.D., '77  
Gregory A. Plotnikoff, M.D., '89

Other members of the MAS board include:

Wayne D. Liebhard, M.D., '83, President  
Eugene Ollila, M.D., '70, President Elect  
Stanley Goldberg, M.D., '56, Vice President  
M. Elizabeth "Peggy" Craig, M.D., '45, UMAA National Board Representative

H. Mead Cavert, M.D., '50  
Kent B. Crossley, M.D., '68  
Patrick J. Flynn, M.D., '75  
Joyce L. Funke, M.D., '50  
Dorothy J. Horns, M.D., '76  
Fred A. Lyon, M.D., '57  
Richard Simmons, M.D., '55  
Judith R. Smith, M.D., '66

## Student board reps add perspective

Continuing the commitment to enhancing the relationship between the University Medical School, alumni, and students, the MAS board includes student representatives. This year's new student board representatives are Thuan Ly and Nicole Groves.

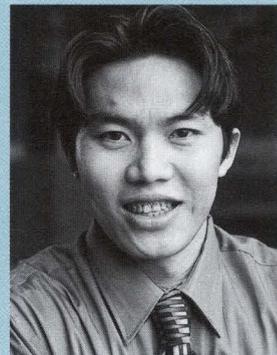
### Thuan Ly, second-year Medical School student

Serving as a student representative is an excellent chance to help build the relationship between medical students, the Medical Alumni Society, and the Medical School. I believe I can communicate to the board members the students' needs and the changes that are being made.

At the first meeting, I told board members about the many changes we've seen since Dr. Vercellotti's appointment as senior associate dean for education. For example, we now have a new computer lab available. Before, we had to go to the library and compete with other students to get on the computers. Now, at the new lab, we go in, get right on, and everyone there is a medical student. Printing is free and a conference room is available. This is an important improvement.

I also hope to become more involved in the programs and relay information back to the students. I plan to communicate with students through the medical student web page and by e-mail, informing them about programs they may not know about.

I look forward to future meetings, to find out more about the Medical Alumni Society and the Minnesota Medical Foundation and what they do for students, and to give the board a fresh perspective from the students.



### Nicole Groves, third-year Medical School student

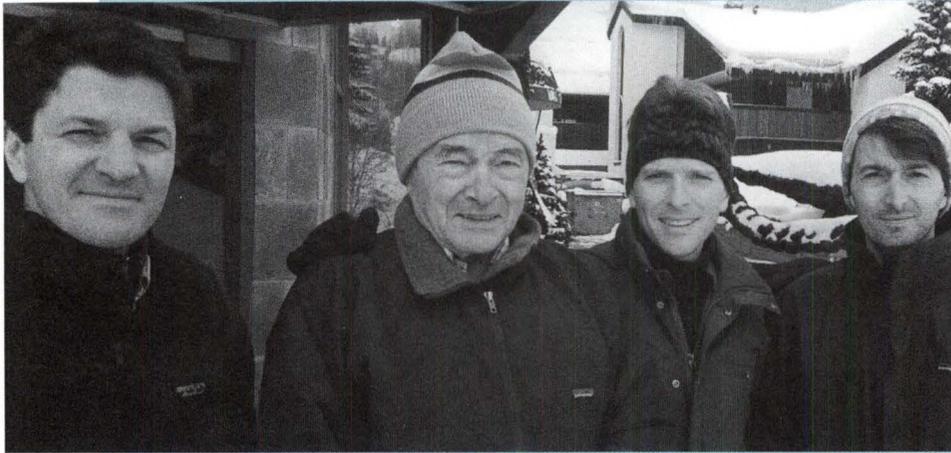
The board members are interested in fostering a more active relationship between Medical School alumni and the students. This relationship can be of great value to third- and fourth-year students as they begin to make decisions and advancements toward their chosen residencies. Active relationships with alumni can help students make connections, as well as give insight into the whole residency/future career process. I hope to bring the perspective of the third- and fourth-year medical student. As a third-year student, I hope to give the board ideas of how to foster these kinds of active relationships with students.

In addition, I am currently serving as the Medical Student Council president. This position provides me with a unique insight, which can benefit MAS. Through my monthly meetings with the Student Council and the Medical School administration, I am able to keep informed on the active issues of the Medical School and students. By also serving on the MAS board, I can utilize the MAS members' experience and insight to generate discussion and solutions to students' concerns.

Overall, I hope to provide alumni with insight as to the needs and concerns of today's medical students and in return, receive information from alumni regarding how to improve our education and experiences as medical students.



# Alumni Connections



## Alumni Profile

John, John Sr., David, and Andy Streitz.

**T**he Streitz name is a familiar one at the University of Minnesota Medical Schools. All seven members of Dr. John Streitz, Sr.'s family are University affiliated, and four of his children followed him into medicine at the University of Minnesota Medical School.

Streitz graduated from the Institute of Technology at the University of Minnesota, Twin Cities, with an undergraduate degree in engineering in 1945. After enlisting in the Navy, he served aboard ship for the next two years. "I didn't enjoy what engineering involved," he says, "and the ship's doctor suggested going to medical school — and I did." He received his M.D. in 1951.

His wife, Patricia, graduated from the University of Minnesota, Twin Cities, with an undergraduate degree in education. In 1972 she received an M.A. in English literature from UMD, and then taught in Duluth schools for the next 20 years.

All of Streitz's children chose to attend the University of Minnesota. Streitz's son Andrew graduated from UMD with an undergraduate degree in geology and received his Master's in geophysics from the University of Minnesota, Twin Cities. John, a thoracic surgeon, and Sarah, an obstetrician, went to the UMD School of Medicine and received their M.D.'s from the University of Minnesota Medical School. David is finishing his urology residency and spent all 10 years on the Twin Cities campus. Susan is a second-year student at the UMD School of Medicine. "They never considered going anywhere else," Streitz says.

A clinical professor emeritus, Streitz taught urology at UMD for 20 years. "The school hasn't changed a lot," he said. "It still has to impart a basic frame to start a residency on, and it does that really well." By the time he had completed his schooling, he knew he wanted to become a surgeon. At the suggestion of a friend, he specialized in urology, and they practiced together for 30 years in Duluth until his friend retired. Streitz retired from practice seven years later.

"All seven of us have been involved with the University of Minnesota," Streitz said, "and I hope that all of my children will become contributors to the University as Patricia and I have been."

## University of Minnesota Alumni Association

**A**s an alumnus of the University of Minnesota Medical School and member of the Medical Alumni Society, you are also eligible to join the University of Minnesota Alumni Association (UMAA).

UMAA membership brings you many new benefits and opportunities. The benefits include a free subscription to *Minnesota* magazine, Internet/e-mail access at a special rate, library privileges at Twin Cities campus libraries, hotel and car rental discounts, CEE discounts on independent study materials, special prices and discounts on many University athletic events, a three-month membership to the Campus Club in Coffman Memorial Union, and much more.

Your support helps UMAA sponsor the Medical Alumni Society and special activities such as homecoming and reunions. Your membership also helps UMAA support the Alumni Awards, provide a legislative network, and promote alumni concerns to University administrators. You will also help students through UMAA mentor and community programs, student awards, and scholarships.

Your membership makes a difference. For more information, call 612-624-2323 or 1-800-UM-ALUMS (862-5867) or visit the web site at [www.umaa.umn.edu](http://www.umaa.umn.edu).

**UNIVERSITY OF MINNESOTA  
ALUMNI ASSOCIATION**

# Alumni Connections

## The Mentoring Program: exceeding expectations

**W**hat can a busy physician really offer today's medical students? More than they realize, according to students who have participated in the Medical Alumni Society's Mentoring Program. Each student/physician match has different dynamics, with some students anxious for advice on career paths, some seeking perspective on a particular speciality, and others hoping to learn more about balancing a medical career with a personal life.

Second-year medical student Julie Cole was not just looking for a physician to shadow. Instead, she was hoping to gain insight into the realities of practicing medicine. "I wanted to know what it is like for a woman to be in medicine," says Cole, who was matched with Dr. Mary Tanghe. "I wanted to know what she went through, how it's changed. And, I wanted to know how she managed a family. You learn these things as you go but it is reassuring to see that someone has done this and done it well — managing a career as a doctor, a marriage, and dedicating time to a family. That is a big issue among students because the average age of my classmates is 27 or 28."

Other students hope to learn more about their field of interest. Thuan Ly, second-year student, is interested in orthopaedic surgery and was matched with Dr. David Fischer, an orthopaedic surgeon. "The Mentoring Program is an excellent opportunity," says Ly. "I followed an orthopaedic surgeon, Dr. Fischer — it was a great way to learn more about orthopaedics. He set up many chances for me to meet other orthopaedic surgeons and see them at work."

Cole was also pleased with her overall experience in the Mentoring Program. "The mentorship went beyond my expectations. I didn't think it would be more than a one-day meeting. Yet my mentor, Dr. Mary Tanghe, was there for me throughout the year. I still maintain that tie and

plan to meet with her again," says Cole.

Advice for those who may be interested in the program? "For students, have questions thought out that you would like to have answered," says Cole. "Throughout your medical school experience, you will have different questions. Some of those will be answered as you go through school. But there are so many that are not covered, like how you live your life outside of medical school and later, outside your practice. The people who know about this are those doctors who are out there living it."

Cole also suggests that mentors be

willing to talk about their own experience, perhaps taking a retrospective on their lives — what was important to them as students and what they would have done differently.

There are many variations of the physician/student mentor relationship, with each physician having something unique to offer. Initial matches are made in the fall but interested alumni are encouraged to join the program at any time. For more information, contact Julie Crews Barger (612-624-9161; j.barger@main.mmf.umn.edu) or Sara Jean Dougherty (612-625-6136; s.dougherty@main.mmf.umn.edu) in the office of Alumni Relations.



### MAS receives Program Extraordinaire Award

**T**he Medical Alumni Society received the 1997 Program Extraordinaire Award in recognition of the exceptional MAS Spring Alumni Reunion Weekend 1997 program. The award is sponsored by the University of Minnesota Alumni Association and recognizes creative programs, effective volunteer involvement, and significant program impact. Above, MAS board member Dr. Judy Smith (center) accepts the award from Margaret Carlson (left), UMAA executive director, and Ann Huntrods (right), UMAA national board president.

The Spring Alumni Reunion Weekend was especially successful in reacquainting alumni with the University and the Medical School, reconnecting them with classmates, and generating support for the Medical School through philanthropy and volunteerism.

# Alumni Connections

## 1998 Reunion Weekend

**T**he 1998 Reunion Weekend is just around the corner and promises to be better than ever. This year's program combines several exciting changes with perennial Reunion Weekend activities. If it's your year to celebrate, come to campus June 4-6 for all the festivities in store for 11 reunion classes. The classes of **1938, 1943, 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1988, and 1993** will enjoy a weekend of catching up with classmates, reminiscing about Medical School experiences, and celebrating significant milestones.

The weekend will begin early with a Thursday evening welcome reception at the Radisson Hotel Metrodome across from the Medical School. Friday's activities commence with the Half Century program and luncheon which honors celebrants from the 50th, 55th, and 60th reunion classes. Following the luncheon, the class of 1948 will join the Medical School graduation procession, and a member of the class will address graduating students and their guests. Campus facilities tours will be available during the afternoon as well. Friday will be capped off with the Dean's Reception and Dinner, which will be held at the University's Weisman Art Museum this year, a truly beautiful facility.

Saturday's events will begin with a golf outing in the morning and also include CME sessions, an estate planning seminar, and an additional campus tour. The weekend's highlight will be the Saturday evening class dinners.



This year's dinners have been moved downtown to the Radisson Plaza Hotel Minneapolis and the Marriott City Center. Following an all-class reception in the ballroom of the Radisson Plaza, alumni and their guests will proceed to private function

rooms in the two hotels for independent class dinners. This is a departure from the recent format of an all-class reunion dinner held in a single room. Don't miss the opportunity to celebrate with your classmates in this more intimate setting.

Watch your mailbox for letters from classmates as well as a late-April invitation detailing the weekend's schedule. In the interim, if you have any questions, please direct them to Julie Crews Barger (612-624-9161) or Sara Jean Dougherty (612-625-6136) in the office of Alumni Relations. If you are calling from outside the Twin Cities area, please call 800-922-1663.

## Class Notes

### 1945

**Dr. J.G. Breneman**, Galesburg, Michigan, received the Outstanding Alumni Award in science and medicine for 1997 from Gustavus Adolphus College.

**Dr. Richard R. Fliehr**, Edina, Minnesota, and his wife, Kay, received the first annual Minnesota Association of Community Theatres (MACT) Fliehr Award. The award, named in honor of the Fliehrs, honors their dedication to Minnesota community theater. Fliehr, who specialized in OB/GYN, was active in the theater throughout his medical career. He participated in the "Crazy Plays" troupe, performing plays illustrating various neuroses and psychoses for psychology and psychiatry classes at the University of Minnesota Medical School.

### 1947

**Dr. John E. Verby Jr.**, Bloomington, Minnesota, is an article reviewer for the *Journal of the American Medical*

*Association*, a medical school consultant for Family Practice and Community Health in New York, and has been a general practice consultant for over 200 family physicians in Leuven, Belgium, since 1974. He is the first charter member of the Medical Center for General Practice Foundation in Leuven.

### 1953

**Dr. Ramon M. Fusaro**, Omaha, received the Distinguished Research Career Award from the Creighton University School of Medicine.

### 1963

**Dr. Jerry C. Rosenberg**, Huntington Woods, Michigan, was elected president of the Lillehei Surgical Society at its annual meeting in January.

### 1967

**Dr. Dean Abrahamson**, Minneapolis, retired in January from the faculty of the University

# Alumni Connections

of Minnesota. He joined the Medical School faculty in 1967, then moved to the Institute of Technology, College of Liberal Arts, and the Humphrey Institute of Public Affairs during his 30-year University affiliation. Abrahamson will remain a part-time professor at Gothenburg University in Sweden. He also serves as a trustee of the Natural Resources Defense Council and as senior advisor to the United Nations Development Programme.

## 1974

**Dr. Daniel Powsner**, New York, is in private practice in psychiatry in New York City. He is also on the staff of the Long Island Jewish Medical Center and the Mount Sinai Medical Center.

## 1977

**Dr. Kathleen S. Bohanon**, Dayton, Ohio, was promoted to clinical associate professor of pediatrics at both Wright State University School of Medicine and the Uniformed Services University of the Health Sciences. Bohanon also recently assumed the duties of chief of medical staff and director, Graduate Medical Education, at Wright-Patterson Medical Center in Dayton.

## 1979

**Dr. John (Jack) Lake**, Twin Cities, Minnesota, became director of the Gastroenterology Division in the Department of Medicine at the University of Minnesota in February. Lake completed his internal medicine and gastroenterology training at the University of California, San Francisco. He received two scholarships from the Minnesota Medical Foundation during his medical school years. His research focuses on clinical outcomes, use of immunosuppressive therapy, and studies of gene expression in liver allograft recipients.

## 1984

**Dr. Tanya Repka**, St. Louis Park, Minnesota, recently became an assistant professor in the University of Minnesota's Department of Medicine, Division of Hematology/Oncology/Transplantation. She previously served as director of hematology and medical oncology at the Hennepin County Medical Center in Minneapolis. Repka completed her internship at Pacific Medical Center in San Francisco, and was chief resident in medicine at the Hennepin County Medical Center.

## 1993

**Dr. Gretchen Felton**, St. Louis Park, Minnesota, finished her residency in Michigan and returned to Minnesota to join the Partners in Pediatrics.

## In Memoriam

**ROBERT B. BRAY, M.D.**, Class of 1926, Rapid City, South Dakota, died December 11 at age 97. He first practiced medicine as an internist with the Dakota Clinic in Fargo. Several years later he began graduate studies in OB/GYN, and practiced obstetrics until his father died in 1937. He inherited the hospital his father had operated since 1899, a 10-bed facility in Biwabik, Minnesota. In 1950 he relocated to Rapid City, where he practiced for 18 years. He retired at age 75, having reached 50 years in the practice of medicine. He is survived by his wife, Eleanor, one daughter, and one son.

**ROBERT D. ESTREM, M.D.**, Class of 1940, Peoria, Arizona, died January 13 at age 81. During World War II, he served in Europe and was an Army Medical Corps

captain. He also served with the Third Army in the 86th Cavalry Recon and was awarded the Bronze Star. In 1950 Estrem began a 28-year surgery practice in Fergus Falls, Minnesota. In 1968 Estrem spent two months in Madagascar as the only surgeon in the southern portion of the island. In 1972-73 he spent two months working with Project Hope on a Navajo Reservation and four months in New Guinea. Estrem was an American College of Surgeons fellow and a diplomate of the American Board of Surgery. He is survived by his wife, Helen, one son, and two daughters.

**ROBERT W. GUSTAFSON, M.D.**, Class of 1955, Colorado Springs, Colorado, died December 21 at age 67. Gustafson served in the U.S. Army Medical Corps from 1956-58. He practiced for 17 years in Minnesota before beginning a 22-year career as a medical director with several life insurance companies. He served as vice president and medical director at ReliaStar Life for 10 years before his retirement in 1995. He is survived by his wife, Delores, one son, and two daughters.

**DONALD B. HULTENG, M.D.**, Class of 1954, East Grand Forks, Minnesota, died December 15 at age 73. Hulteng was a family practice physician in Robbinsdale, Minnesota, and Minneapolis hospitals. After receiving certification as an anesthesiologist, he practiced in Fridley and St. Cloud, Minnesota, and in Grand Forks, North Dakota. He is survived by his wife, Dorothy, two sons, and two daughters.

*(continued on page 28)*

# Alumni Connections

*In memoriam,  
continued from page 27*

**EDWARD A. JOHNSON, M.D.**, Class of 1943, Milbank, South Dakota, died September 28 at age 78. He served in the Naval Medical Corps as a junior grade lieutenant on an attack transport. Johnson was a general practitioner in Thief River Falls, Minnesota, from 1947-50, and then practiced in Milbank until his retirement in 1985. He received the Outstanding Community Service Award in 1980 from Robins Company. He is survived by his wife, Elsie, one daughter, and four sons.

**CLARENCE V. KUSZ, M.D.**, Class of 1941, Minnetonka, Minnesota, died December 24 at age 81. Kusz was on the staff of Methodist Hospital for 43 years, and also served on the staffs of St. Mary's and Abbott Northwestern Hospitals, and the Metropolitan Medical Center. Kusz was a clinical assistant professor of surgery at the University of Minnesota, and a member of the "Fifty Club," having over 50 years of service in the practice of medicine. A peripheral vascular surgeon, he specialized in the treatment of varicose veins. Kusz served as a physician in the 840th Engineers for two and a half years in Europe during World War II. He is survived by his wife, Marcella, and three daughters.

**PAUL W. LINNER, M.D.**, Class of 1946, Minneapolis, died November 13 at age 75. He began his medical career at his father's family practice, and later specialized in anesthesiology. He is survived by his wife, Carolyn, three sons, and two daughters.

**DAVID G. MACMILLAN, M.D.**, Class of 1939, Mesquite, Texas, died February 15 at age 85. MacMillan served as a captain in the Medical Corps during World War II in the Pacific Theatre of Operations. He had a private practice in Rice Lake and Barron, Wisconsin. He later practiced in St. Paul and retired in 1985. He is survived by three daughters and one son.

**ROBERT E. PRIEST, M.D.**, Class of 1932, Minneapolis, died January 29 at age 90. Priest began his medical career in general practice in 1933, then returned to the University Hospitals for training in otolaryngology. He practiced otolaryngology in the Navy from 1942-46, and then practiced privately in Minneapolis until his retirement in 1981. He was a clinical faculty member at the University of Minnesota and was chief of Ear, Nose, and Throat Service at Minneapolis General Hospital from 1946-56. Priest received the Charles Bolles-Bolles Rogers Award from the Hennepin County Medical Society for his medical contributions. He is survived by three sons.

**MILDRED J. SCHAFFHAUSEN, M.D.**, Class of 1952, Naples, Florida, died January 10 at age 77. She practiced pediatrics in Minneapolis for 30 years, and retired to Naples in 1980. She is survived by her husband, Irwin, two daughters, and one son.

**SAMUEL SCHWARTZ, M.D.**, Class of 1942, St. Louis Park, Minnesota, died December 5 at age 81. Schwartz's research resulted in the development of the Watson-Schwartz test used to diagnose an inherited disorder which causes light sensitivity, severe abdominal pain, muscle weakness, and psychosis. He also created a test used in the early detection of colorectal cancer, called the HemoQuant. After graduation, Schwartz joined the Manhattan Project at the University of Chicago, studying the biological effects of atomic radiation and metals. In 1948 he returned to the University of Minnesota as a medical researcher and professor of experimental medicine. He is survived by his wife, Goldie, six sons, three daughters, and four foster children.

**CHARLES H. WATKINS, M.D.**, Class of 1928, Riverside, California, died November 9 at age 98. Watkins was a professor at the University of Minnesota Medical School and a consultant at the Mayo Clinic. He entered active service in 1942 with the U.S. Naval Reserve Medical Corps. He served as commanding officer of the Mayo Clinic medical unit of the Naval Reserve until 1959. A specialist in hematology with emphasis in leukemia and hemolytic anemia, he retired from active practice in 1964. He joined the Riverside Medical Clinic as a hematologist consultant in 1967, and remained there for nine years. Watkins is survived by his wife, Geraldine, and two daughters.

# MINNESOTA MEDICAL FOUNDATION

## Board of Trustees

Barbara L. Forster, Chair  
Sally A. Anderson, Vice Chair  
Judith E. Shank, M.D., Secretary  
Robert D. Sparboe, Treasurer

Gail Papermaster Bender, M.D.  
John H. Brown, M.D.  
Richard A. Carlson, M.D.  
Frank B. Cerra, M.D.  
Paul Citron  
Norman A. Cocke III  
Daniel E. Cohen, M.D.  
Kenneth W. Crabb, M.D.  
M. Elizabeth Craig, M.D.  
Donald E. Derauf, M.D.  
Herbert B. Dorr  
K. James Ehlen, M.D.  
Beth Erickson  
Roger L. Headrick  
Peter A. Heegaard  
William E. Hogan II  
Robert Howe, M.D.  
Paula M. Kelly, M.D.  
Reatha Clark King, Ph.D.  
Edith D. Leyasmeyer, Ph.D., M.P.H.  
Wayne D. Liebhard, M.D.

Robert L. Lumpkins  
Alfred F. Michael, M.D.  
David L. Mona  
David S. Patten  
Oliver H. Peterson, M.D.  
Ronald J. Peterson, M.D.  
John B. Sanford, M.D.  
Cal Simmons  
James P. Stephenson  
Theodore R. Thompson, M.D.  
Jerry M. Willcox  
Mark Yudof  
Richard J. Ziegler, Ph.D.

## Affiliated Organization Representatives

University of Minnesota Cancer Center,  
Hinda Litman  
University Children's Foundation,  
Dean Edstrom  
Variety Children's Association,  
George Reilly  
Vision Foundation,  
David M. Bolt  
Women's Health Fund,  
Josie R. Johnson, Ph.D.

## Minnesota Medical Foundation Affiliates

Alpha Epsilon Iota Foundation  
Bob Allison Ataxia Research Center  
Diabetes Institute for Immunology  
and Transplantation  
International Hearing Foundation  
Minnesota Mortuary Science Foundation  
Supporters United for Parkinson's  
Education and Research (SUPER)  
University Children's Foundation  
University of Minnesota Cancer Center  
Variety Children's Association  
Vision Foundation  
Women's Health Fund

## Minnesota Medical Foundation

Brad Choate, President & CEO  
Robert W. Groves, VP Development  
David W. Johnson, VP Programs  
Cynthia J. Kaiser, VP Finance  
Daniel P. Saftig, VP Marketing  
& Communications

## Medical Bulletin

Jean Murray, Director of Communications  
Jodi Ohlsen Read, Editor  
Andrea Bie, Editorial Assistant  
Graphic design: Lilja Baehr Design  
Printing: Sexton Printing, Inc.  
Photography: Tim Rummelhoff



MINNESOTA MEDICAL FOUNDATION

## Golf Classic

### 8th Annual Minnesota Medical Foundation Golf Classic Scheduled

August 31, 1998  
Minneapolis Golf Club

**T**he Minnesota Medical Foundation Golf Classic provides a challenging but enjoyable round of golf for players of all skill levels. Last year's event raised more than \$50,000 for health-related education and research at the University of Minnesota (Minneapolis and Duluth). This year's tournament will be chaired by Dr. William Jacott, head of the Department of Family Practice and Community Health, and held at the prestigious Minneapolis Golf Club.

Golfers may sign up as a foursome or as individuals. Interested parties are encouraged to call for more information. Space is limited — the past few Classics have been very well-attended! For more information or to register, call 612-625-1440 or 1-800-922-1663.

MINNESOTA  
MEDICAL  
FOUNDATION

*at the University of Minnesota*

Box 193  
420 Delaware Street SE  
Minneapolis, MN 55455-0392

Nonprofit Org.  
U.S. Postage  
PAID  
Minneapolis, MN  
Permit No. 155

